



Fuel Storage Application Form



BAASKAANDIBEWIZIIBING
OJIBWAY NATION
BROKENHEAD

Brokenhead Ojibway Nation Lands Department
Box 180, 5 Anishinabe Way
Scanterbury, MB R0E 1W0
Email: Landsmgr@brokenheadojibwaynation.com

APPLICATION #:

APPLICATION INFORMATION:

| |
|--|
| Name of Applicant (Individual/Organization): |
|--|

Contact Information:

| |
|---------------|
| Address: |
| Phone Number: |
| Email: |

Representative Contact (if different from above): Membership Status (if applicable):

| | |
|---------------|---|
| Name: | First Nation Member: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Phone Number: | Membership Number (if applicable): |
| Email: | |

Proposed Location for Fuel Storage:

Ownership or Lease Details:

| | |
|----------------------------------|---|
| Address or Lot Number: | Are you the land occupier or leaseholder? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| GPS Coordinates (if applicable): | Do you have ownership or lease documentation? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Land Use Designation (if known): | If yes, provide details or lease or ownership (attachment or lease ID): |

STORAGE DETAILS

Type of Fuel to be Stored:

Gasoline ☐ Diesel ☐ Propane ☐ Other ☐

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|------------------|
| Other (specify): |
|------------------|

Purpose of Fuel Storage (e.g. Residential, Commercial, Construction, Agricultural): _____

Quantity of Fuel to be Stored (Maximum Capacity in Litres): _____

Storage Method:

Aboveground Tank ☐ Underground Tank ☐ Other ☐

| |
|------------------|
| Other (specify): |
|------------------|

Duration of Storage:

| | |
|-------------|--------------------------|
| Start Date: | End Date (if temporary): |
|-------------|--------------------------|

SAFETY AND ENVIRONMENTAL MEASURES

Distance to nearest groundwater well (in metres): _____
Distance to nearest surface water body (in metres): _____

Is there an Emergency Response Plan? Yes ☐ No ☐

Spill Prevention/Containment Measures (e.g. double walled tank, spill berm, catching trays, etc.):

Installation Details

| |
|-------------------------------|
| Installer’s Name: |
| Certification/License Number: |
| Date of Installation: |

REGULATORY COMPLIANCE

Do you have required permits? Yes ☐ No ☐

Permit Numbers (if applicable):

DECLARATION

I/We declare that the information in this application is accurate to the best of my/our knowledge. I/We understand that additional permits or approvals may be required before proceeding.

DATE: _____ APPLICANT SIGNATURE: _____

NOTE: BON RESERVES THE RIGHT TO INSPECT THE LAND TO CONFIRM SPECIFIED LAND USE IDENTIFIED IN THE LAND USE INSTRUMENT.

ATTACHMENTS REQUIRED

- 1. Site Map/Plan indicating fuel storage location.
- 2. Emergency Response Plan
- 3. Proof of Insurance
- 4. Any required federal/provincial permits.
- 5. Installer’s Certification (if applicable).

| | |
|---|--|
| FOR LANDS DEPARTMENT USE ONLY | |
| DATE RECEIVED: _____ APPLICATION RECEIVED BY: _____ | |
| FEE: _____ | |
| BCR No. (if applicable): _____ | |
| ENVIRONMENTAL ASSESSMENT REQUIRED? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| APPROVED BY: _____ POSITION: _____ | |
| REVIEW NOTES: _____ | |