



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

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

Denman, Gabriola, Gambier, Hornby,
Lasqueti, Thetis, Baileys-
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"/>	<input type="checkbox"/> Renewal or Amendment	<input type="checkbox"/>
<input type="checkbox"/> Development Variance Permit	<input type="checkbox"/>	<input type="checkbox"/> Renewal	<input type="checkbox"/>
<input type="checkbox"/> Heritage Alteration Permit	<input type="checkbox"/>	<input type="checkbox"/> Liquor	<input type="checkbox"/> Temporary Change
<input type="checkbox"/> LCRB License	<input type="checkbox"/>	<input type="checkbox"/> Cannabis Retail	<input type="checkbox"/>
<input type="checkbox"/> Order - Board of Variance	<input type="checkbox"/>	<input type="checkbox"/> Registration	<input type="checkbox"/> Permit
<input type="checkbox"/> Siting & Use Permit	<input type="checkbox"/>	<input type="checkbox"/> Boundary Adjustment	<input type="checkbox"/>
<input type="checkbox"/> Soil Deposit / Removal	<input type="checkbox"/>	<input type="checkbox"/> Renewal	<input type="checkbox"/>
<input type="checkbox"/> Strata Conversion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Subdivision Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Temporary Use Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

PID

Unaddressed

009-625-259

Legal Description

District Lot 85, Galiano Island, Cowichan District

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

See attached Letter of Intent.

Applicant:

Name

Andy Gaylor

Company

McElhanney Ltd.

Mailing Address

1211 Ryan Road, Courtenay BC, V9N 3R6

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 21 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

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Freedom of Information

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Name/Company Name

Signature

Mikan Const. Co Ltd.

Mailing Address

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

Phone

Email



Print Name

Mike ~~Turner~~ Turner
APRIL 24 2023

Signature

Name/Company Name

Mikan Const Co Ltd.

Mailing Address

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

Phone

Email



Print Name

Anita Turner

Date

APRIL 24 2023

Signature

Name/Company Name

Mailing Address

Phone

Print Name

Email

Date

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Name/Company Name

Raine & Jandera Galiano Holding Ltd

Mailing Address

1141 - 4700 Kingsway
Burnaby BC V5H 4M1

Phone

[REDACTED]

Email

[REDACTED]

Signature

[REDACTED]

Print Name

JOHN B Raine

Date

APRIL 24 2023

Name/Company Name

Raine & Jandera Galiano Holding Ltd

Mailing Address

1141 - 4700 Kingsway
Burnaby BC V5H 4M1

Phone

[REDACTED]

Email

[REDACTED]

Signature

[REDACTED]

Print Name

Olga Jandera

Date

APRIL 24/2023

Signature

Name/Company Name

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

HERS

EBIVE

Mailing Address

Phone

Print Name

Email

Date

APRIL 24 2023

Name/Company Name

Signature

Mailing Address

Phone

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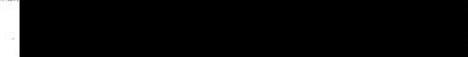
Name/Company Name

SUSAN KIRBY

Signature



Mailing Address



Phone



Print Name

SUSAN KIRBY

Email



Date

APRIL 24 2023

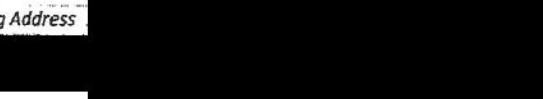
Name/Company Name

FLEMMING LARSEN

Signature



Mailing Address



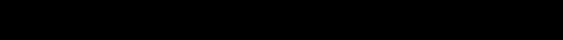
Phone



Print Name

FLEMMING LARSEN

Email



Date

Name/Company Name

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