

Subdivision Appeal Application

Planning & Development

FOR OFFICE USE ONL	Y			
Permit no.:	Roll no.: _		Receipt no.:	
CONTACT INFORMATIO	ON			
Name of Appellant:				
Mailing address:				
City:		Province:	Postal code	2:
Tel:	Cel:	Email:		
Name of Registered Own	er (if different from abo	ve):		
Mailing address:				
City:		Province:	Postal code	2:
Tel:	Cel:	Email:		
Please note that by providing correspondence electronical			are hereby consenting	to receiving
LAND INFORMATION				
Development permit no.: _				
Street/rural address:		Subd	ivision/hamlet:	
All or part of: Quarter:	Section:	Township:	Range:	W of 5 Meridian
Unit: Lot:	Block: Pla	n:		
This Appeal is commenced	by, or on behalf of:			
 the applicant for subdiv the landowner the school authority wit a governmental departmental depa	h respect to reserves ment if the application is r	equired by the Subdivision	and Development Re,	gulations
<i>Is the property within or ad</i> Within Alberta's Green Area		ing:		yes no
Adjacent to or contains a b for a railway, road, utility rig			be contiguous if not	yes no



Is the property within the following distances:

1600 metres of a Provincial Highway where the speed limit is 80 km/hr or faster		no
450 metres of a Hazardous Waste Management Facility	yes	no
450 metres of the working area of an operating Landfill	yes	no
300 metres of the disposal area of any Landfill	yes	no
300 metres of a Sewage Treatment Facility	yes	no
300 metres of the working area of a Non-Hazardous Waste Storage Site	yes	no

Some of these distances may be varied in writing by a provincial government department.

If yes is answered to one or more of the above questions, the Appeal must be filed with the Municipal Government Board, please visit municipalaffairs.alberta.ca/municipal-government-board or email mgbmail@ gov.ab.ca.

REASONS FOR APPEAL

Describe the 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 (m/d/y): _____



AUTHORIZATION

I (We),	, hereby authorize		, to act
on my (our) behalf on matters pertaining to	o this development appeal.		
Signature of Registered Owner:		Date (m/d/y):	
Signature of Registered Owner:		Date (m/d/y):	
IMPORTANT: This form and any supporting documentation	on must be forwarded to:		
Secretary of the Subdivision & Developm	ent 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 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.