



VILLAGE OF VILNA

5135 - 50 Street

Box 10, Vilna AB T0A 3L0

780-636-3620

vilna@mcsnet.ca

DEVELOPMENT APPEAL FORM

Name of Appellant: _____

Address of Appellant: _____

Phone: Work: _____ Home: _____ Fax: _____

Cell: _____ Email: _____

Name of Registered Owner (if different from Appellant): _____

Address: _____

Phone: Work: _____ Home: _____ Fax: _____

Cell: _____ Email: _____

NOTICE IS HEREBY GIVEN TO THE DEVELOPMENT APPEAL BOARD of this appeal against

The Decision (date) _____ of the Development Officer regarding

Development Permit Application No.: _____

Development Proposal (description)

Location (Legal Description): _____

Type of Use: _____

Decision: _____

Reason for Appeal: (please feel free to attach additional sheets if required)

Date

(Appellant Signature)

Date

(Registered Owner Signature (if different from appellant.))

Over

THIS FORM MUST REACH THE CAO NO LATER THAN FOURTEEN (14) DAYS AFTER THE DATE OF NOTIFICATION BY THE DEVELOPMENT OFFICER.

**Mail or Deliver to: Development Officer
Village of Vilna
Box 10
Vilna, AB T0A 3L0**

Date Received: _____

Appeal No.: _____

Hearing Date: _____

(For Office Use Only)