Request for Review of a Regional Plan

Form (LUS-01)

Land Use Secretariat
9th floor, Centre West Building
10035 – 108 Street
Edmonton, AB    T5J 3E1
TEL:  780- 644-7972 or Toll Free Rite Line at:  310-0000
FAX:  780- 644-1034

Instructions:

- Complete one form for each request for review you are filing.
- Please print clearly
- Legal representation is not required; however if you have retained representation, please indicate on the form.
- Submit your completed form(s) with the original signature to the Stewardship Commissioner, Land Use Secretariat.
- The Alberta Land Stewardship Act and regulations can be found on the Queen’s Printer website.

Part 1: Details of Request for Review

Name of Regional Plan

A.  Clearly identify the specific provision (section) of the Regional Plan that you believe is directly and adversely affecting you, or will directly and adversely affect you.
B. Explain how the provision (section) in the Regional Plan you identified in A (above) is directly and adversely affecting you, or will directly and adversely affect you.

C. Explain the adverse effects that you are suffering or expect to suffer as a result of the specific provision (section) you identified in A (above).

Part 2: Requested Relief

What relief are you requesting?
Part 3: Other Applicable Information

Please provide any additional information that may be relevant to this application.

Part 4: Applicant Information

First Name: ________________________________________ Last Name: ____________________________________________________
________________________________________________________________________________________________________________

Company Name or Association Name (if any)

Professional Title (if applicable): _____________________________________________________________________________________

Email Address: ______________________________________________________________ Fax #:________________________________

By providing an e-mail address, you agree to receive communications from the Land Use Secretariat by email.

Daytime Telephone #:________________________________ Alternate Telephone #: _________________________________________

Mailing Address: _________________________________________________________________________________________________

Apt/Suite/Unit#     Street Address                  City/Town
___________________________________________________________________________________________________

Province    Country (if not Canada)   Postal Code

Signature: _____________________________________________________________  Date: ___________________________

Please note: You must notify the Land Use Secretariat of any change of address or telephone number in writing.

Personal information requested on this form is collected under the provisions of the Freedom of Information and Protection of Privacy Act, Chapter/Regulation: F-25 RSA 2000.
Part 5: Representative Information (if applicable)

I hereby authorize the named company and/or individual(s) to represent me:

First Name: ________________________________________ Last Name: ________________________________________________
Company Name: ____________________________________________________________________________________________
Professional Title: ____________________________________________________________________________________________

Email Address: ______________________________________________________________ Fax #:____________________________

By providing an email address, you agree to receive communications from the Land Use Secretariat by email.

Daytime Telephone #:________________________________ Alternate Telephone #: ______________________________________

Mailing Address:
Apt/Suite/Unit# Street Address City/Town

Province Country (if not Canada) Postal Code

Signature of Applicant: _____________________________________________________________ Date:_______________________

Please note: If you are representing the applicant and are NOT a solicitor, please confirm that you have written authorization to act on behalf of the applicant. Please confirm this by checking the box below.

☐ I certify that I have written authorization from the applicant to act as a representative with respect to this application on his or her behalf and I understand that I may be asked to produce this authorization at any time.