



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

REASONS FOR APPEAL (attach separate page(s) if required)

All development appeals should contain the reasons for the appeal, including the issues in the decision or the conditions imposed in the approval that are the subject of the appeal.

APPROVAL – Why do you disagree with the Approval or what Conditions of Approval do you disagree with and why?
OR

REFUSAL – Why do you think your development application should be approved?
OR

STOP ORDER

Multiple empty horizontal lines for providing reasons for appeal.

This information is being collected for the Subdivision and Development Appeal Board of Foothills County and will be used to process your appeal and to create a public record of the appeal hearing. This information is collected in accordance with Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions regarding the collection or use of this information, contact the FOIP Coordinator at (403) 652-2341.

Signature of Appellant(s) OR
Person Authorized to Act on Behalf of Appellant(s)

Date

Upon receipt of your Notice of Appeal and payment of the required appeal fee, an SDAB hearing date will be set within 30 days. You and the landowners who are adjacent to the property under appeal will receive by ordinary mail, a Written Notice of the date and time of the appeal Hearing.

****NOTE FOR EMAIL SUBMISSIONS ONLY: IF YOU DO NOT RECEIVE AN EMAIL CONFIRMATION NOTIFYING YOU OF RECEIPT OF YOUR APPEAL, PLEASE CONTACT THE SDAB CLERK IMMEDIATELY. ****

PAYMENT OF APPEAL FEE

If submitting the Notice of Appeal form and paying the appeal fee in person, you do not need to complete this section. If submitting the Notice of Appeal form by fax or email, you must complete this section.



CREDIT CARD INFORMATION

Card type: Visa Master Card American Express

Name as it appears on Card: _____ Card Number: _____

Date of Expiry: _____ CVC: _____

Authorization: I authorize Foothills County to charge \$ _____ to my credit card.

Signature of Card Holder: _____ Date: _____

FOR OFFICE USE ONLY

Authorized By: _____ Date: _____ Receipt #: _____