



APPLICATION FOR REVIEW OF ORIGINAL DECISION

Urban Land Development Authority (Vegetation Management) By-law 2009

I hereby make application to request a review of an original decision (see below) made in accordance with the abovementioned By-law.

Note: An application for a review must be made within 20 business days of receiving the original decision.

Name & Address Details

Full Name Applicant:

Postal Address Applicant:

Address of Subject Premises:

Lot and Plan Number:

Original Decision Details

I am requesting a review of the decision regarding: *(tick where applicable)*

- Declaration of Controlled Vegetation
- Permit Decision including Conditions
- Change of Permit Conditions
- Permit suspension or Cancellation
- Management directions for hazardous or pest vegetation
- An Oral Compliance Direction
- A Compliance Notice

Attached is documentation supporting my reasons for the review for your consideration.

Signed by.....thisday of2009