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) 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

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: __________________________ Last Name: __________________________

Fort McKay First Nation, Fort McKay Metis Association

Company Name or Association Name (if any)

c/o Alzaro Pinto, Director Fort McKay Sustainability Department

Professional Title (if applicable): __________________________

Email Address: apinto@fortmckay.com Fax #: __________________________

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

Daytime Telephone #: (780) 828-2480 Alternate Telephone #: __________________________

Mailing Address: P.O. Box 5360 Fort McKay, Alberta T9H 3G4

Act/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: Karin
Last Name: Buss
Company Name: Klimek Buss Bishop Law Group
Professional Title: Lawyer
Email Address: kbuss@k2law.ca

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

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

Mailing Address: #1450, 10405 Jasper Avenue
Edmonton, Alberta

Apt/Suite/Unit #: Street Address: T5J 3N4

Province: Country (if not Canada): Postal Code:

Signature of Applicant: 

Date: August 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 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.