



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

- Ministry of Transportation & Infrastructure
- School District 46
- Sunshine Coast Regional District
- Agricultural Land Commission
- Royal Canadian Mounted Police
- Vancouver Coast Health
- Skwxwú7mesh Úxwumixw

- TOG Infrastructure Services Department
- TOG Approving Officer
- TOG Public Works Department
- TOG Building Department
- TOG Parks Department
- TOG Finance Department
- TOG Administrative Services
- Gibsons & District Volunteer Fire Department

DESCRIPTION OF PROPERTY

Lot/Parcel Block 7 Plan 14641 District Lot/Section 688

Other Description

Street Address

Folio Number

Parcel Identifier (PID)

DESCRIPTION OF PROPOSAL

CONTACT INFORMATION

Date:

Agency or department:

For further information on the comments provide contact below:

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: