

FOR OFFICE USE ONLY

Permit no.: _____ Tax roll no.: _____ Receipt no.: _____

CONTACT INFORMATION

Full name of Appellant: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

Name of Registered Owner (if different from above): _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

Please note: By providing your email address above, you are hereby consenting to receiving correspondence (including decision) solely by email in relation to this application.

LAND INFORMATION

Lot: _____ Block/Unit: _____ Plan: _____ Subdivision/Hamlet: _____

Rural address: _____ Division: 1 2 3 4 5 6 7

Quarter: _____ Section: _____ Township: _____ Range: _____ West of 5th meridian

Zoning: _____ Use: _____ Parcel size: _____ Acres/Ha

REASONS FOR APPEAL

Describe the reasons for this appeal including the issues in the order that are subject of the appeal:

