

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 Development Variance Permit Temporary Use Permit Sign Development Permit Agricultural Land Reserve Exclusion Official Community Plan Amendment Zoning Amendment Application

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

DESCRIPTION OF PROPERTY

Legal Description Other Description

Street Address

Folio Number

Parcel Identifier (PID)

DESCRIPTION OF PROPOSAL

| (Permit No |) |
|-----------------|---|
| (Permit No |) |
| (Permit No | |
| (Permit No | |
| (Application No |) |
| (Application No |) |
| (Application No |) |

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

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 Recommended with Changes

Additional Information Required

Other:

Approval Not Recommended

Interests Unaffected by Proposal