



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: Edward Last Name: Rolland

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: General Delivery Fort McKay
Apt./Suite/Unit# Street Address City/Town
AB TOP 1C0
Province Country (if not Canada) Postal Code

Signature: Edward Rolland Date: Aug 23 / 13

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** **10405 Jasper Avenue** **Edmonton**
Apt/Suite/Unit# Street Address City/Town

Alberta **T5J 3N4**
Province Country (if not Canada) Postal Code

Signature: Edward Romanuk Date: Aug 30 13

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.