Appendix B: Application for appeal

(Municipality) Development Appeals Board

1. Applicant Information	
Name:	
Company:	
Address:	
Municipality: Province:	Postal Code:
Phone Number: Home () Work: () Cell: () Email:	
Civic Address:	
¼ Section Twp Range	
Lot(s) Block(s) Plan/Parcel No	
3. Applicants Interest in Property	8
Registered Owner Agent of Owner	
Tenant Other:	
Neighbour	
4. Property owner (if different from Applicant)	
Name: Company:	
Address:	
Municipality: Province;	
Phone Number: Home () Work: ()	
Cell: () Email:	
5. Description of proposed development (be specific, attach copies of application and decision)	
	5 ×
6. Reason For Appeal	
Misapplication of zoning bylaw	Enforcement order has been issued
Failure to issue development permit	Development Levies and/or Servicing
Conditions attached are excessive	Agreement
Failure to remove holding symbol	Building maintenance order
Failure to enter into a development agreement	Subdivision appeal
Minor variance revoked, refused	Requesting variance

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7.)Summary of supporting facts (explain in detail the grounds the appeal is being made, identify sections of the official community plan and zoning bylaw that apply to this appeal, etc.)

8. Any additional information (provide any additional information that may support the appeal)

9. Expectation of the appeal (indicate action requested of the Board)

10. Other requirements

1. This application must include a basic fee of \$50, to help cover expenses relating to the appeal.

2. An agent must have written authorization if they are to act on the applicants behalf at the appeal hearing,

3. Applicants must submit all evidence and materials in support of the related appeal to the secretary at least five days prior to the hearing. All evidence and support material provided to the secretary less than five days before the hearing will be dismissed by the Board.

4. Until the hearing is complete and a decision has been issued, no binding contracts for the land should be made and no construction or site preparation should be started.

11. Authorization

I hereby swear that the information given on this form is full and complete and that all statements contained within this application are true.

Signature

Date

Address

Name
