

Notice of Appeal to Subdivision & Development Appeal Board (SDAB) and Intermunicipal SDAB

APPELLANT INFORMATION

Information about the person filing the appeal.

Last Name or Company Name	First Name		
Mailing Address	Municipality	Province	Postal Code
Phone #	Email Address		

REPRESENTATIVE INFORMATION

Information about the person who is authorized to represent the Appellant.

Last Name or Company Name	First Name		
Mailing Address	Municipality	Province	Postal Code
Phone #	Email Address		

PROPERTY UNDER APPEAL

Information about the property involved in this appeal.

Address	Municipality	Province	Postal Code
Legal Land Description (Lot, Block, Plan OR Quarter-Section-Township-Range-Meridian)			

I AM APPEALING A DECISION RELATING TO:

- ☐ **Development Authority**
(e.g. decisions related to development permits, building placement, development conditions, etc.)
- ☐ **Subdivision Authority**
(e.g. decisions related to subdivision of land, lot creation, boundary adjustments, etc.)
- ☐ **Stop Order (s. 645 of the Municipal Government Act)**
(e.g. an order requiring development or land use activities to stop due to non-compliance, etc.)

AVAILABILITY

Dates in the upcoming month when you are not available. The Board will attempt to accommodate your request, but this is not guaranteed.

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REASONS FOR APPEAL

Describe why you are appealing in clear, simple terms so the other party can understand your reasons. If you need more space, you can add another page. After a hearing is scheduled, you will be able to give more information.

TYPE OF HEARING

The Board will attempt to accommodate your request, but this is not guaranteed.

I would like my appeal to be heard:

☐ In person ☐ Telephone ☐ Virtual

COMMUNICATION WITH THE BOARD

If you consent to email communication, the Board will only send you documents by email and will not send you paper documents.

Do you consent to communicating with the Board via email?

☐ Yes ☐ No

Appellant signature

Date