PL 210A (2001-04)
THE CITY OF CALGARY
LAND USE & MOBILITY

SUBDIVISION AND DEVELOPMENT APPEAL BOARD

APPEAL OF DEVELOPMENT PERMIT OR ORDER

In accordance with Section 686 of the *Municipal Government Act*, an appeal to the Subdivision and Development Appeal Board must be filed within the legislated time period.

NAME OF APPELLANT		
MAILING ADDRESS FOR WHICH DOCUMENTATION WILL BE SENT		POSTAL CODE
BUSINESS PHONE NUMBER	RESIDENTIAL PHONE NUMBER	FAX NUMBER
MUNICIPAL OR LEGAL ADDRESS OF DEVELOPMENT OR SITE		DEVELOPMENT PERMIT NUMBER (if applicable)

APPEAL AGAINST (check appropriate box)

☐ Approval of a Development Permit ☐ Conditions of Approval ☐ Refusal of a Development Permit ☐ Order

REASONS FOR APPEAL

Section 686 of the *Municipal Government Act* requires that the written notice of appeal must contain specific reasons for the appeal. Use the space provided below (attach a separate page if required).

I do hereby appeal the decision of the Approving Authority for the following reasons: _____

DELIVER TO:
Subdivision and
Development Appeal Board
Plaza Level, Municipal Building
800 Macleod Trail SE
Calgary, Alberta

FAX TO:
Subdivision and
Development Appeal Board
(403) 268-6455

MAIL TO:
The City of Calgary
Subdivision and
Development Appeal Board (8110)
P.O. Box 2100, Station M
Calgary, Alberta T2P 2M5

If you require additional information or have any questions regarding the appeal process, please contact the Subdivision and Development Appeal Board Administration at 268-5312.

This personal information is collected under the authority of the *Freedom of Information and Protection of Privacy Act*, Section 32(c) and the *Municipal Government Act*, Section 685. **NOTE: THIS INFORMATION WILL FORM PART OF A FILE AVAILABLE TO THE PUBLIC.** If you have any questions regarding the collection of this information please contact the FOIP Program Administrator, PO Box 2100 Stn. "M", Calgary, AB, T2P 2M5. Telephone **268-8045**.

SIGNATURE OF APPELLANT / AGENT	DATE YYYY MM DD

FOR OFFICE USE ONLY

FINAL DATE OF APPEAL YYYY MM DD	SDAB APPEAL NUMBER	HEARING DATE YYYY MM DD	DATE APPLICANT NOTIFIED YYYY MM DD	DATE APPELLANT NOTIFIED YYYY MM DD