



SUBDIVISION AND DEVELOPMENT APPEAL BOARD
SUBDIVISION APPEAL

In accordance with Section 678 of the *Municipal Government Act*, an appeal to the Subdivision and Development Appeal Board must be filed within 19 calendar days from the date the decision was mailed (14 days plus 5 days for mailing/deemed receipt).

NAME OF APPELLANT			
MAILING ADDRESS FOR WHICH DOCUMENTATION WILL BE SENT			POSTAL CODE
BUSINESS PHONE NUMBER	RESIDENTIAL PHONE NUMBER	FAX NUMBER	MUNICIPAL ADDRESS OF SITE
LEGAL DESCRIPTION	LOT	BLOCK	PLAN
			SUBDIVISION APPLICATION NUMBER

APPEAL AGAINST
 (check appropriate box) Refusal of a Subdivision Conditions of Approval of a Subdivision

REASONS FOR APPEAL Section 678 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.		
<small>This personal information is collected under the authority of the <i>Freedom of Information and Protection of Privacy Act</i>, Section 32(c) and the <i>Municipal Government Act</i>, Section 678. 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.</small>		
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							