

FORM E

**DEVELOPMENT APPEAL APPLICATION
TOWN OF VALLEYVIEW**

.....
OFFICE USE ONLY:

Date Received: _____
Appeal No.: _____
Permit No.: _____
Date of Hearing: _____
.....

I hereby give notice of appeal to the decision of the Development Authority dated _____
on the Development Permit Application number _____ for the following reasons
(attach a separate sheet if necessary):

Name(s) of Applicant(s) for Appeal: _____

Address: _____ Telephone: _____

I hereby declare that all information provided by me is , to the best of my knowledge, true and correct in all respects.

Appellant(s) Signature(s)
(If this appeal is being made by a Company,
the President or other authorized Officer
should sign here)

Date

Mail or deliver to:

**The Secretary
Subdivision and Development Appeal Board
Town of Valleyview
Box 270
Valleyview, Alberta T0H 3N0
Telephone: (780) 524-5150**