



Infrastructure, Planning & Development Department
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 VEGREVILLE, ALBERTA T9C 1R7

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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 15-2017 An appeal to the Subdivision and Development Appeal Board must be filed within the legislated time frame.

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

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, T9C 1R7.

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

Date of Appeal	SDAB Appeal #	Fee Paid	Hearing Date	Date Applicant Notified	Date Appellant Notified
		Yes <input type="checkbox"/> NO <input type="checkbox"/>			

