



# 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

*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 letter from ACFN Dated August 19, 2013  
Re Request for Review of LARP*

## 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.

See Attached Letter Dated Aug 19, 2013  
re Request for Review of LARP

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).

per above

### Part 2: Requested Relief

What relief are you requesting?

per above

# Request for Review of a Regional Plan

## Part 3: Other Applicable Information

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

per above.

## Part 4: Applicant Information

First Name: Jenny ~~Bier~~ Last Name: Biem

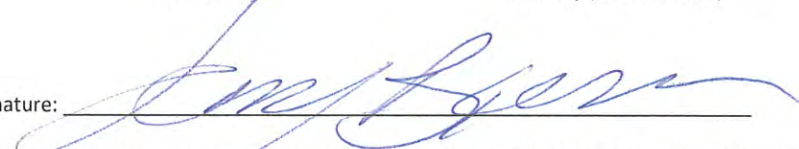
Woodward and Company LLP  
Company Name or Association Name (if any)

Professional Title (if applicable): lawyer

Email Address: ~~Jenny.Biem@woodwardandcompany.com~~ jenny@woodwardandcompany.com Fax #: 250 383 6560  
By providing an e-mail address, you agree to receive communications from the Land Use Secretariat by email.

Daytime Telephone #: 250 383 2350 Alternate Telephone #: \_\_\_\_\_

Mailing Address: 2nd Floor 844 Cortney Street Victoria  
Apt/Suite/Unit# Street Address City/Town  
BC \_\_\_\_\_  
Province Country (if not Canada) Postal Code

Signature:  Date: August 19, 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.



# 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: DOREEN Last Name: SOMERS

Company Name: ACFN IRC

Professional Title: A/Director

Email Address: doreen.somers@acfn.com Fax #: 780-791-3632

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

Daytime Telephone #: \_\_\_\_\_ Alternate Telephone #: 780-742-9315

Mailing Address: 220 TAIGANOVA CRESCENT FORT McMURRAY  
Apt/Suite/Unit# Street Address City/Town

AB \_\_\_\_\_  
Province Country (if not Canada) Postal Code

Signature of Applicant:  Date: Aug 19, 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.



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### 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 LETTER FROM ACEN DATED AUGUST 19 2013  
RE REQUEST FOR REVIEW OF LARP

## 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.

SEE ATTACHED LETTER DATED AUG 19 2013  
RE REQUEST FOR REVIEW OF LARP

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PER ABOVE

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What relief are you requesting?

PER ABOVE



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

PER ABOVE

## Part 4: Applicant Information

First Name: JENNY Last Name: BIEM

WOODWARD AND COMPANY LLP  
Company Name or Association Name (if any)

Professional Title (if applicable): LAWYER

Email Address: jenny@woodwardandcompany.com Fax #: 250 383 6560  
By providing an e-mail address, you agree to receive communications from the Land Use Secretariat by email.

Daytime Telephone #: 250 383 2356 Alternate Telephone #: \_\_\_\_\_

Mailing Address: 2ND FLOOR 844 COURTNEY STREET VICTORIA  
Apt/Suite/Unit# Street Address City/Town  
BC \_\_\_\_\_  
Province Country (if not Canada) Postal Code

Signature: [Handwritten Signature] Date: August 19, 2013

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

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

First Name: DOREEN Last Name: SOMERS

Company Name: ACFN IRC

Professional Title: A / DIRECTOR

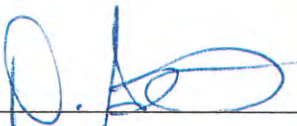
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