



Arlington County, Virginia
DEPARTMENT OF COMMUNITY PLANNING,
HOUSING AND DEVELOPMENT
ZONING DIVISION

APPLICATION FOR APPEAL OF ANY ORDER, REQUIREMENT, DECISION OR DETERMINATION

DATE: _____

BOARD OF ZONING APPEALS
2100 Clarendon Blvd, Suite 1000
Arlington, Virginia 22201

Name of Appellant: _____

If Appeal relates to a specific property, provide the following information:

Address: _____ Lot(s) _____ Block _____ Subdivision _____

Civic Association: _____

Nature of the Appeal: _____

Date of Order, Requirement, Decision, Determination or Notice of Violation being Appealed: _____

How is the Appellant an Aggrieved Person?: _____

Make checks payable to: Treasurer of Arlington County

Form box containing fields: ZONE, PROPOSAL FILED, FEE DEPOSITED, C.R.I.F. NO., FEE, RECEIVED BY, Previous Cases

Print Name _____

Signature _____

Address _____

Zip _____ Daytime Telephone _____

Agent Contact Information:

Name _____

Title _____

Address _____

Zip _____ Telephone _____