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**“SCHEDULE B”  
SALT SPRING ISLAND LOCAL TRUST COMMITTEE BYLAW NO 418, 2008  
Assurance of Qualified Professional & Commitment for Field Review**

*Date:* \_\_\_\_\_

Re: Application for *Removal (Deposit)* at

*Civic Address:* \_\_\_\_\_

*Legal Description:* \_\_\_\_\_

I, the undersigned registered professional engineer/landscape architect/land surveyor hereby give assurance that:

1. I am familiar with the environmental protection policies of the Salt Spring Island Local Trust Committee as expressed in the Salt Spring Island Official Community Plan and with the BC Ministry of Environment’s “Environmental Guidelines for Urban and Rural Land Development in British Columbia”;
2. I have considered and informed the owner and/or applicant of alternative designs for the proposed works that may reduce the environmental impacts and transportation requirements of the proposed works; and
3. the use or development of the property described above cannot be reasonably achieved without the *removal (deposit)* in the quantities and manner as shown on the plans, specifications and supporting documents prepared and signed by me and attached to this letter.

I give further assurance that the design, location, quality, nature, depth, *volume* and configuration of the *removal (deposit)* and works to be constructed and undertaken in support of and in relation thereto, all as shown on the plans, specifications and supporting documents prepared and signed by me and attached to this letter:

4. are consistent with the regulations and operating standards of the Salt Spring Island Local Trust Committee Bylaw No. 418, 2008;
5. constitute sound, reasonable *removal* and *deposit* practices and are consistent with the BC Ministry of Environment’s “Environmental Guidelines for Urban and Rural Land Development in British Columbia”; &
6. when, and if, carried out in conformance with such plans, specifications and supporting documents, will not constitute any reasonably foreseeable risk or hazard to persons or property.

The undersigned undertakes to conduct such supervision, testing and field review as is necessary to ensure the *removal (deposit)* complies with the plans, specifications and supporting documents attached hereto.

I assure you that I have been given the authority by the owner of the lands on which the *soil, rock* or *topsoil* is to be *removed (deposited)* and by the applicant for the *permit* (if different from the owner) to stop, remove or redirect the *removal (deposit)* as required in my judgment and as required to comply with the plans, specifications and supporting documents attached hereto, the BC Ministry of Environment’s “Environmental Guidelines for Urban and Rural Land Development in British Columbia” and Bylaw No. 418.

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**NOTE:** This information is intended to provide guidance only and should not be interpreted as a right to a development approval if the steps indicated are followed. Please consult the Local Government Act and its regulations, as well as the other Islands Trust applicable bylaws for the definitive requirements and procedures. For any further information, please contact the Islands Trust.

I will notify you in writing immediately if my contract for field review, testing or supervision is terminated or limited at any time before the completion of *removal (deposit)* described in the plans, specifications and supporting documents attached hereto.

*(Affix professional seal)*

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*Name (Please print)*

*Signature*

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*Address*

I, the applicant for the *Removal (Deposit) Permit* for the *removal (deposit)* at the above address, acknowledge that I have read this letter and agree with its contents. I have also reviewed the plans, specifications and supporting documents attached to this letter and they accurately represent the proposed work. I advise you that I have given

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*(Name of registered professional)*

the authority to conduct testing and field review and to supervise the *removal (deposit)* including the authority to stop the *removal (deposit)*, or redirect it as set out in this letter. I acknowledge and understand that all authority and permission to *remove (deposit)* under any *permit* issued to me pursuant to any application will automatically cease and be suspended if the *qualified professional's* services are terminated or limited and will not be reinstated until such time as another *qualified professional* submits to you a signed and completed letter in this form.

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*Witness's Signature*

*Signature of Applicant for Permit*

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*Name (Please print)*

*Name (Please print)*

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*Address*

*Address*

or:

The Corporate Seal of \_\_\_\_\_

was hereto affixed in  
the presence of:

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*Authorized Signing Officer*

*Authorized Signing Officer*