



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) 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

Lower Athabasca Regional Plan

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.

See attached submission

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.

See attached submission

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).

See attached submission

Part 2: Requested Relief

What relief are you requesting?

See attached submission

Part 3: Other Applicable Information

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

Part 4: Applicant Information

First Name: Celina

Last Name: Harpe

Fort McKay
Company Name of 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
AB General Delivery Fort McKay
Province Country (if not Canada) Postal Code
TOPICS

Signature: Celina Harpe Date: Aug. 22/2013

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: _____

Fort McKay Sustainability Department

Company Name of Association Name (if any)

Professional Title (if applicable): **KLIMEK BUSS BISHOP LAW GROUP**

Email Address: **kbuss@k2blaw.ca**

Fax #: **(780) 468-3437**

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

Daytime Telephone #: **(780) 965-8905**

Alternate Telephone#: **(780) 468-1843**

Mailing Address: **1450**
Apt/Suite/Unit#

10405 Jasper Avenue
Street Address

Edmonton
City/Town

Alberta
Province

Country (if not Canada)

T5J 3N4
Postal Code

Signature: *Celina Harpe*

Date: *Aug. 22/2013*

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 application. 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.