



Notice of Development Appeal

Subdivision and Development Appeal Board (SDAB)
Foothills County

www.mdfoothills.com

309 Macleod Trail, Box 5605, High River, AB T1V 1M7 • Tel: 403-652-2341 Fax: 403-652-7880

SEND NOTICE OF APPEAL AND APPEAL FEE VIA:

Mail/Deliver: SDAB Clerk, Foothills County
 Box 5605, 309 Macleod Tr. S., High River, AB T1V 1M7

Fax: 403-652-7880 or **Email (scanned pdf):** appeals@FoothillsCountyAB.ca

For more information contact SDAB Clerk at: 403-652-2341 or appeals@FoothillsCountyAB.ca

*Office Use Only
 Appeal Received:*

A notice for development appeal under section 686 of the Municipal Government Act should contain the following information and must be filed with the SDAB within 21 days after the date of the decision of the development authority or deemed refusal by the development authority in accordance with section 684.

THE APPEAL FEE MUST ACCOMPANY THE NOTICE OF DEVELOPMENT APPEAL FORM.

DEVELOPMENT APPEAL	Fee
Appeal by Landowner or Affected Party (fee to be refunded if appellant appears before SDAB)	\$100
Appeal on application that is not within the Development Officer's discretion	\$575
Appeal on Stop Order	\$575

SITE INFORMATION FOR PROPERTY UNDER APPEAL						
Development Permit Number:						
Legal Land Description:						
Plan	Lot	Block	AND/OR Quarter Section	Township	Range	Meridian

APPELLANT INFORMATION (e.g. Landowner or Affected Party)						
Name of Appellant(s):						
Mailing Address:						
Town/City/Village:	Province:	Postal Code:				
Home/Cell Phone:	Business Phone:					
I consent to receive documents by email: <input type="checkbox"/> Yes <input type="checkbox"/> No Email Address:						
Legal Land Description:						
Plan	Lot	Block	AND/OR Quarter Section	Township	Range	Meridian

AGENT INFORMATION AND CERTIFICATION (complete section only if applicable)		
Name of Organization:		
Contact Name:		
I consent to receive documents by email: <input type="checkbox"/> Yes <input type="checkbox"/> No Email Address:		
Phone (daytime):		
Mailing Address:		
Town/City/Village:	Province:	Postal Code:
I (We) _____ hereby authorize _____ to act on my (our) behalf on matters pertaining to this application for subdivision.		
Signature of Appellant(s)	Date	Signature of Appellant(s) Date

DECISION OF DEVELOPMENT AUTHORITY
Date of Decision (Y/M/D) _____/_____/_____
Copy of Development Authority Decision Attached <input type="checkbox"/> YES <input type="checkbox"/> NO

TURN OVER AND COMPLETE REVERSE SIDE

