

# Notice of Subdivision Appeal

**CONTACTS**

Telephone: 780-427-4864

 Web URL: <http://www.mgb.alberta.ca>
**SEND TO:** Municipal Government Board  
 2<sup>nd</sup> Floor, 1229 – 91 Street SW  
 Edmonton AB T6X 1E9

Fax: 780-427-0986

 Email: [mgbmail@gov.ab.ca](mailto: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)									
<input type="checkbox"/> Highway (# .....	<input type="checkbox"/> Body of Water (Name: .....	<input type="checkbox"/> Landfill	<input type="checkbox"/> Green Area						
<input type="checkbox"/> Wastewater Treatment Facility	<input type="checkbox"/> Waste Management Facility	<input type="checkbox"/> Historical Site	<input type="checkbox"/> Historical Resource						
Legal Description	Lot	Block	Plan	<b>AND/OR</b>	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)	
I consent to receive documents by email <input type="checkbox"/> YES <input type="checkbox"/> NO	My email address is:		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)	
I consent to receive documents by email <input type="checkbox"/> YES <input type="checkbox"/> NO	My email address is:		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)	
I consent to receive documents by email <input type="checkbox"/> YES <input type="checkbox"/> NO	My email address is:		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

