



Notice of Development Appeal

Subdivision and Development Appeal Board (SDAB)

Foothills County

309 Macleod Trail, Box 5605, High River, AB T1V 1M7 • Tel: 403-652-2341 Fax: 403-652-7880

www.mdfoothills.com

SEND NOTICE OF APPEAL AND APPEAL FEE VIA:

Mail/Deliver: SDAB Clerk, Foothills County
Box 5605, 309 Macleod Tr. S., High River, AB T1V 1M7

Fax: 403-652-7880 or **Email (scanned pdf):** appeals@FoothillsCountyAB.ca

For more information contact SDAB Clerk at: 403-652-2341 or appeals@FoothillsCountyAB.ca

Office Use Only
Appeal Received:

A notice for development appeal under section 686 of the Municipal Government Act should contain the following information and must be filed with the SDAB within 21 days after the date of the decision of the development authority or deemed refusal by the development authority in accordance with section 684.

THE APPEAL FEE MUST ACCOMPANY THE NOTICE OF DEVELOPMENT APPEAL FORM.

DEVELOPMENT APPEAL	Fee
Appeal by Landowner or Affected Party (fee to be refunded if appellant appears before SDAB)	\$100
Appeal on application that is not within the Development Officer's discretion	\$575
Appeal on Stop Order	\$575

SITE INFORMATION FOR PROPERTY UNDER APPEAL

Development Permit Number: 22D 250

Legal Land Description: Ptn. S ½ 30-19-28 W4M; Plan 0815871, Block 1, Lot 1 &

Plan 0815783 Lot 1 Block 2 AND/OR Quarter Section ### Township 194 Range Meridian

APPELLANT INFORMATION (e.g. Landowner or Affected Party)

Name of Appellant(s): Jack Zaitsoff

Mailing Address:

Town/City/Village: High River

Province: Alberta

Postal Code:

Home/Cell Phone:

Business Phone:

I consent to receive documents by email: ☒ Yes ☐ No

Email Address:

Legal Land Description:

NW

Plan Lot Block AND/OR Quarter Section 19 Township 19 Range 28 Meridian

AGENT INFORMATION AND CERTIFICATION (complete section only if applicable)

Name of Organization:

Contact Name:

I consent to receive documents by email: ☐ Yes ☐ No Email Address:

Phone (daytime):

Mailing Address:

Town/City/Village:

Province:

Postal Code:

I (We) _____ hereby authorize _____
to act on my (our) behalf on matters pertaining to this application for subdivision.

Signature of Appellant(s)

Date

Signature of Appellant(s)

Date

DECISION OF DEVELOPMENT AUTHORITY

Date of Decision (Y/M/D) ____/____/____

Copy of Development Authority Decision Attached ☐ YES ☐ NO

TURN OVER AND COMPLETE REVERSE SIDE ►

REASONS FOR APPEAL (attach separate page(s) if required)

All development appeals should contain the reasons for the appeal, including the issues in the decision or the conditions imposed in the approval that are the subject of the appeal.

APPROVAL – Why do you disagree with the Approval or what Conditions of Approval do you disagree with and why?

☐ **REFUSAL** - Why do you think your development application should be approved?

☐ STOP ORDER

	We disagree with the approval because Cargill is concerned that during high traffic flow times (weekend & Long Weekends); the traffic would be too much at the highway 2A intersection and 466 Ave for tractors/Trailers coming and leaving.
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On weekends or long weekends high volume of tractors/trailers would be going through the intersection; with Cargills 500-600 tractors/trailers coming to the intersection each day. CP train coming 3 times a week to picks up rail cars on 466 Ave and block 466 Ave for 30 minutes or more each time. It would be congested and traffic back up on on 466 Ave and Highway 2A which would be a safety issue.

This information is being collected for the Subdivision and Development Appeal Board of Foothills County and will be used to process your appeal and to create a public record of the appeal hearing. This information is collected in accordance with Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions regarding the collection or use of this information, contact the FOIP Coordinator at (403) 652-2341.

Person Authorized to Act on Behalf of Appellant(s)

02-28-23

Upon receipt of your Notice of Appeal and payment of the required appeal fee, an SDAB hearing date will be set within 30 days. You and the landowners who are adjacent to the property under appeal will receive by ordinary mail, a Written Notice of the date and time of the appeal Hearing.

****NOTE FOR EMAIL SUBMISSIONS ONLY: IF YOU DO NOT RECEIVE AN EMAIL CONFIRMATION NOTIFYING YOU OF RECEIPT OF YOUR APPEAL, PLEASE CONTACT THE SDAB CLERK IMMEDIATELY. ****

▼ PAYMENT OF APPEAL FEE ▼

If submitting the Notice of Appeal form and paying the appeal fee in person, you do not need to complete this section.
If submitting the Notice of Appeal form by fax or email, you must complete this section.

CREDIT CARD INFORMATION	
Cardholder Name	
Card Number	
Expiration Date	
Security Code	
Cardholder Signature	

Card type: ☐ Visa ☐ Master Card ☐ American Express

Name as it appears on Card:	Card Number:	Date of Expiry:
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Authorization: I authorize Foothills County to charge \$ _____ to my credit card.

Signature of Card Holder: _____ Date: _____

FOR OFFICE USE ONLY

Authorized By:	Date:	Receipt #:
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Receipt #: