

**RECEIVED****MAR 28 2025****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 (e.g. Landowner or Affected Party)</b>			
Name of Appellant(s) <u>CHRISTINE LAW</u>			
Mailing Address [REDACTED]		Province [REDACTED]	Postal Code [REDACTED]
Main Phone # [REDACTED]		Alternate Phone # [REDACTED]	
I consent to receive documents by email: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Email Address: [REDACTED]			
<b>AGENT INFORMATION &amp; CERTIFICATION (complete section if applicable)</b>			
Name of Organization:			
Contact Name:			
Mailing Address		Province	Postal Code
Main Phone #			
I consent to receive documents by email: <input type="checkbox"/> Yes <input type="checkbox"/> 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
<b>SITE INFORMATION</b>			
Municipal Address (house and street number): <u>Hiway 2A and Mapleleaf Rd - Aldersyde</u>			
Legal Land Description: Quarter-Section <u>SW</u>	Plan Township <u>07</u>	Block Range <u>20</u>	Lot Meridian <u>28 Block C</u>
<b>I AM APPEALING (check only one)</b>			
<b>Development Authority Decision</b> <input checked="" type="checkbox"/> Approval <input checked="" type="checkbox"/> Conditions of Approval <input type="checkbox"/> Refusal Development Permit # <u>25D 016</u> Date of Decision: (Y/M/D) <u>25/03/12</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) _____	
<b>REASON FOR APPEAL (attach separate page(s) if required)</b>			
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.			
<u>Request additional conditions to application</u> <u>ie: operational hours</u> <u>fencing dust control etc</u> <u>future safety, traffic site view disruptions</u> <u>DISPUTE HEIGHT OF NEW STRUCTURE</u>			

**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 of this information, please contact the SDAB Clerk at (403) 652-2341.

[Redacted Signature]

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

*Mar 26/25*

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**

*[Handwritten mark]*

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 #: