

**FOR OFFICE USE ONLY**

Permit number: \_\_\_\_\_ Roll number: \_\_\_\_\_ Receipt number: \_\_\_\_\_

**CONTACT INFORMATION**

**Full legal name of Appellant:** \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home tel: \_\_\_\_\_ Bus. tel: \_\_\_\_\_ Cel: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Landowner or Agent** *(if different from Appellant):* \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Home tel: \_\_\_\_\_ Bus. tel: \_\_\_\_\_ Cel: \_\_\_\_\_ Email: \_\_\_\_\_

**LAND INFORMATION**

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Subdivision/hamlet: \_\_\_\_\_

Rural address: \_\_\_\_\_ Division: 1 2 3 4 5 6 7

Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ W of 5 Meridian

Development permit number: \_\_\_\_\_ Tel: \_\_\_\_\_

Reasons for the appeal including the issues in the decision (approval or refusal) or the conditions imposed in the approval that is subject of the appeal: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Appellant: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION OF AGENT ACTING ON BEHALF OF REGISTERED OWNER**

I, (We), \_\_\_\_\_, do hereby authorize \_\_\_\_\_, to act on my (our) behalf on matters pertaining to this development appeal.

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

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

**IMPORTANT INFORMATION**

This form and any supporting documentation must be forwarded to:

Secretary of the Subdivision and Development Appeal Board  
c/o Lac Ste. Anne County  
Planning & Development Department  
Box 219, Sangudo, Alberta T0E 2A0

Your appeal must be filed within twenty one (21) days of the receipt of the written notice of decision of the Development Authority or deemed refusal date along with an application fee in the amount of \$250.00. If you provide a written submission, the information you provide may be made public, subject to the provisions of the *Freedom of Information and Protection of Privacy Act*.

This personal information is being collected in accordance with section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act*. This information will form part of a file that is publicly available on request. If you have any questions about the collection, use or disclosure of this personal information, please contact Lac Ste. Anne County FOIP Coordinator at the address below.

**Box 219, Sangudo AB T0E 2A0**  
**T 780.785.3411 TF 1.866.880.5722 F 780.785.2359 E Appeals@LSAC.ca [www.LSAC.ca](http://www.LSAC.ca)**

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Date received (m/d/y): \_\_\_\_\_ Receipt no.: \_\_\_\_\_

Authorized County personnel: \_\_\_\_\_

**PAYMENT AUTHORIZATION**

Service description: \_\_\_\_\_

AMOUNT \$: \_\_\_\_\_

**CREDIT CARD AUTHORIZATION**

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Payment method:  Visa  MasterCard  Interac  Cash  Cheque

Credit card no.: \_\_\_\_\_ Expiry date: \_\_\_\_\_ CVC: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

*NOTE: If you plan to submit this application via email, **do not** provide your credit card details. Payment information will be requested by a County representative at the time of processing, and then securely destroyed.*

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