Town of Coalhurst 100 – 51 Avenue Box 456, Coalhurst, AB TOL 0V0 PH: (403) 381-3033 / FX: (403)381-2924 EMAIL: development@coalhurst.ca



FORM H: NOTICE OF APPEAL APPLICATION

Pursuant to Land Use Bylaw No. 354-12

OFFICE USE			
Appeal No:	Roll No:	Date of Decision:	21-day Appeal Period Date:
			,
Appeal Received	Application Eco	Date Paid:	Hearing Data
Appeal Received:	Application Fee:	Date Palu:	Hearing Date:

PREFERRED METHOD OF DELIVERY (SELECT ONE)

- **Email:** I wish to receive all official written documentation for my application by email.
- Letter Mail: I wish to receive all official written documentation for my application by letter mail.
- □ **In-person Pickup**: I wish to pickup all official written documentation for my application from the Town Office myself (applicant will be notified by phone when documents are available for pick-up).

APPELLANT INFORMATION

Name:

Phone:____

Email:_____

Mailing Address:

APPLICATION BEING APPEALED

- Development Application no. _____
- Subdivision Application no. _____
- Stop Order no. ______

I/We do hereby appeal the following decision/order:_____

The grounds for the appeal are as follows (attach additional documentation if required):

IMPORTANT: This information may also be shared with appropriate government/other agencies and may also be kept on file by those agencies. The application and related file contents will become available to the public and are subject to the provisions of the Freedom of Information and Protection of Privacy Act (FOIP).

Date: _____

Appellant's Signature:_____