

**Important:** This PDF was designed to be filled in with Adobe Acrobat Reader only.  
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In accordance with Sections 678 and 686 of the *Municipal Government Act* and The City of Calgary Bylaw 25P95, as amended, an appeal to the Subdivision and Development Appeal Board must be filed within the legislated time frame and each Notice of Appeal must be accompanied by the legislated fee. For filing instructions and fee payment options, see the reverse side of this form.

Site Information			
Municipal Address of Site Under Appeal		Development Permit/Subdivision Application/File Number	
Appellant Information - must name all appellants			
Name of Appellant		Agent Name (if applicable)	
Street Address (for notification purposes)			
City	Province	Postal Code	Residential Phone # (      )
Business Phone # (      )	Email Address		

**APPEAL AGAINST (Check one box only: for multiple appeals you must submit another Notice of Appeal)**

Development Permit	Subdivision Application	Notice of Order
<input type="checkbox"/> Approval <input type="checkbox"/> Conditions of Approval <input type="checkbox"/> Refusal	<input type="checkbox"/> Approval <input type="checkbox"/> Conditions of Approval <input type="checkbox"/> Refusal	<input type="checkbox"/> Notice of Order

**REASONS FOR APPEAL** Sections 678 and 686 of the *Municipal Government Act* require that the written Notice of Appeal must contain specific reasons for the appeal.

**I do hereby appeal the decision of the Subdivision/Development Authority for the following reasons (Attach a separate page if required):**

**In order to assist the Board in scheduling, please answer the following questions to the best of your ability:**

Estimated presentation time (minutes/hours)	Will you be using an agent/legal counsel? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Do you anticipate any preliminary issues with your appeal? (i.e. jurisdiction, parties status as affected persons, adjournment, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, what are the issues?	
Do you anticipate bringing any witnesses/experts to your hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, how many will you be bringing?

The Board collects and uses personal information under the authority of sections 4(a) and (c) and 13(1) of the Protection of Privacy Act, SA 2024, cP-28.5 and sections 678 and 686 of the Municipal Government Act, RSA 2000 c. M-26 for the purposes of administering and adjudicating appeals before the Board. By clicking the link, calling the phone number, or otherwise participating, you are acknowledging and agreeing that your name, phone number, email address, image, or other personal information may be displayed during the videoconference, referenced in the Board's publicly available written decision, and/or included in the recording of the proceedings. If you make written or verbal submissions to the Board, those submissions including personal information contained in those submissions such as your name, phone number, email address, and an audio, visual, or audio-visual recording of verbal submissions will be publicly available (and may be posted on the Board's website as part of a public report) and may be referenced in the Board's publicly available written decision. The Board may use your contact information in the future for follow-up consultation for feedback regarding the appeal process. All information will be kept by the Board in accordance with the Board's information retention policies from time to time. If you have any questions regarding the collection, use, or retention of this information, contact the Tribunal Coordinator of the City Appeal Boards at 403-268-5312, or [info@calgarysdab.ca](mailto:info@calgarysdab.ca).

Signature of Appellant / Agent	Date YYYY      MM      DD
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FOR OFFICE USE ONLY				
Final Date of Appeal YYYY      MM      DD	SDAB Appeal Number	Fee Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Date YYYY      MM      DD	Date Received

## APPEAL SUBMISSION INFORMATION

The Notice of Appeal must be accompanied by a \$200.00 filing fee AND must be received by the Subdivision and Development Appeal Board (SDAB) no later than the final date for appeal as specified in the *Municipal Government Act*; otherwise, the Appeal will not be processed. If an appeal is withdrawn prior to the commencement of the SDAB hearing, the fee shall be refunded. Refunds for withdrawals submitted once the SDAB hearing has commenced shall be at the Board's discretion.

## FILING INFORMATION

If you mail the Appeal, it must be received on or before the final date for appeal or it will not be processed and a hearing before the Board will not occur.

MAIL TO:	DELIVER TO:
City Appeal Boards Subdivision and Development Appeal Board #8110 P.O. Box 2100, Station M Calgary, AB T2P 2M5	City Appeal Boards Subdivision and Development Appeal Board 4th Floor, 1212 31 Avenue NE (Deerfoot Junction III Building (DJ3)) Calgary, AB T2E 7S8

We accept cash or cheque at the Appeal Boards office. Please make cheques payable to The City of Calgary.

**TO FILE ONLINE, VISIT [www.calgary.ca/sdab/onlineappeal](http://www.calgary.ca/sdab/onlineappeal)**

**NOTE: Appeals cannot be faxed as the respective filing fee must accompany the Appeal at the time of filing.**

If you require further information regarding Appeal deadlines and Board procedures, please contact the Appeal Boards office at:

Phone: 403-268-5312

Email: [sdab@calgary.ca](mailto:sdab@calgary.ca)

Website: [www.calgary.ca/sdab](http://www.calgary.ca/sdab)