



Islands Trust
www.islandstrust.bc.ca

Victoria Office
200 - 1627 Fort Street
Victoria, BC V8R 1H8
(250) 405-5151
information@islandstrust.bc.ca

Galiano, Mayne, North Pender,
Saturna, South Pender Islands

Salt Spring Office
1 - 500 Lower Ganges Road
Salt Spring Island, BC V8K 2N8
(250) 537-9144
ssinfo@islandstrust.bc.ca

Salt Spring Island

Northern Office
700 North Road
Gabriola Island, BC V0R 1X3
(250) 247-2063
northinfo@islandstrust.bc.ca

Denman, Gabriola, Gambier, Hornby,
Lasqueti, Thetis, Ballenas-
Winchelsea Islands

Land Use Application

**See Associated Schedules for Information
and Application Requirements**

Application Type: Check all that apply

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> Bylaw Amendment | <input checked="" type="checkbox"/> OCP | <input checked="" type="checkbox"/> Land Use / Rezoning | <input type="checkbox"/> Land Use Contract |
| <input type="checkbox"/> Development Permit | <input type="checkbox"/> Renewal or Amendment | | |
| <input type="checkbox"/> Development Variance Permit | <input type="checkbox"/> Renewal | | |
| <input type="checkbox"/> Heritage Alteration Permit | | | |
| <input type="checkbox"/> LCRB License | <input type="checkbox"/> Liquor | <input type="checkbox"/> Temporary Change | <input type="checkbox"/> Cannabis Retail |
| <input type="checkbox"/> Order - Board of Variance | | | |
| <input type="checkbox"/> Siting & Use Permit | <input type="checkbox"/> Registration | <input type="checkbox"/> Permit | |
| <input type="checkbox"/> Soil Deposit / Removal | | | |
| <input type="checkbox"/> Strata Conversion | <input type="checkbox"/> Boundary Adjustment | | |
| <input type="checkbox"/> Subdivision Review | <input type="checkbox"/> Renewal | | |
| <input type="checkbox"/> Temporary Use Permit | | | |

Schedule A
Schedule B
Schedule C
Schedule D
Schedule E
Schedule F
Schedule G
Schedule H
Schedule I
Schedule J
Schedule K

Description of Subject Property:

Civic Address

Unaddressed

Legal Description

District Lot 85, Galiano Island, Cowichan District

PID

009-625-259

Purpose of Application: Provide a brief description (attached additional pages if needed)

See attached Letter of Intent.

Applicant:

Name

Andy Gaylor

Mailing Address

1211 Ryan Road, Courtenay BC, V9N 3R6

Company

McElhanney Ltd.

Phone

Email

Declaration:

As the owner or agent authorized to act on behalf of the owner(s) of the subject property, I declare the information submitted in support of this application is true and correct in all respects.

Signature

Office Use Only:

Date Received

Fees Paid

Receipt No.

TAPIS No.

Owner Authorization:

As the registered owner(s) of the subject property, I/we declare that the information submitted in support of this application is true and correct in all respects. I/we hereby authorize Islands Trust staff or their contractors to conduct site inspections of the subject property for the purpose of processing this application, and hereby authorize and appoint:

Andy Gaylor of McElhanney Ltd.

Print Name (Complete if applicant is not the owner(s))

... to serve as the agent for this application, and communicate with Islands Trust staff and Islands Trust bodies on our behalf.

All registered owners on title must be listed on and sign the application. Corporations must include a list of directors.

Name/Company Name 634028 B.C. LTD. Signature

Mailing Address #407 16380-24 AVE.

SURREY, B.C.
V3S 6X6

Phone

Print Name

Email

Date

Name/Company Name

Signature

Mailing Address

Phone

Print Name

Email

Date

Name/Company Name

Signature

Mailing Address

Phone

Print Name

Email

Date

Application Checklist The following materials must accompany the application:

- ☒ Completed application form
- ☒ Current title search (issued within 30 days)
- ☒ Copies of all title charges (restrictive covenants, rights-of-way, etc.)
- ☒ Application fee (see applicable Local Trust Committee Fees Bylaw for current fees)
- ☒ If applicable, a BC Contaminated Sites Regulation Disclosure Statement (Schedule 1) must be completed
- ☐ If applicable, QEP Report registered in Province of BC Riparian Areas Regulation (RAR) Notification System
- ☐ Required plans, drawings, reports and other information as noted on the applicable schedules and DAI Bylaws

NOTE A complete application and fee must be received before the application will be processed. Fees may be paid using cash, cheque or interac e-transfer (contact Islands Trust for e-transfer procedure). Applicants are advised that processing times may depend on applications volumes and timing of local trust committee meetings. Applicants are encouraged to apply for permission well in advance of scheduled development.

Freedom of Information

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Name/Company Name

Mikan Const. Co Ltd.

Mailing Address

2026 Winter Crescent
Coquitlam, B.C. V3K 6T6

Phone

Email

Signature

Print Name

Date

Mike ~~Turner~~ Turner
APRIL 24 2023

Name/Company Name

Mikan Const Co Ltd.

Mailing Address

2026 Winter Crescent
Coquitlam, B.C. V3K 6T6

Phone

Email

Signature

Print Name

Date

Anita Turner
APRIL 24 2023

Name/Company Name

Mailing Address

Phone

Email

Signature

Print Name

Date

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Name/Company Name

Signature

RAINE & JANDERA GALIANO HOLDING LTD

Mailing Address

1141 - 4700 KINGSWAY
BURNABY BC V5H 4M1

Phone

Print Name

Email

Date

JOHN B RAINE

APRIL 24 2023

Name/Company Name

Signature

Raine & Jandera Galiano Holding Ltd

Mailing Address

1141 - 4700 Kingsway
Burnaby B.C. V5H 4M1

Phone

Print Name

Olga Jandera

Date

APRIL 24 / 2023

Email

Name/Company Name

Signature

Mailing Address

Phone

Print Name

Email

Date

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Name/Company Name

Signature

Marion Howe

Mailing Address

Phone

Print Name

Email

Date

APRIL 24/2023

Name/Company Name

Signature

HERB LOVE

Mailing Address

Phone

Print Name

Email

Date

APRIL 24 2023

Name/Company Name

Signature

Mailing Address

Phone

Print Name

Email

Date

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Name/Company Name	SUSAN KIRBY	Signature	[Redacted]
Mailing Address	[Redacted]	Print Name	SUSAN KIRBY
Phone	[Redacted]	Date	APRIL 24 2023
Email	[Redacted]		
Name/Company Name	FLEMMING LARSEN	Signature	[Redacted]
Mailing Address	[Redacted]	Print Name	FLEMMING LARSEN
Phone	[Redacted]	Date	
Email	[Redacted]		
Name/Company Name		Signature	
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