

From: [Hendy, Timothy TRAN:EX](#)
To: [Kathy McArthur](#)
Subject: RE: RE21011 Bylaw P1438 Referral Package
Date: November 9, 2021 10:44:21 AM
Attachments: [image001.png](#)
[image002.png](#)
[image007.png](#)
[image008.png](#)
[image009.png](#)
[image010.png](#)

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Hi Kathy

MoTI has no objections to this rezoning. Thank you.

Tim Hendy | Development Officer

Vancouver Island District | Ministry of Transportation and Infrastructure

P: (250) 734-4812 | timothy.hendy@gov.bc.ca

[2021 Customer Satisfaction Survey](#)



[APPLY FOR PERMIT](#)

[APPLY FOR BCeID](#)

[SUBDIVISION INFORMATION](#)

From: Kathy McArthur <kmcarthur@acrd.bc.ca>
Sent: November 4, 2021 4:46 PM
To: Hendy, Timothy TRAN:EX <Timothy.Hendy@gov.bc.ca>; 'HBE@viha.ca' <HBE@viha.ca>; 'Darrell Ross' <dross@tseshaht.com>; XT:Cheetham, Lindsay EDUC:IN <lcheetham@sd70.bc.ca>; Brandy Launder <brandy@hupacasath.ca>
Cc: Brett Mortlock <bmortlock@acrd.bc.ca>; Charlie Starratt <cstarratt@acrd.bc.ca>; Mike Kobus (Fire Dept) <firechief@bcvfd.ca>; Eddie Kunderman <ekunderman@acrd.bc.ca>
Subject: RE21011 Bylaw P1438 Referral Package

[EXTERNAL] This email came from an external source. Only open attachments or links that you are expecting from a known sender.

Hello,

Please find attached the referral package and response form for Beaver Creek rezoning application RE21011.

If you have any input to provide regarding this application, please complete the response form and return it to me by November 29, 2021.

Thank you,



Kathy McArthur

Planning Assistant

A 3008 Fifth Avenue, Port Alberni, BC V9Y 2E3

O 250.720.2709 **W** acrd.bc.ca

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**ALBERNI-CLAYOQUOT
REGIONAL DISTRICT**

3008 Fifth Avenue, Port Alberni BC, CANADA V9Y 2E3

Telephone (250) 720-2700 Fax (250) 723-1327

BYLAW RESPONSE SUMMARY

BYLAW NO.: P1438 ACRD FILE NO.: RE21011

APPLICANT NAME: John Robertson & Annette Clement

ACRD CONTACT: Alex Dyer, Planning Manager

Date of Referral: November 3, 2021

Approval Recommended for Reasons
Outlined Below

Interests Unaffected by Bylaw

Approval Recommended Subject to
Conditions Below

Approval NOT Recommended Due to
Reasons Outlined Below

Agency (please print): _____

Name (please print): _____

Signature: _____

BM

Title: _____

Date: _____