

Appella	ant Information						
	Appellant	Agent Name (if applicable)	Date Received Stamp				
Mailing A	Address						
City/Province		Postal Code					
Phone #		Email Address	(Office Use Only)				
Select t	the type of appeal you are a	pplying for:					
		ivention has been issued by a municipal Ins	spector pursuant to:				
		t for the Notice of Appeal and proceed to Sectio					
	Bylaw No. 9772, <i>The Drainage E</i>	•					
	Bylaw No. 7990, <i>The Fire and Pl</i>						
	Bylaw No. 7981, <i>The Private Sw</i>						
		laintenance & Nuisance Abatement Bylaw, 2003					
	Bylaw No. 9466, <i>The Sewer Use</i>						
	Bylaw No. 7200, <i>The Traffic Byla</i> Bylaw No. 0057, <i>The Trae Brat</i> e						
	Bylaw No. 9957, <i>The Tree Prote</i> Bylaw No. 8995, <i>The Undergrou</i>	ction Bylaw, 2024 nd Encroachment and Sidewalk Safety Bylaw, 2011	2				
	Bylaw No. 8995, The Undergrou Bylaw No. 9844, The Waste Byla	•••	2				
	A Licence or Permit that has been denied, suspended, cancelled, or terms of conditions have been imposed by the City issued under:						
		t for the Notice of Appeal and proceed to Sectio	n B)				
	Bylaw No. 9011, The Adult Servi						
	Bylaw No. 9746, The Business L	-					
	Bylaw No. 9525, The Cannabis Business License Bylaw, 2018						
	Bylaw No. 9466, The Sewer Use Bylaw, 2017						
	Bylaw No. 9651, The Vehicles fo	-					
 Access Transit Service has been denied or suspended: (check the box that is relevant for the Notice of Appeal and proceed to Section C) 							
	Registration for service is denied because it would contravene the Eligibility Requirements						
F	Policy and/or the Outstanding Fa	are Policy					
		rgiveness of that mortgage arising out of th	e City's lot allocation				
	process: (check the box that is relevant	for the Notice of Appeal and proceed to Section	n D)				
	Job transfer or change of employment involving a move out of Saskatoon						
	Death of a signatory						
	j						
indebtedness under the mortgage (e.g. serious illness, loss of employment)							
Signature of Appellant/Agent Date							
			YYYY MM DD				
		ollected under the authority of The Local Authority Freedom					
<i>Privacy Act.</i> This information will be used for processing your appeal and will become part of a public agenda. If you have any questions regarding the collection of this information, please contact the Saskatoon Appeal Board at (306) 975-3240 or							



Please Note: An appeal must be made within 15 days of the date of the Order from an Inspector by filing this written Notice of Appeal to the Saskatoon Appeal Board.

To the Secretary of the Saskatoon Appeal Board:

Appellant Information					
Name of Appellant			Date Received Stamp		
Street Address (for notification purposes)					
City/Province	City/Province Postal Code				
City/Flovince	Fusial Code				
			(Office Use Only)		
Phone #	Email Address				
()					
Property Owner Information if di	fferent than Appellant's				
Name					
Mailing Address	City/Province		Postal Code		
Phone #	Email Address				
Application Particulars					
Property Address Inspected		Inspection Date	e (last page of the Order)		
		YYYY	MM DD		
An Order to Remedy Contravent	ion has been issued by a Mu	inicipal Inspe	ector pursuant to:		
(Check the box for the bylaw that is rele	evant to the Notice of Appeal)				
Bylaw No. 9772, The Drainage Bylaw,	2021				
 Bylaw No. 3772, The Drainage Dynaw, Bylaw No. 7990, The Fire and Protect 					
 Bylaw No. 7981, The Private Swimmin 	-				
 Bylaw No. 1981, The Private Swithining Pools Bylaw, 2000 Bylaw No. 8175, The Property Maintenance & Nuisance Abatement Bylaw, 2003 					
 Bylaw No. 9466, The Sewer Use Bylaw, 2017 					
 Bylaw No. 7200, The Traffic Bylaw 					
Bylaw No. 9957, <i>The Tree Protection Bylaw, 2024</i>					
Bylaw No. 8995, The Underground Encroachment and Sidewalk Safety Bylaw, 2012					
Bylaw No. 9844, <i>The Waste Bylaw, 2022</i>					
Reasons for Appeal					
Explain your reasons for appeal. Be specific and provide as much detail as possible.					

(Atta	ch a separate	page if nec	essary)			
The following documents are filed in support of my appeal:						
Order Stayed: Ves No						
Bringing an appeal will not automatically stay (stop) enforcement of the Order made by the decision-maker until the appeal has been decided. The Appellant must obey the Order under appeal unless granted a Stay.						
The reasons for your Order to be Stayed						
······································						
Signature of Appellant/Agent	Date					
	YYYY	MM	DD			
Collection Nation: This personal information is collected under the authority of The Legal Authority Freedom of In			,			

Collection Notice: This personal information is collected under the authority of *The Local Authority Freedom of Information and Protection of Privacy Act*. This information will be used for processing your appeal and will become part of a public agenda. If you have any questions regarding the collection of this information, please contact the Saskatoon Appeal Board at (306) 975-3240 or saskatoonappealboard@saskatoon.ca or 222 – 3rd Avenue North, Saskatoon SK, S7K 0J5.



Section B Notice of Appeal – Licence or Permit Saskatoon Appeal Board

Please Note: An appeal must be made within 30 days of the date of the denial, suspension, cancellation or made conditional. An Appellant who files a Notice of Appeal shall at the time of filing the appeal pay a fee of \$50.00 which is non-refundable and may not be waived or reduced under any circumstances.

To the Secretary of the Saskatoon Appeal Board:

Appellant Information								
Name of Appellant		Agent Name (if applicable)			Date Received Stamp			
Street Address (for notification pu	rposes)							
City/Province		Postal Code			10			
Phone # ()	Email Address			((Office Use	Only)		
Licence/Permit Particulars	5							
Licence Number (if applicable)	Licen	ce Type (e.g. taxi, business)	Please p Licence YYYY				Applicatio MM	n Date DD
Location of Business (if applicable)								
My Licence Was: (Check one	<u>e</u> box or	nly)						
Denied		Suspended	Cancell	led		□ Ma	ade Condi	tional
Reasons For Appeal Explain your reasons for appeal and s possible.	state the	material facts upon which this ap	opeal is bas	ed. Bes	pecific ar	id provide a	as much de	tail as
					(Attach	a separate	page if nee	cessary)
Signature of Appellant/Agent						Date YYYY	MM	DD
Collection Notice: This personal informa	tion is co	nected under the authority of The L	ocal Author	ny ⊢reedo	om of Infor	mation and	Protection	οτ

Privacy Act. This information will be used for processing your appeal and will become part of a public agenda. If you have any questions regarding the collection of this information, please contact the Saskatoon Appeal Board at (306) 975-3240 or saskatoonappealboard@saskatoon.ca or 222 – 3rd Avenue North, Saskatoon SK, S7K 0J5.



Please Note: An appeal must be made within 30 days of the date of the denial or suspension. Service will not be suspended nor withdrawn while an appeal is in process.

To the Secretary of the Saskatoon Appeal Board:

Appellant Information							
First Name	Last Name	Date Received Stamp					
Street Address (for notification purposes))						
City/Province	Postal Code						
		(Office Use Only)					
Phone #	Email Address						
()							
Access Transit Service has bee (check the box that is relevant for the							
Degistration for convise is denied has	erves it would controven the Elizibility De	nuiremente					
-	cause it would contravene the Eligibility Re g the service because of violations under t	-					
and/or the Outstanding Fare Policy							
Reasons For Appeal							
Explain your reasons for appeal. You are required to provide written evidence to verify your reason for an appeal. Documentation (e.g. letter from medical professional, social worker, or care provider) must be submitted with the Appeal Application Form.							
		(Attach a separate page if necessary)					
Signature of Appellant/Agent		Date					
		YYYY MM DD					
Collection Notice: This personal information is co	ollected under the authority of The Local Authority	Freedom of Information and Protection of					

Privacy Act. This information will be used for processing your appeal and will become part of a public agenda. If you have any questions regarding the collection of this information, please contact the Saskatoon Appeal Board at (306) 975-3240 or saskatoonappealboard@saskatoon.ca or 222 – 3rd Avenue North, Saskatoon SK, S7K 0J5.



Please Note: An appeal must be made within 30 days of the date of the request for forgiveness of City Mortgage.

To the Secretary of the Saskatoon Appeal Board:

Appellant Information

First Name	Last Name	Date Received Stamp				
Street Address (for notification purposes)						
City/Province	Postal Code					
		(Office Use Only)				
Phone # ()	Email Address					
Information for Appeal:						
Property Address						
Forgiveness of the outstanding ind	ebtedness under the City's Mortgag	e may be granted through the				
appeal process of the Saskatoon A	ppeal Board <u>where the owner must</u>					
any of the following: (check the box that is relevant for the N	Notice of Appeal)					
Job transfer or change of employmen	t involving a move out of Saskatoon					
 Death of a signatory 						
Marriage breakdown						
	in the Board's view, would make it fair and	reasonable to forgive the indebtedness				
under the mortgage (e.g. serious illne	ess, loss of employment)					
Reasons For Appeal						
Explain your reasons for appeal. You are required to provide written evidence to verify your reason for an appeal. The documentation (e.g. letter from employer indicating start date of job transfer or information from the applicant on date of move out of Saskatoon; letter from employer indicating date of loss of employment; letter from lawyer indicating date of legal separation; death certificate of signatory; letter from doctor regarding serious illness) must be submitted with the Appeal Application Form.						
		(Attach a separate page if necessary)				
Signature of Appellant/Agent		Date				
		YYYY MM DD				
	llected under the authority of <i>The Local Authority I</i> cessing your appeal and will become part of a pub					

regarding the collection of this information, please contact the Saskatoon Appeal Board at (306) 975-3240 or saskatoonappealboard@saskatoon.ca or 222 – 3rd Avenue North, Saskatoon SK, S7K 0J5.