



TOWN OF HIGH RIVER
NOTICE OF APPEAL: SUBDIVISION AND DEVELOPMENT APPEAL BOARD
APPEAL FEE MUST ACCOMPANY THIS FORM

SUBDIVISION OR DEVELOPMENT PERMIT FILE NO.

FILE NO. OF APPEAL

APPELLANT'S NAME

AGENT'S NAME (if applicable)

APPELLANT'S MAILING ADDRESS

AGENT'S MAILING ADDRESS

POSTAL CODE

POSTAL CODE

TELEPHONE NUMBER/FAX NUMBER

TELEPHONE NUMBER/FAX NUMBER

E-MAIL ADDRESS

E-MAIL ADDRESS

CIVIC ADDRESS OF SUBJECT SITE : _____

LEGAL DESCRIPTION OF SUBJECT SITE: _____

REASONS FOR THE APPEAL (attach additional reasons if necessary)

SIGNATURE OF APPELLANT OR AUTHORIZED AGENT:
(Letter of authorization must be attached)

DATE:

NOTE:

- NOTICE OF APPEAL MUST BE RECEIVED BY THE TOWN OFFICE WITHIN FOURTEEN (14) DAYS FROM THE DATE THE WRITTEN DECISION WAS MAILED, POSTED OR ADVERTISED, AND ACCOMPANIED BY THE APPEAL FEE. (FIVE (5) ADDITIONAL DAYS ARE ALLOWED FOR MAILING.)
- APPEAL FEES ARE AS PER THE CURRENT TOWN OF HIGH RIVER RATE BYLAW.
- THIS FORM MAY BE TRANSMITTED BY FACSIMILE; HOWEVER THE ORIGINAL FORM AND FEE MUST BE RECEIVED PRIOR TO THE EXPIRY OF THE APPEAL PERIOD.
- FOR ASSISTANCE IN COMPLETING THE FORM OR IF YOU REQUIRE MORE INFORMATION ABOUT THE APPLICATION PLEASE CALL THE TOWN OFFICE.
- A DATE FOR THE HEARING WILL BE SET WITHIN 30 DAYS OF RECEIPT OF A COMPLETED NOTICE OF APPEAL AND FEE.
- APPELLANTS WILL BE NOTIFIED BY MAIL OF THE DATE AND TIME OF THE HEARING AT LEAST FIVE DAYS PRIOR TO THE DATE OF THE HEARING.

FREEDOM OF INFORMATION

I understand that this application and accompanying information is public record that is accessible by the public. This application will be made available for viewing upon request at the Town Office. This personal information is being collected under the authority of the *Municipal Government Act* and will be used only for the purposes for which it is being collected.

Signature of appellant or authorized agent