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Salt Spring

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

Development Application Fee Sponsorship Application Form

*Under Islands Trust Policy 4.1.xiii, Trust Council Executive Committee may sponsor development application fees. When applying for sponsorship, please submit this form, or the details in a letter, **with your development application**. Applicants are encouraged to file this form with or after their development application.*

To be eligible for Executive Committee Sponsorship:

- ✓ The applicant is a non-profit agency or organization seeking to establish, expand or modify a facility for the benefit of the community at large and consistent with goals in the Official Community Plan (OCP).
- ✓ The applicant is an established or establishing institution supported by taxpayers that is seeking to establish, expand or modify a community facility. (Potential sponsorship of up to one half of the costs of the application)
- ✓ The applicant seeks to implement specific objectives of an OCP with broad community benefits.

The following are NOT eligible for Executive Committee Sponsorship:

- ✗ The applicant is a registered for-profit corporation under the Corporations Act.
- ✗ The applicant is a non-profit agency or organization seeking to establish, expand or modify a facility that would not benefit the community at large.
- ✗ An applicant claims that he or she cannot afford the cost of the application, and the application would not otherwise qualify for sponsorship or initiation.
- ✗ ALR and Subdivision referral application fees are not eligible.

SECTION 1: APPLICANT INFORMATION

(Please print or type all sections)

Organization Name: _____

Primary Contact: _____

Address: _____

Telephone: _____ E-mail: _____

Charitable Status Number (If applicable): _____

Organization Mandate (Attach bylaws, constitution or cite organization website): _____

Board Members (Name, Position): _____

SECTION 2: DEVELOPMENT APPLICATION INFORMATION

Check development application where fee refund is requested:

- | | |
|--|--|
| <input type="checkbox"/> Official Community Plan | <input type="checkbox"/> Development Variance Permit |
| <input type="checkbox"/> Zoning Bylaw Amendment | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Development Permit | <input type="checkbox"/> Other: _____ |

Development Application Submitted? Yes No Application #: _____

Development Application Fees Paid (Amount): _____ Receipt #: _____

SECTION 3

Objective of Development Application: _____

Describe how the Development Application furthers official community plan goals: _____

SECTION 4

I/we declare that all of the above statements and the information contained in the material submitted in support of the application are to the best of my/our knowledge true and correct.

Printed Name: _____

Signature: _____ Date: _____

Contact Information (e-mail and/or phone): _____

INFORMATION TO BE COMPLETED BY ISLANDS TRUST

Date of Executive Committee Consideration: _____ Decision: _____

Financial Details: _____

Fee Refunded: _____

Organization Charitable Status Number: _____

LTC Notified (Date): _____

Applicant Notified (Date): _____