

Notice of Appeal

Subdivision and Development Appeal Board (SDAB)
Foothills County

www.foothillscountyab.ca

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

APPELLANT INFORMATION (e.g. Landown	er or Affected Party)		
Name of Appellant(s) Alichae	Kinton	Brovince	Postal Code
Mailing Addres	Alternate Phone #		
Main Phone #			
I consent to receive documents by email:	☐ Yes ☐ No		
Email Address:			
AGENT INFORMATION & CERTIFICATION	(complete section if applicable)		
Name of Organization:			
Contact Name:		Province	Postal Code
Mailing Address	reappearation in a personal a	1114 200 1 20	
Main Phone #	and the leading to the second		
I consent to receive documents by emai	l: ☐ Yes ☐ No		
Email Address:			
I (We)	hereby authorize	e-auralia ataba	
to act on my (our) behalf on matters pe	rtaining to this appeal.		Anna
			Date
Signature of Appellant(s)	Date Signature of App	ellant(s)	Date
SITE INFORMATION			
Municipal Address (bause and street no	mber):		
Legal Land Description: Plan	Block Lot	SALIA PARTICIONALE DI MODELI	1000
Quarter-Section Township $NE - 22 - 21 - 29$	Range Meridian W	ater	
I AM APPEALING (check only one)			and the second of the
Development Authority Decision	Subdivision Authority Decision	Decision of Enforcement Services	
Approval	☐ Approval	Stop Order	
☐ Conditions of Approval	☐ Conditions of Approval☐ Refusal☐	☐ Compliance Order	
☐ Refusal Development Permit #	Subdivision Application #	Enforcement Order #	
	Oubdiviolotti	Linoicement orde	<u>r#</u>
230190 28/11/28			
Date of Decision: (Y/M/D) 33/11/ 33	Date of Decision: (Y/M/D)	Date of Decision: (
Pate of Decision: (Y/M/D) 33/11/33 REASON FOR APPEAL (attach separate	Date of Decision: (Y/M/D)	Date of Decision: (Y/M/D)
Date of Decision: (Y/M/D) 33/11/33 REASON FOR APPEAL (attach separate	Date of Decision: (Y/M/D) e page(s) if required) for the appeal, including the issues in the	Date of Decision: (Y/M/D)
Pate of Decision: (Y/M/D) 33/11/33 REASON FOR APPEAL (attach separate All appeals should contain the reasons approval that are the subject of the appears o	Date of Decision: (Y/M/D) e page(s) if required) for the appeal, including the issues in the	Date of Decision: (Y/M/D)
Place of Decision: (Y/M/D) 33/11/33 REASON FOR APPEAL (attach separate All appeals should contain the reasons approval that are the subject of the appeal of the All All All All All All All All All Al	Date of Decision: (Y/M/D) e page(s) if required) for the appeal, including the issues in the peal. In Iways a mess any rules	Date of Decision: (Y/M/D)nditions imposed in the
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