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| MGBlogo1transparent**CONTACTS**Telephone: 780-427-4864 Web URL: <http://www.mgb.alberta.ca> | *Appeal Received MGB Use Only* | **Notice of Subdivision Appeal** **SEND TO:** Municipal Government Board 1229 – 91 Street SW Edmonton AB T6X 1E9 Fax: 780-427-0986 Email: mgbmail@gov.ab.ca |

A notice for subdivision appeal under section 678 of the *Municipal Government Act* should contain the following information and must be filed with the MGB office within 14 days after receipt of the written decision of the subdivision authority or deemed refusal by the subdivision authority in accordance with section 681.

**Part 1 – General Information – Please Print**

**PROPERTY UNDER APPEAL**

|  |  |  |
| --- | --- | --- |
| Name of Municipality | Subdivision Authority (if applicable) | Subdivision Authority File Number |
| Does the land that is the subject of the appeal contain, or is it adjacent to, or near, any of the following? (Check ALL that apply)□ Highway (# ) □ Body of Water (*Name, if named* ) □ Landfill □ Sewage Treatment Facility □ Green Area |
| Legal Description Lot Block Plan **AND/OR** Portion Section Township Range Meridian |

**APPELLANT (e.g. *Landowner or department lodging the appeal*)**

|  |  |
| --- | --- |
| Name *(Last) (First)* | Telephone Number *(daytime)* |
| Address *(Street, PO Box, RR ) (Suite, Apartment) (Town/City/Village) (Province) (Postal Code)* |
| E-mail Address  | Fax Number |

**LANDOWNER INFORMATION (if different from Appellant)**

|  |  |
| --- | --- |
| Name *(Last) (First)* | Telephone Number *(daytime)* |
| Address *(Street, PO Box, RR ) (Suite, Apartment) (Town/City/Village) (Province) (Postal Code)* |
| E-mail Address  | Fax Number |

**AGENT INFORMATION AND CERTIFICATION (if Appellant is Represented by an Agent)**

|  |
| --- |
| Name of Organization |
| Contact Name *(Last) (First)* | Telephone Number *(daytime)* |
| Address *(Street, PO Box, RR ) (Suite, Apartment) (Town/City/Village) (Province) (Postal Code)* |
| E-mail Address  | Fax Number |
| I (We) hereby authorize to act on my (our) behalf on matters pertaining to this subdivision appeal  Signature of Owner(s) Date Signature of Owner(s) Date |

**Part 2 – Decision of the Subdivision Authority**

**DECISION OF SUBDIVISION AUTHORITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | year | month | day |  |
| Date of Decision |  |  |  | Copy of Subdivision Authority □ YES □ NODecision attached? |
|  |  |  |  |   |

**Part 3 – Reasons for Appeal**

All subdivision appeals must contain the reasons for appeal, including the issues in the decision or the conditions imposed in the approval that are the subject of the appeal.\* (Attach extra page(s) if required)

□ **Approval**  – What conditions of approval do you disagree with and why? **OR**

□ **Refusal** – Why do you think your subdivision application should be approved?

\* See *Municipal Government Act*, section 678(4)(b)

**Part 4 – Pre-Hearing Meetings**

***It is recommended that you discuss your appeal with the Subdivision Authority, Alberta Transportation and Alberta Environment and Parks (if applicable) prior to the appeal hearing.***

Did you discuss your appeal with a representative from the Subdivision Authority? □ YES □ NO

Did you discuss your appeal with a representative from Alberta Transportation? □ YES □ NO

Did you discuss your appeal with any other agencies or departments? □ YES □ NO

If yes, please specify

 Signature of Appellant OR Date

 Person Authorized to Act on Behalf of Appellant

*This information is being collected for the purposes of setting up appeal hearings in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy Act. The contact information you provide may also be used to conduct follow-up surveys designed to measure satisfaction with the appeal process. Questions about the collection of this information can be directed to Alberta Municipal Affairs, Municipal Government Board, 1229 – 91 Street SW, Edmonton, Alberta T6X 1E9 780‑427‑4864. (Outside of Edmonton call 310-0000 to be connected toll free.)*