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## NOTICE OF APPEAL APPLICATION

### SUBDIVISION AND DEVELOPMENT APPEAL BOARD

**In accordance with Sections 678 and 686 of the Municipal Government Act and the Vegreville Land Use Bylaw 02-2013 An appeal to the Subdivision and Development Appeal Board must be filed within the legislated time frame.**

<b>Site Information</b>			Date Received Stamp
Municipal Address Site			
Legal Description of Site			
Development Permit Number or Subdivision Application Number or File Number			(Office Use Only)
<b>Appellant Information</b>			
Name of Appellant	Agent Name (if applicable)		
Street Address (for notification purposes)			
City	Province	Postal Code	Receipt #
Business Phone #	Fax #	Email Address	Residential Phone #

**APPEAL AGAINST (Check One Box Only) for multiple appeals you must submit another Notice of Appeal**

Development Permit	Subdivision Application	Notice of Order
<input type="checkbox"/> Approval	<input type="checkbox"/> Approval	<input type="checkbox"/> Notice of Order
<input type="checkbox"/> Conditions of Approval	<input type="checkbox"/> Conditions of Approval	
<input type="checkbox"/> Refusal	<input type="checkbox"/> Refusal	

**REASONS FOR APPEAL** Sections 678 and 686 of the Municipal Government Act require that the written Notice of Appeal must contain specific reasons for the appeal.

**I do hereby appeal the decision of the Subdivision/Development Authority for the following reasons:**


Attach a separate page if required

This personal information is collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 33 © and the Municipal Government Act, Sections 678 and 686. NOTE: **THIS INFORMATION WILL FORM PART OF A FILE AVAILABLE TO THE PUBLIC.** If you have any questions regarding the collection of this information, contact the Infrastructure, Planning & Development Department at 780-632-6479 or PO box 640 Vegreville, AB, T9C1R7.

Signature of Appellant / Agent	Date (YYY /MM /DD)
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#### FOR OFFICE USE ONLY

Date of Appeal (YYYY/MM/DD)	SDAB Appeal #	Fee Paid	Hearing Date	Date Applicant Notified	Date Appellant Notified (YYY/MM/DD)
		Yes <input type="checkbox"/> NO <input type="checkbox"/>			