

Planning Department 474 South Fletcher Road | Box 340, Gibsons, BC VON 1V0 Phone: 604-886-2274 | Fax: 604-886-9735 www.gibsons.ca

# DEVELOPMENT APPLICATION REFERRAL FORM

Referral Date: \_\_\_\_\_\_.

Please review the attached development application and provide written comment on the back side of this form to

\_\_\_\_\_, Town of Gibsons Planning Department, no later than: \_\_\_\_\_\_.

### APPLICATION TYPE

Development Permit	(Permit No)
Development Variance Permit	(Permit No)
Temporary Use Permit	(Permit No )
Sign Development Permit	(Permit No)
Agricultural Land Reserve Exclusion	(Application No)
Official Community Plan Amendment	(Application No)
Zoning Amendment Application	(Application No)
REFERRED TO	
М.О.Т.І	TOG Engineering Department
SD-46	TOG Approving Officer
Sunshine Coast Regional District	Fire Department
Agricultural Land Commission	TOG Building Department
Advisory Planning Commission	
DESCRIPTION OF PROPERTY	
Lot/Parcel Plan	Block
District Lot/Section	Range
Other Description	

Street Address

Folio Number \_\_\_\_\_ Parcel Identifier (PID)

## DESCRIPTION OF PROPOSAL

#### CONTACT INFORMATION

\_\_\_\_\_

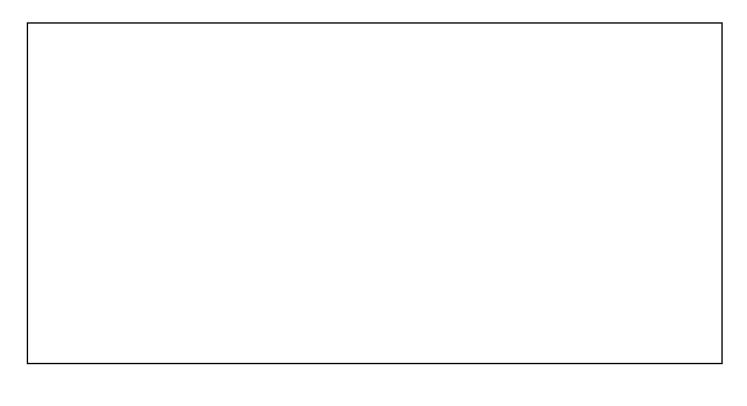
Date:

Agency or department: \_\_\_\_\_

For further more information on the comments provide below contact:

First Name	,	Last Name	 Position	

#### COMMENT



#### RECOMMENDATION

O Approval Recommended

O Approval Not Recommended

O Approval Recommended with Changes

 $\bigcirc\,$  Interests Unaffected by Proposal

O Additional Information Required

O Other:\_\_\_\_\_