



DEVELOPMENT OR SUBDIVISION APPEAL FORM

Planning & Urban Design ■ Town of Okotoks, Box 20 (5 Elizabeth St.), Okotoks AB, T1S 1K1 ■ planning@okotoks.ca ■ Phone: 403.995.2760

I/We

Appellant Name: _____ Company: _____
(if applicable)

Appellant Mailing Address: _____
(including Postal Code)

Phone #: _____ Email: _____
If a response has not been received within five business days, please check your Junk folder

hereby give Notice of Appeal with respect to the following decision of the Development Officer / Municipal Planning Commission:

Development Permit / Subdivision File #: _____

Civic Address: _____

Legal Description: _____
Lot(s) Block Plan Quarter Section

Grounds of Appeal (use separate sheet if necessary): _____

Mail or Deliver to: Subdivision and Development Appeal Board Clerk (address on form above)

Signature of Appellant _____

Date _____

The **Municipal Government Act** states "The subdivision and development appeal board **must** hold an appeal hearing within thirty (30) days after receipt of a notice of appeal." 686(1)(2)
The Subdivision and Development Appeal Board Handbook is available on the Town of Okotoks Website. Please review the Handbook. The Appellant (the person who files the appeal) is expected to give a verbal presentation to the Board.

The personal information on this application is collected under the authority of the *Alberta Municipal Government Act*, the *Freedom of Information and Protection of Privacy Act (FOIP)*, and the Okotoks Land Use Bylaw 17-21. It will be used to communicate with the applicant during the application review and site inspection processes. As part of the review process, it will be circulated as needed to relevant Town Business Services, Provincial and Federal Agencies, Utility Companies and adjacent landowners. It may also be submitted to the Subdivision and Development Appeal Board (SDAB). Correspondence received may be included in public meeting agendas. The applicant's name and the nature of the permit will be publicly available, in accordance with the *FOIP Act*. Should you have any questions or concerns regarding the collection of this information, please contact the FOIP Coordinator at foip@okotoks.ca or 403.938-8944.

For Office Use Only		
File #: _____	Fee: _____	Receipt # _____