



# 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

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

Name of Appellant(s) Felix + Judith Von Vegesack

Mailing Address \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Main Phone # \_\_\_\_\_ Alteration Number # \_\_\_\_\_

I consent to receive documents by email:  Yes  No

Email Address: \_\_\_\_\_

**AGENT INFORMATION & CERTIFICATION (complete section if applicable)**

Name of Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Main Phone # \_\_\_\_\_

I consent to receive documents by email:  Yes  No

Email Address: \_\_\_\_\_

I (We) \_\_\_\_\_ hereby authorize \_\_\_\_\_  
to act on my (our) behalf on matters pertaining to this appeal.

Signature of Appellant(s) \_\_\_\_\_ Date \_\_\_\_\_ Signature of Appellant(s) \_\_\_\_\_ Date \_\_\_\_\_

**SITE INFORMATION**

Municipal Address (house and street number): 96196 265 AVE W Foothills A.B.  
265<sup>th</sup> AVE W, APPROXIMATELY 1.6KM SOUTH OF 242<sup>ND</sup> AVE W, 1.0KM WEST OF 96<sup>TH</sup> ST. W.

Legal Land Description: Plan \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ AND 500M EAST OF 112<sup>TH</sup> ST. W.  
Quarter-Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Meridian \_\_\_\_\_

NW 25-21-02 W5M; PLAN 9711274, BLOCK 3, LOT 2.

**I AM APPEALING (check only one)**

<b>Development Authority Decision</b> <input checked="" type="checkbox"/> Approval <input type="checkbox"/> Conditions of Approval <input type="checkbox"/> Refusal Development Permit # <u>24D121</u> Date of Decision: (Y/M/D) <u>24/07/31</u>	<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) _____
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**REASON FOR APPEAL (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 subject property of 13.54 acres already has a large house AND a big riding arena. THEY have at least two wells on their property that has already effected our ground water. This build will START To change the character of the neighborhood. This will lead to more people

in our area to apply for development permits and apply to subdivide their properties. This will become a very congested and over built area if Foothills County approves this application and others down the road. The reason we purchased an acreage was to get away from congestion and breath fresh air.

THANK you.

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]

Aug 19/24  
Date

Person Authorized to Act on Behalf of Appellant(s)

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

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CREDIT CARD INFORMATION	
Card type:	<input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express
Name as it appears on Card:	Card Number: [Redacted]
Date of Expiration: [Redacted]	CVC: [Redacted]
Authorization: I authorize Foothills County to charge \$ 100.00 to my credit card.	
Signature of Card Holder: [Redacted]	Date: Aug 19/24

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