



Infrastructure, Planning & Development Department
 4829 50 Street, Lower Level
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 VEGREVILLE, ALBERTA T9C 1R7

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NOTICE OF APPEAL APPLICATION

SUBDIVISION AND DEVELOPMENT APPEAL BOARD

In accordance with the Municipal Government Act and the Vegreville Land Use Bylaw 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					
Appellant Information			(Office Use Only)		
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 <u>One</u> 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"/> Conditions of Approval <input type="checkbox"/> Refusal		<input type="checkbox"/> Approval <input type="checkbox"/> Conditions of Approval <input type="checkbox"/> Refusal		<input type="checkbox"/> Notice of Order	
REASONS FOR APPEAL:					
the Municipal Government Act requires 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					
The personal information collected on this form is collected for the administrative purposes accepting appeal applications. The personal information is collected under the authority of the Municipal Government Act, Sections 678 and 686 and the Protection of Privacy Act, Section 4(c). The information on this form will be made available to the public. For questions about the collection of personal information, contact the Town of Vegreville Privacy Officer at privacyofficer@vegreville.com , 780-632-7951 or 4829-50 Street, Box 640, Vegreville, Alberta T9C 1R7.					
Signature of Appellant / Agent				Date (YYYY /MM /DD)	
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"/>			