

# ZONING DETERMINATION REQUEST

Department of Community Planning, Housing & Development – Zoning Division  
 2100 Clarendon Boulevard, Suite 1000, Arlington, Virginia 22201  
 building.arlingtonva.us | contactzoning@arlingtonva.us  
 Phone (703) 228-3883 – Fax (703) 228-3896



SUBJECT PROPERTY:	
Address:	Real Property Code:
Property Name:	Other People Identifiers:
Identify any variances, use permits, site plans	Owner of Record:
Date Title Took:	Deed Book & Page No:

APPLICATION INFORMATION:	
Name:	
Company Organization:	
Address:	
Phone Number:	Email:
<input type="checkbox"/> I consent to receiving official correspondence by electronic mail	

ADDRESS RESPONSE TO:	
Name:	<input type="checkbox"/> SAME AS APPLICANT
Company Organization:	
Address:	
Phone Number:	Email:

REQUESTED INFORMATION:	
<p>This application is to request a Zoning Administrator Determination, as described in §15.2-2307 of the Code of Virginia. It should not be used for Freedom of Information Act (FOIA) requests or zoning compliance requests. The Zoning Office does not provide verification of building or fire code compliance. Requests for lot Build-ability Letters must be submitted with: (1) a Certified Plat or an Original Subdivision Plat; and (2) a copy of the Deed of Ownership (a full title search is strongly recommended). Requests for Setback Averaging Letters must be submitted with: (1) a recent Certified Plat, and (2) a front setback survey for all dwellings on the same side of the block as the SUBJECT PROPERTY. If the above requested information is not provided in full, any response from the Zoning Administrator to this request will NOT constitute a determination as that term is described in §15.2-2307 of the Code of Virginia but will constitute a determination as that term is used in §15.2-2311 of the Code of Virginia. Requests are typically completed with 30-45 days of receipt.</p>	
<input type="checkbox"/> ZONING DETERMINATION	<input type="checkbox"/> BUILD-ABILITY LETTER
<input type="checkbox"/> SETBACK AVERAGING	

***Applicants should attach a written statement, particularly for a determination regarding a specific use, density, zoning regulation, site plan condition and/or other interpretation at the SUBJECT PROPERTY.***

FOR ZONING STAFF USE ONLY		
Date Received:	Received By:	Supporting Documents
Fee: \$	Receipt Number:	<input type="checkbox"/> Certified Plat (Date: _____)
Zoning District:		<input type="checkbox"/> Setback Survey (Date: _____)
		<input type="checkbox"/> Legal Representative Statement
		<input type="checkbox"/> Deed of Ownership <input type="checkbox"/> Title Search

Base Fee: \$337.00 (plus 5% automation fee)  
 (Make Checks payable to: Arlington County Treasurer)