



Planning Department

474 South Fletcher Road | Box 340, Gibsons, BC V0N 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

- M.O.T.I
- SD-46
- Sunshine Coast Regional District
- Agricultural Land Commission
- Advisory Planning Commission
- TOG Engineering Department
- TOG Approving Officer
- Fire Department
- TOG Building Department
- _____

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*

_____, _____
E _____

COMMENT

RECOMMENDATION

- Approval Recommended Approval Not Recommended
 Approval Recommended with Changes Interests Unaffected by Proposal
 Additional Information Required
 Other: _____