



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

Alberta Land Stewardship Act

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.

Tracking Number (LUS Office Use Only):

Date Stamp – Request Received by LUS

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.

Please see attached letter

Request for Review of a Regional Plan

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.

Please see attached letter.

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).

Please see attached letter

Part 2: Requested Relief

What relief are you requesting?

Please see attached letter

Request for Review of a Regional Plan

Part 3: Other Applicable Information

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

Please see attached letter.

Part 4: Applicant Information

First Name: Vern Last Name: Janvier

Chipewyan Prairie Dene First Nation
Company Name or Association Name (if any)

Professional Title (if applicable): Chief

Email Address: chairman@cpventures.ca Fax #: _____
By providing an e-mail address, you agree to receive communications from the Land Use Secretariat by email.

Daytime Telephone #: 780 559 2259 Alternate Telephone #: _____

Mailing Address: General Delivery Chard
Apt/Suite/Unit# Street Address City/Town
AB T0P 1G0
Province Country (if not Canada) Postal Code

Signature:  Date: March 26 / 14

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.

Request for Review of a Regional Plan

Part 5: Representative Information (if applicable)

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

First Name: Karin Last Name: Buss
Company Name: Henning Byrne LLP Barristers and Solicitors
Professional Title: Attorney
Email Address: kbuss@k2blaw.ca Fax #: 780 425 9438
By providing an email address, you agree to receive communications from the Land Use Secretariat by email.

Daytime Telephone #: 780 421 1707 Alternate Telephone #: _____
Mailing Address: 1450 - 10405 Jasper Avenue Edmonton
Apt/Suite/Unit# _____ Street Address _____ City/Town _____
AB _____ T5J 3N4
Province _____ Country (if not Canada) _____ Postal Code _____

Signature of Applicant:  Date: March 26/14

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.