

SUBDIVISION AND DEVELOPMENT APPEAL BOARD - NOTICE OF APPEAL



In accordance with Sections 678 and 686 of the *Municipal Government Act* (MGA), an **Appeal to the Subdivision and Development Appeal Board (SDAB) must be filed within the legislated time frame and each Notice of Appeal must be accompanied by the legislated fee.** For filing instructions and fee payment options, see the reverse side of this form. **NOTE: Fields marked with * indicates required field**

APPEAL AGAINST SUBDIVISION/DEVELOPMENT AUTHORITY DECISION

*** Check one box only:** Multiple Appeals must be submitted on separate Notice of Appeal forms.

Development Permit	Subdivision Application	Notice of Order
<input type="radio"/> Approval	<input type="radio"/> Approval	<input type="radio"/> Notice of Order
<input type="radio"/> Conditions of Approval	<input type="radio"/> Conditions of Approval	
<input type="radio"/> Refusal	<input type="radio"/> Refusal	

Site Information

*** Municipal Address of Site Under Appeal** (street address/legal land description/blue sign)

*** Development Permit # / Subdivision Application # / File #** (provided by S/D Authority)

Appellant Information

*** Name of Appellant** Agent Name (if applicable)

*** Street Address** (for notification purposes)

*** Municipality** (City, Town, Other) *** Province** *** Postal Code**

*** Residential Phone #** (10 digits) **Business Phone #** (10 digits)

*** Email Address** (for notification purposes)

Reasons for Appeal

*** I do hereby Appeal the decision of the Subdivision/Development Authority for the following reasons:** State your grounds for this Appeal (if more room is required, please add separate page)

Attachments

To submit attachments electronically, please email SDAB@county10.ca.

Note: Only Microsoft Word or PDF files are accepted as attachments. Large files may not be received. Recommended 2 MB maximum.

SDAB Board Scheduling

In order to assist the SDAB Board in scheduling, please answer the following questions to the best of your ability:

Estimated Presentation Length (anticipated # of minutes)	* Will you be using an agent/legal counsel?	*Do you anticipate any preliminary issues with your Appeal? (i.e. jurisdiction, parties status as affected persons, adjournment, etc.)?	*Do you anticipate brining any witnesses/experts to your Hearing?
	Yes	Yes	Yes
	No	No	No
	Unknown	Unknown	Uknown

PAYMENT OPTIONS:

The County of Wetaskiwin No. 10 requires that a **fee of \$150.00*** for an Appeal to be sent to the Clerk of the Subdivision and Development Appeal Board by:

- Cash,
- Cheque,
- Online Banking (*Use Account Number 999905*), or
- Credit Card (*Note: There is a service charge for all credit card payments*)

* Planning and Development Fees are listed in the [Fees and Charges Bylaw - Schedule “C”](#).

SUBMIT APPEAL

- **Appeal Forms must be accompanied by the required filing fee AND must be received by the Subdivision and Development Appeal Board no later than the final date for Appeal as specified in the Municipal Government Act. Otherwise, the Appeal will not be processed.**
- If you mail the Appeal, it must be received on or before the final date for Appeal, or it will not be processed and a Hearing before the SDAB Board will not occur.
- Appeals cannot be faxed as the respective filing fee must accompany the Appeal at the time of filing.
- Upon receiving the completed Appeal Form and payment, a Hearing will be scheduled within thirty (30) days (as legislation requires).
- Hearings are typically scheduled after 5:15 p.m. Monday – Thursday, unless otherwise required.
- The Appellant who submits payment will be notified of the scheduled Hearing by Registered Mail. Any other Appellants, such as those listed in the case of a group Appeal, will be notified by Regular Mail or by email (upon consent of each individual).


By submitting this form, I confirm and acknowledge that:

- I have completely read and understood the information on this Appeal Form, and
- the information I have provided is accurate to the best of my knowledge, and
- I am responsible for paying the Appeal Fee and my Notice of Appeal will not be considered filed until my Appeal Fee has been received.

Signature of Appellant/Agent _____ *Required

Date of Submission _____ *Required

SUBMIT COMPLETED FORM, PAYMENT & ATTACHMENTS FOR SDAB APPEAL TO:

 <div>County of Wetaskiwin No. 10 c/o SDAB Clerk 243019A Highway 13 - Box 6960 Wetaskiwin, AB T9A 2G5 Regular Office Hours Monday to Friday 8:30am - 4:30pm <i>Note: Hours will vary (Holidays/Office Closures)</i> SDAB Clerk may be unavailable between 12:00-1:00 pm</div>	Subdivision and Development Appeal Board Phone: 780.352.3321 Email: SDAB@county10.ca Fax: 780.352.3486 (general office/unsecure) Please contact the SDAB Clerk for secure/confidential service of documents
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For an Appeal Hearing to not proceed, the Appellant will be required to request a withdraw of the Appeal with the SDAB, by one of two ways as follows:

- If the Appellant who submits payment requests to withdraw the Appeal prior to commencement of scheduling the Hearing, the Appeal fee will be refunded, no Hearing will be held.
- If the Appellant who submits payment withdraws their Appeal after the Hearing is scheduled, a decision of the SDAB is required under the legislation and the Appeal fee may only be refunded upon the discretion of the SDAB Board through a recommendation to Council.

FOR OFFICE USE ONLY				
Date Received	Fee Paid	Receipt #	Hearing Date	SDAB Appeal #