



Infrastructure, Planning & Development Department  
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## NOTICE OF APPEAL APPLICATION

### SUBDIVISION AND DEVELOPMENT APPEAL BOARD

<b>In accordance with the Municipal Government Act and the Vegreville Land Use Bylaw</b> <b>An appeal to the Subdivision and Development Appeal Board must be filed within the legislated time frame.</b>					
<b>Site Information</b>			Date Received Stamp		
Municipal Address Site					
Legal Description of Site					
Development Permit Number or Subdivision Application Number or File Number					
<b>Appellant Information</b>			(Office Use Only)		
Name of Appellant		Agent Name (if applicable)			
Street Address (for notification purposes)					
City	Province	Postal Code			
Business Phone #	Fax #	Email Address			
Receipt #					
Residential Phone #					
<b>APPEAL AGAINST (Check <u>One</u> Box Only) for multiple appeals you must submit another Notice of Appeal</b>					
<b>Development Permit</b>		<b>Subdivision Application</b>		<b>Notice of Order</b>	
<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	
<b>REASONS FOR APPEAL:</b> the Municipal Government Act requires that the written Notice of Appeal must contain specific reasons for the appeal.					
<b>I do hereby appeal the decision of the Subdivision/Development Authority for the following reasons:</b>					
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: <b>THIS INFORMATION WILL FORM PART OF A FILE AVAILABLE TO THE PUBLIC.</b> If you have any questions regarding the collection of this information, contact the Town of Vegreville at 780-632-2606					
Signature of Appellant / Agent				Date (YYYY /MM /DD)	
<b>FOR OFFICE USE ONLY</b>					
Date of Appeal	SDAB Appeal #	Fee Paid	Hearing Date	Date Applicant Notified	Date Appellant Notified
		Yes <input type="checkbox"/>			
		NO <input type="checkbox"/>			