4.2.1

DEVELOPMENT APPEAL FORM

Clerk, Subdivision and Development Appeal
Board c/o Legislative Services
3rd Floor, 5 St. Anne Street
St. Albert, AB T8N 3Z9
Phone: 780-459-1500
email: SDABsubmissions@stalbert.ca

For Office Use Only	
Date Received	mm / dd / yyyy
Appeal Fee 4222-2210-100	Please Review Schedule "F" of the Master Rates Bylaw
Receipt No.	

This personal information is being collected under the authority of the *Access to Information Act* and the *Protection of Privacy Act* and will be used to process your request for a development appeal hearing before the Subdivision and Development Appeal Board and will form part of a file available to the public for this purpose only. The personal information in this application is protected by the privacy provisions of the *Access to Information Act* and the *Protection of Privacy Act* If you have any questions about the collection of this information, please contact Legislative Services at SDABsubmissions@stalbert.ca or (780) 459-1500.

Part A: APPELLANT/ PROPERTY INFORMATION: (please print)

Name of Appellant: ARVIN RAMNANAN			
Mailing Address: 98 ELDRIDGE POINT, ST. ALBERT AB			Postal Code: T8N8C4
Telephone Number(s) Residential:	Cell: [redacted]	Business:	Fax:
Email: [redacted]			
Municipal Address of Subject Property: 98 ELDRIDGE POINT ST. ALBERT, T8N8C4	Legal Description: Lot 47	Block 4	Plan 2422069

If you are an agent/representative for the owner of the subject property being appealed, please indicate on whose behalf you are acting?

Name (please print) _____ Interest (i.e. buyer, seller, neighbour, contractor) _____

Note: Agents and representatives must provide written authorization from the subject property owner prior to the hearing. An appeal will not be processed unless Parts A and B are completed and the appeal fee is paid.

Part B: REASONS FOR APPEAL: (please be specific and attach additional sheets if necessary)

Development decision based on minuscule excursion (0.5%) on the maximum lot coverage (see attached decision). I hope this development permit will be allowed as the excursion should not have any adverse effect. Thank you.

In accordance with the City of St. Albert Bylaw and subject to all provisions and regulations stated therein, including revocation and termination, by typing my full name below and dating this application I certify that all information contained in this application is complete and accurate.

Date: 30-Apr-2026 Name: Arvin Ramnanan

Please email this completed Appeal form to sdabsubmissions@stalbert.ca. Upon receipt of the form, an invoice with the Appeal fee will be emailed to the email provided on this form (Please note we do not accept Visa-Debit), or, it can be filed with Legislative Services at:

City of St. Albert
St. Albert Place, 3rd Floor
5 St. Anne Street
St. Albert AB T8N 3Z9

Once payment is confirmed, further information will be sent to the email address provided on this form.

Your Appeal is not considered to be filed until payment is received in full. A delay in making payment can result in the expiration of the Appeal Period. Appeals will be processed during regular business hours.