

Required Fees (86) \$ \_\_\_\_\_

**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) File No: \_\_\_\_\_  
 Notice Dated: \_\_\_\_\_  
 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 4<sup>th</sup> Meridian

**GROUND FORS 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:**

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

SO, IN EITHER EVENT, AS TO REACH THE CLERK NO LATER THAN BY 4:30 PM ON THE DATE STATED ON THE NOTICE OF DECISION FROM THE PLANNING AUTHORITY.

**OFFICE USE ONLY:**

Received by: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_  
 Application #: \_\_\_\_\_  
 Date of Hearing: \_\_\_\_\_

Date Received  
Stamp