



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

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 \_\_\_\_\_