



**Isle of Man**  
Government  
*Reilrys Ellan Vannin*

# Department of Environment, Food and Agriculture

*Rheynn Chymmyltaght, Bee as Eirinys,*

## NOTICE OF APPLICATION FOR VARIATION TO A WASTE DISPOSAL LICENCE

**PUBLIC HEALTH ACT 1990**

**PUBLIC HEALTH (LICENSING OF WASTE DISPOSAL) REGULATIONS 1990**

**COLLECTION AND DISPOSAL OF WASTE REGULATIONS 2000**

### 1. Applicant

Name	
Position	
Company	
Waste Disposal Licence Number	
Type of Facility	
Facility Address or ordnance survey map reference	
Postal Address if different from above	
Telephone	
Email	

### 2. Variation to Licence

Relevant Licence Section	
Proposed Variation	
Description of Proposed Variation and Changes to Current Operations	

***If you would like to know what we do with your personal information and your rights in relation to it, our Privacy Policy can be found here <https://www.gov.im/about-the-government/departments/environment-food-and-agriculture/environment-directorate/fisheries-division/privacy-notice/>***

***Our Data Protection Officer can be contacted on 686781 or at [DPO\\_DEFA@gov.im](mailto:DPO_DEFA@gov.im)***

<b>Risk Assessment Provided?</b>	YES Attach as Annex A <input type="checkbox"/> NO <input type="checkbox"/>	<b>Evidence/Justification for variation?</b>	YES Attach as Annex B <input type="checkbox"/> NO <input type="checkbox"/>
<b>Working Plan Updated</b>	YES Attach as Annex C <input type="checkbox"/> NO <input type="checkbox"/>	<b>Site Maps Updated</b>	YES Attach as Annex D <input type="checkbox"/> NO <input type="checkbox"/>
<b>Does the Variation Require Planning Consent</b>	YES Attach as Annex E <input type="checkbox"/> NO <input type="checkbox"/>	<b>Other Relevant Information</b>	YES Attach as Annex F <input type="checkbox"/> NO <input type="checkbox"/>
<b>Proposed Date for Variation to Commence</b>	Variation as soon as possible? YES / NO Alternative date: DAY/MONTH/YR.....		

(Please tick)  I/We understand that any variation to a licence will be advertised for public notice in one of the Islands newspapers and the Department will consider any representations about the proposal for 21 days, from the date of publication, in accordance with Section 59 of the Public Health Act 1990/

I/We .....  
(Insert name(s) of applicant)

being the waste disposal licence holder, apply to vary a waste disposal licence under section 61 of the Public Health Act 1990 for the premises described in part 1 of this application.

Signature of Applicant .....

Capacity.....

Date.....

Please forward completed application forms to:

Department of Environment, Food and Agriculture,  
Thie Slieau Whallian,  
Foxdale Road, St. John's, IM4 3AS

Or via email to  
[environmentalprotection@gov.im](mailto:environmentalprotection@gov.im)

If you require any further advice on completion of the application, please contact the Environmental Protection Unit via [environmentalprotection@gov.im](mailto:environmentalprotection@gov.im) or 01624 685535.

# GUIDANCE

## 1. Applicant

<b>Name</b>	Name of authorised person applying for variation to licence
<b>Position</b>	Applicants position in company
<b>Company</b>	Name of company responsible for waste disposal licence
<b>Waste Disposal Licence Number</b>	WDL/XX/XXXX/VX
<b>Type of Facility</b>	Facility Type as stated on Waste Disposal Licence
<b>Facility Address</b>	Address of facility
<b>Postal Address</b>	Postal address if different from above
<b>Telephone</b>	Applicants direct company telephone number
<b>Email</b>	Applicants company email

## 2. Variation to Licence

<b>Relevant Licence Section</b>	State which section of the waste disposal licence is likely to be impacted by the proposed variation.
<b>Proposed Variation</b>	Provide a summary of the proposed variation (e.g. increase amount of waste processed per annum to XXX tonnes)
<b>Description of Proposed Variation and Changes to Current Operations</b>	Provide a description of the proposed change, how it will impact upon current operations. (e.g. increase the amount of waste to XXX tonnes per annum processed by extending the site for storage of incoming waste and processed waste, and purchase of a new piece of equipment to increase rate of processing. The new equipment will be used following sorting to produce a new type of waste to be sent for recovery under Annex 7 description XXXX.)
<b>Risk Assessment Provided?</b>	If there is a significant change in operation a risk assessment should be provided labelled as Annex A.
<b>Evidence/Justification for variation?</b>	Where there is alignment with best available technologies (BAT) or BREF documents available please provide links to this information in Annex B. If new equipment is to be used, please provide relevant specifications.
<b>Working Plan Updated</b>	Where operations will change on site, please provide a proposed update to the working plan in Annex C.
<b>Site Maps Updated</b>	Where operations on site will vary the current layout, or if there are proposed changes to facilities boundaries please update site maps and figures and provide a copy in Annex D.
<b>Does the Variation require Planning Consent</b>	If the variation to licence requires planning consent for example because of change of land use, extension to current property, unit development etc. please provide evidence of appropriate approval or planning application number in Annex E. * where planning approval is required a Waste Disposal Licence will not be varied until the planning approval is granted (Public Health Act Section 59)
<b>Other Relevant Information</b>	Please include any other relevant information. E.g. consultant reports etc. should be provided in Annex F
<b>Proposed Date for Variation to Commence</b>	If you would like the variation to take effect as soon as possible, circle YES. If not, please provide a date of when you propose to implement the variation.