

**RECEIVED****APR 01 2025****Subdivision and Development Appeal Board (SDAB)**
Foothills County www.foothillscountyab.ca**Notice of Appeal**

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) <u>Lindsey Walker</u>			
Mailing Address	<u>[REDACTED]</u>	Province	Postal Code <u>[REDACTED]</u>
Main Phone #	<u>[REDACTED]</u>	Alternate Phone #	
I consent to receive documents by email: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address: <u>[REDACTED]</u>			
AGENT INFORMATION & CERTIFICATION (complete section if applicable)			
Name of Organization:			
Contact Name: <u>Susan Lake</u>			
Mailing Address	<u>[REDACTED]</u>	Province	Postal Code <u>[REDACTED]</u>
Main Phone #	<u>[REDACTED]</u>		
I consent to receive documents by email: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address: <u>[REDACTED]</u>			
I (We) <u>Lindsey Walker</u> hereby authorize <u>Susan Lake</u>			
to act on my (our) behalf on matters pertaining to this appeal.			
<u>[REDACTED]</u>	<u>April 1, 2025</u>		
Signature of Appellant(s)	Date	Signature of Appellant(s)	Date
SITE INFORMATION			
Municipal Address (house and street number): <u>42062 274 Ave W Foothills AB</u>			
Legal Land Description:	Plan	Block	Lot
Quarter-Section	Township	Range	Meridian
<u>27</u>	<u>21</u>	<u>SW</u>	<u>3</u>
			<u>1 w5m</u>
I AM APPEALING (check only one)			
Development Authority Decision	Subdivision Authority Decision	Decision of Enforcement Services	
<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Approval	<input type="checkbox"/> Stop Order	
<input type="checkbox"/> Conditions of Approval	<input type="checkbox"/> Conditions of Approval	<input type="checkbox"/> Compliance Order	
<input type="checkbox"/> Refusal	<input type="checkbox"/> Refusal		
Development Permit #	Subdivision Application #	Enforcement Order #	
Date of Decision: (Y/M/D)	Date of Decision: (Y/M/D)	Date of Decision: (Y/M/D)	
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.			
I'm appealing this decision due to having a heavy industrial business in our county residential area. This type of business is not suitable for this area. I also have concerns that they do not comply with bylaw and I'm very concerned of the risk of fire and pollution as well as explosion!			

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.

<div style="background-color: black; width: 150px; height: 20px; margin: 0 auto;"></div> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Signature of Appellant(s) OR Person Authorized to Act on Behalf of Appellant(s)	April 1, 2025 <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> 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**


