

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



DPA 1B/3 - Slope Hazards

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 SCRD 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. Slope profiles with documentation of the limits of slope stability. This includes consideration of: a) the limits and types of instability and changes in stability that may be induced by tree removal; b) the down-slope impact of land alteration and development; and c) the potential of coastal erosion under conditions of future sea level rise (for 1B).

Yes                      No                      Not Applicable

Brief Summary of Analysis Completed:

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

## Geotechnical Report Checklist (Cont.)

### 2. Assessment of shallow ground water conditions, and anticipated effects of septic systems and footing drainage on slope stability.

Yes      No      Not Applicable

Brief Summary of Analysis Completed:

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

### 3. Indication of required setbacks based on slope height and profile, slope erosion susceptibility and stability, and general slope suitability for the proposed use.

Yes      No      Not Applicable

Brief Summary of Analysis Completed:

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

### 4. Risk Assessments: Please indicate which risk assessments are applicable to this development. Please refer to the EGBC Landslide Assessment Guidelines, Tables B-1 to B-6 for required evaluation criteria.

#### 4.1 Assessment for Slowly Creeping Landslides, Such as Rock Creeps in Soft Rocks and Earth Flows:

Yes      No      Not Applicable

#### 4.2 Assessment for Debris Flows, Debris Slides, and Debris Avalanches, including Flow Slides:

Yes      No      Not Applicable

<b>Return period (time window):</b>	500 years (250 years) Renovations, single homes	1,000 years (500 years) Subdivisions up to 5 lots, Multi-family	2,500 years (1,500 years) Subdivision of 6 to 50 lots
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#### 4.3 Assessment for Rockfall and Rockslides:

Yes      No      Not Applicable

<b>Return period (time window):</b>	500 years (250 years) Renovations, single homes	1,000 years (500 years) Subdivisions up to 5 lots, Multi-family	2,500 years (1,500 years) Subdivisions of 6 to 50 lots
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#### 4.4 Assessment for Rock Avalanches:

Yes      No      Not Applicable

<b>Return period (time window):</b>	500 years (250 years) Renovations, single homes	1,000 years (500 years) Subdivisions up to 9 lots, Multi-family	2,500 years (1,500 years) Subdivisions of 10 to 100 lots
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## Geotechnical Report Checklist (Cont.)

### 4.5 Assessment for Slumps and Spreads:

Yes          No          Not Applicable

### 4.6 Assessment for Static and Seismic Slope Stability Analysis (required):

Yes          No          Not Applicable

**Return Period (minimum):**          1:2,475-year design earthquake for development

Brief Summary of Analysis Completed:

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

### 5. Appropriate land development recommendations such as limits to tree cutting, drainage strategies, filling, and excavation.

Yes          No          Not Applicable

Brief Summary of Analysis Completed:

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

## Geotechnical Report Checklist (Cont.)

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

Yes

No

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

\_\_\_\_\_

8. 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 and other natural features determined critical for land integrity or surface flow management
- Grades (unless slope provided in report)

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 #8, 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: