

STATEMENT OF CONFORMANCE TO SUNSHINE COAST REGIONAL DISTRICT  
OFFICIAL COMMUNITY PLAN DEVELOPMENT PERMIT AREA POLICIES



DPA 2B – Ravine Hazard

This statement is provided in conjunction with the geotechnical assessment report completed herein to demonstrate that the assessment has addressed relevant policies of the Sunshine Coast Regional District Official Community Plan Development Permit Areas. This statement and accompanying geotechnical assessment report will be submitted by the client/applicant to the SCRDP Planning Department as part of a complete Development Permit application. For details on this Development Permit Area, please refer to the [Official Community Plan](#) for the Electoral Area where the proposed development will occur. Landslide Assessments must conform to EGBC *Professional Practice Guidelines Landslide Assessments in British Columbia*.

To the Approving Authority:

Jurisdiction: Sunshine Coast Regional District

With reference to: Local Government Act (Part 14, Division 7 - Development Permits)

For the property:

- Civic address
- Legal description
- Parcel ID
- Official Community Plan

Geotechnical Report Checklist

This section confirms whether the geotechnical report addresses critical risks and risk mitigation measures as per the Official Community Plan and EGBC. Please ensure that all items are responded to, and include the relevant sections and page numbers.

1. Required setbacks from the crests and/or toes of ravine or other steep slopes, and a demonstration of suitability for the proposed use.

☐ Yes      ☐ No      ☐ Not Applicable

Brief Summary of Analysis Completed:

Indicate report section and page(s): \_\_\_\_\_

## Geotechnical Report Checklist (Cont.)

**2. Field definition of the required setback from the top of a ravine or other steep slope.**

☐ Yes      ☐ No      ☐ Not Applicable

Brief Summary of Analysis Completed:

Indicate report section and page(s): \_\_\_\_\_

**3. Required setback from top of bank and recommendations relating to construction design requirements for the planned development, on-site storm water drainage management, and other appropriate land use recommendations.**

☐ Yes      ☐ No      ☐ Not Applicable

Brief Summary of Analysis Completed:

Indicate report section and page(s): \_\_\_\_\_

**4. Based on scale and expected life expectancy of the proposed development, EGBC identifies risk thresholds. Please indicate the risk threshold used in this assessment.**

Seismic:      1:2,475-year design for earthquake

Brief Summary of Analysis Completed:

Indicate report section and page(s): \_\_\_\_\_

## Geotechnical Report Checklist (Cont.)

5. Indicate the report section and page(s) containing the statement that the land may be used safely as intended:

\_\_\_\_\_

6. Appendix D Landslide Assurance Statement is required. Indicate if provided.

☐ Yes ☐ No

7. Site plan to scale of the subject property clearly showing surveyed characteristics of concern including:

- Safe building area (required for building construction and subdivision applications)
- Geohazards, such as top of bluff or ravine bank, rock fall area, flood hazard area, etc.
- Trees determined critical for land integrity or surface flow management
- Grades

Indicate the section and page number that contains the site plan: \_\_\_\_\_

***Complete applications must include site plans adhering to the above.***

## Additional Comments

## Statement of Conformance

The undersigned hereby gives assurance that he/she is a Qualified Professional and is a Professional Engineer or Professional Geoscientist, and certifies that the geo-technical assessment report for the Property to which this Statement attaches, has been completed in accordance with the relevant criteria of the SCRD Development Permit Areas and EGBC Guidelines.

Name of Geotechnical Professional: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***To be accepted, Development Permit applications must include a Geotechnical Report sufficiently addressing Development Permit Area requirements and a site plan addressing #7, above.***

## SCRD Office Use

### Intake Check

Correct DPA assessed ☐ Yes ☐ No Comments: \_\_\_\_\_

Other applications or enforcement associated with this file: \_\_\_\_\_

Receiving Planner Initials: \_\_\_\_\_ SCRD File Number: \_\_\_\_\_

Notes

### Review Check

Assessment Reviewed By: \_\_\_\_\_ Review Date: \_\_\_\_\_

Notes: