



## Notice of Appeal

Subdivision and Development Appeal Board (SDAB)  
Foothills County [www.foothillscountyab.ca](http://www.foothillscountyab.ca)

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

<b>APPELLANT INFORMATION</b> (e.g. Landowner or Affected Party)			
Name of Appellant(s) <b>Judy Friesen, Josh Friesen</b>			
Mailing Address		Province	Postal Code
Main Phone #		Alternate Phone #	<b>N/A</b>
I consent to receive documents by email: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address:			
<b>AGENT INFORMATION &amp; CERTIFICATION</b> (complete section if applicable)			
Name of Organization: <b>Township Planning + Design Inc.</b>			
Contact Name: <b>Robyn Erhardt</b>			
Mailing Address		Province	Postal Code
	<b>Suite 321, 259 Midpark Way SE</b>	<b>AB</b>	<b>T2X 1M2</b>
Main Phone #	<b>587-574-8788</b>		
I consent to receive documents by email: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address: <b>robyn@twpplanning.com</b>			
I (We) <b>Judy Friesen and Josh Friesen</b> hereby authorize <b>Township Planning + Design Inc.</b> to act on my (our) behalf on matters pertaining to this appeal.			
Please see Agency Agreement attached			
Signature of Appellant(s)	Date	Signature of Appellant(s)	Date
<b>SITE INFORMATION</b>			
Municipal Address (house and street number):			
Legal Land Description:	Plan	Block	Lot
Quarter-Section	Township	Range	Meridian
<b>NE 7</b>	<b>21</b>	<b>3</b>	<b>W5</b>

<b>I AM APPEALING</b> (check only one)		
<b>Development Authority Decision</b> <input type="checkbox"/> Approval <input type="checkbox"/> Conditions of Approval <input checked="" type="checkbox"/> Refusal Development Permit # <b>23D 135</b> Date of Decision: (Y/M/D) <b>2023/08/23</b>	<b>Subdivision Authority Decision</b> <input type="checkbox"/> Approval <input type="checkbox"/> Conditions of Approval <input type="checkbox"/> Refusal Subdivision Application # Date of Decision: (Y/M/D)	<b>Decision of Enforcement Services</b> <input type="checkbox"/> Stop Order <input type="checkbox"/> Compliance Order Enforcement Order # Date of Decision: (Y/M/D)
<b>REASON FOR APPEAL</b> (attach separate page(s) if required)		
All 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.		
The appellants are appealing the automatic refusal decision of a discretionary use secondary suite. The proposed development permit application (DP# 23D 135) for a secondary suite, aligns with the LUB regulations with the exception of the maximum size limits, which resulted in the automatic refusal. The appellant requests the application be reviewed on its merits and the intention for compassionate care use.		

**TURN OVER AND COMPLETE REVERSE SIDE**


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.

[Redacted Signature]

August 23, 2023

Signature of Appellant(s) OR  
Person Authorized to Act on Behalf of Appellant(s)

Date

A hearing must be held within 30 days from the receipt of your Notice of Appeal. Written notice of the date and time of the hearing will be sent by regular mail. If the appeal is against the decision of a Subdivision Authority, notice will be sent to the appellant, landowner(s) of the subject property, and to landowners adjacent to the subject property. If the appeal is against the decision of a Development Authority, notice will be sent to the appellant, landowner(s) of the subject property and to landowners located within the half mile surrounding the subject property.

**\*\*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 email, you must complete this section.

Appeal fees are outlined on the attached information sheet - **Submitting an Appeal**

✂

CREDIT CARD INFORMATION	
Card type:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express
Name as it appears on Card:	Card Number:
Date of Expiry:	CVC:
Authorization: I authorize Foothills County to charge \$ _____ to my credit card.	
Signature of Card Holder:	Date:

FOR OFFICE USE ONLY		
Authorized By:	Date:	Receipt #:

Note: appeal fee of \$575.00 was paid at the time of submitting the Development Permit Application.  
Please see attached receipt.