

CITY OF CHARLOTTETOWN COSMETIC PESTICIDE BYLAW – INFESTATION EXCEPTION APPLICATION

Pursuant to Section 6.1 of the City of Charlottetown Cosmetic Pesticide Bylaw, a Cosmetic Pesticide Applicator may apply a Non-Domestic Pesticide, at the request of a Property Owner, if the prior written approval of the Sustainability Officer for the City, or such other person as may be appointed by Council, is obtained, and the Non-Domestic Pesticide is permitted for application under the Pesticides Control Act, R.S.P.E.I. Cap P-4, and has an active ingredient that is not included in Appendix A, which permission may only be granted for the following purposes or activities:

- a) to destroy, prevent or control a species of plant that is poisonous to humans by touch or to control a species of pest that can transmit human disease;
- b) to destroy, prevent or control an alien invasive plant species that may negatively affect the health of humans, the environment or the economy;
- c) in a scientific experiment or for research purposes;
- d) to treat an insect infestation where the number of insects exceed the threshold level specified in Appendix B: Insect Infestation Thresholds of this Bylaw; or
- e) to carry out a tree infusion treatment to control insects or diseases that threaten the health of a species of tree by using a product not included in the "Allowable Pesticides" list.

In order to receive a permit for an infestation exception, an Applicator must conduct an infestation threshold test in accordance with the methodology stipulated in Appendix B of the Bylaw and submit this application form, signed by the Applicator and Property Owner and accompanied by the \$50 application fee. Application forms may be submitted to the City at 199 Queen Street or via email to pesticides@charlottetown.ca. Where possible, applications will be processed within two business days.

APPLICATOR INFORMATION								
Company Name:								
Address:								
City:		Province:				Postal Code:		
Tel:		Fax:				Email:		
PROPERTY INFORMATION								
Civic Address:								
Owner Name:						Phone:		
First year to have an applicator apply pesticide Yes or No If no, approximate number of times:								
INFESTATION DESCRIPTION/THRESHOLDS								
Hairy Chinch Bug (Blissus leucopterus hirtus) - Flotation method - >200 bugs per 0.1 m ² or Quadrat method - >20 bugs per 0.1 m ²								
White Grubs – >5 larvae per 0.1 m ²								
Sod Webworms – >10 larvae per 0.9 m ²								
European Crane Fly (Tipula pludosa) – >25 larvae per 0.9 m ²								
Area to be treated (square meters):				Pesticide proposed:				
Applicator Notes:								
SIGNATURES								
I hereby certify that the information	provided in t	his appli	cation is co	orrect	i.			
Signature of Applicator:							Date:	
Signature of Property Owner:					Date:			
APPROVAL								
\$50 fee received	Approv	ed or	Deni	ed	Inspector Name:			
Inspector Notes:								