



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 <i>KATHERINE BROWN</i>			
Mailing Address: <i>20, 170 KINGSWOOD BLVD</i>			Postal Code <i>T8N 6Z6</i>
Telephone Number(s)	Residential: [REDACTED]	Cell: [REDACTED]	Business: [REDACTED]
Email [REDACTED]			
Municipal Address of Subject Property: <i>20 170 Kingswood Blvd</i>		Legal Description: Lot <i>20</i> Block _____ Plan <i>0023745</i>	
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) <i>Katherine Brown</i>		Interest (i.e. buyer, seller, neighbour, contractor) <i>Owner</i>	
<i>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.</i>			

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

Appeal decision for screened-in sunroom on rear deck.

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: *May 8/26*

Name: *K. Brown*

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