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.

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
Company Name or Association Name (if any): Chipewyan Prairie Dene First Nation
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# AB Street Address City/Town 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@kdblaw.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# AB                      Street Address
Province AB                              City/Town TSJ 3N4
Postal Code

Signature of Applicant: [Signature]       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.