NOTICE OF APPEAL

Anne Arundel County Board of Appeals

Decision Information	
Decision Rendered By: I&P ____ P&Z ____ AHO____ A.C. ____ H.D. ____ Other _____	
County Agency Case #:	**Date of Decision:**
Appellant Information (Appealing Party)	
Name:	**Email:**
Address:	
Phone # (Home):	**Phone # (Work):**
Attorney's Name (if applicable):	**Email:**
Attorney's Address:	
Attorney's Phone #:	**Attorney's Fax #:**
Applicant Information (Party Originally Applying for County Approval)	
Name:	**Email:**
Address of Property (if applicable):	
Mailing Address:	
Phone # (Home):	**Phone # (Work):**
Attorney's Name (if applicable):	**Email:**
Attorney's Address:	
Attorney's Phone #:	**Attorney's Fax #:**

Reason for Appeal

Please provide a brief statement as to reasons for this appeal below: (you may attach more paper if necessary)

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A copy of the County Agency's Decision **must be submitted at the same time as this form.*

***** FOR OFFICE USE ONLY *****			
Date Received:	***Case #:***	***Check #:***	***Initials:***
Copies Given to:		***Check Amt.:***	
Applicant: _____ Appellant: _____ Law Office: _____ I&P: _____			
P&Z: _____ Personnel: _____ A.C. _____			
Dept. of Health:_____ AHO: _____ Other:_____			