

## 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. \_\_\_\_\_) (Permit No. \_\_\_\_\_) Development Variance Permit Temporary Use Permit (Permit No. \_\_\_\_\_) (Permit No. \_\_\_\_\_) Sign Development Permit Agricultural Land Reserve Exclusion (Application No. \_\_\_\_\_) Official Community Plan Amendment (Application No. \_\_\_\_\_) Zoning Amendment Application (Application No. \_\_\_\_\_ REFERRED TO Ministry of Transportation & Infrastructure TOG Infrastructure Services Department School District 46 TOG Approving Officer Sunshine Coast Regional District TOG Public Works Department Agricultural Land Commission TOG Building Department Royal Canadian Mounted Police **TOG Parks Department** Vancouver Coast Health **TOG Finance Department** Skwxwú7mesh Úxwumixw **TOG Administrative Services** Gibsons & District Volunteer Fire Department DESCRIPTION OF PROPERTY Legal Description Other Description

Parcel Identifier (PID)

DESCRIPTION OF PROPOSAL

Street Address Folio Number

## **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: