FOOTHILLS COUNTY

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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. Landowner or Affected Party)*

Name of Appellant(s): Shannon & Damon Simmons

[redacted] | Province: [redacted] | Postal Code: [redacted]

Mail: [redacted] | Alternate Phone #

I consent to receive documents by email: ☑ Yes ☐ No

Email Address: [redacted]

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):
Hiway 2A & Maple leaf Rd - Aldersyde

Legal Land Description: Quarter-Section: SW | Plan Township: 07 | Block Range: 20 | Lot Meridian: 28 | Plan 7811183 Block C

I AM APPEALING *(check only one)*

Development Authority Decision	Subdivision Authority Decision	Decision of Enforcement Services
☑ Approval	☐ Approval	☐ Stop Order
☑ Conditions of Approval	☐ Conditions of Approval	☐ Compliance Order
☐ Refusal	☐ Refusal	
Development Permit # 25D016	Subdivision Application #	Enforcement Order #
Date of Decision: (Y/M/D) 25/03/12	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.

Request additions conditions to application or refusal of application.
Written submission supplied at hearing.

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

Mar 26 2025

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: ☐ Visa ☐ Master Card ☐ 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 #: