



## Planning Department

474 South Fletcher Road | Box 340, Gibsons, BC V0N 1V0

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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 [REDACTED] Plan [REDACTED] Block [REDACTED]

District Lot/Section [REDACTED] Range \_\_\_\_\_

Other Description \_\_\_\_\_

Street Address \_\_\_\_\_

Folio Number [REDACTED] Parcel Identifier (PID) [REDACTED]

### DESCRIPTION OF PROPOSAL

## CONTACT INFORMATION

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

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

For further more information on the comments provide below contact:

\_\_\_\_\_,      \_\_\_\_\_      \_\_\_\_\_  
*First Name*      *Last Name*      *Position*

\_\_\_\_\_,      \_\_\_\_\_  
*Phone*      *Email*

## COMMENT

## RECOMMENDATION

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