Morinville
PLANNING & DEVELOPMENT

10125 – 100 Avenue
Morinville, AB T8R 1L6
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NOTICE OF APPEAL

TO THE

SUBDIVISION AND DEVELOPMENT APPEAL BOARD

*Required Fees $*_____

APPELLANT INFORMATION

Appellant: _____ Phone: _____

Address: _____ Postal Code: _____
(STREET) (MUNICIPALITY) (PROV)

Email: _____ Fax: _____

Contact Person/Agent: _____ Contact Phone (*Cell*): _____

PROPERTY INFORMATION

I/We, the Appellant, wish to appeal against the following order/decision of the _____ **Authority of the municipality:**
(SUBDIVISION / DEVELOPMENT)

Notice Dated: _____ File No: _____

in which the aforementioned Planning Authority: | ☐ APPROVED | ☐ APPROVED SUBJECT TO CONDITIONS | ☐ REFUSED | an application for:

Brief Description of Matter Being Appealed: _____

_____

Located at: (Property Address/Location) _____

Legal Address: Lot _____ Block _____ Plan _____; *or,* Qtr _____ Sec _____ Twp _____ Range 25 West of 4th Meridian

GROUNDS FOR APPEAL

My/Our reasons or grounds for filing an appeal are as follows: (Please be specific and attach additional sheets if necessary)

_____

_____

_____

_____

_____

_____

DECLARATION AND NOTES

I/We, the Appellant, hereby give this notice of appeal to the Subdivision and Development Appeal Board accompanied by the fee established by Council, and declare that all information provided by me/us is, to the best of my/our knowledge, true and accurate in all respects.

Appellant(s) Signature: _____ Date: _____

(**Note:** Agents and representatives must provide written authorization from the Appellant prior to the appeal hearing.)

The information on this form is collected under Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP). The FOIP Act regulates the collection and disclosure of personal information. The privacy of personal information requested in this form is protected by the FOIP Act and is collected for the sole use of the Town of Morinville.

INTAKE INFORMATION

EITHER MAIL, COURIER OR DELIVER THIS NOTICE WITH FEES TO:

Secretary of the SDAB
Town of Morinville
10125 – 100 Avenue
Morinville, AB T8R 1L6

SO, IN EITHER EVENT, AS TO REACH HIM OR HER WITHIN 14 DAYS (INCLUDING WEEKENDS/HOLIDAYS) OF RECEIPT OF THE WRITTEN DECISION OF THE PLANNING AUTHORITY.

OFFICE USE ONLY:

Received by: _____

Receipt #: _____

Application #: _____

Date of Hearing: _____

Date Received Stamp