

# NOTICE OF APPEAL

Anne Arundel County Board of Appeals

Decision Information					
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Decision Rendered By: I&P	P&Z	AHO	A.C.	H.D.	Other
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County Agency Case #:	Date of Decision:
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Appellant Information (Appealing Party)	
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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # (Home): _____	Phone # (Work): _____
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Attorney's Name (if applicable): \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

Attorney's Phone #: _____	Attorney's Fax #: _____
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Applicant Information (Party Originally Applying for County Approval)	
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Name: \_\_\_\_\_

Address of Property (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # (Home): _____	Phone # (Work): _____
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Attorney's Name (if applicable): \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

Attorney's Phone #: _____	Attorney's Fax #: _____
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Reason for Appeal	
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Please provide a brief statement as to reasons for this appeal below: (you may attach more paper if necessary)

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

*** FOR OFFICE USE ONLY ***			
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<i>Date Received:</i> _____	<i>Case #:</i> _____	<i>Check #:</i> _____	<i>Initials:</i> _____
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<i>Copies Given to:</i> _____	<i>Check Amt.:</i> _____
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Applicant: \_\_\_\_\_ Appellant: \_\_\_\_\_ Law Office: \_\_\_\_\_ I&P: \_\_\_\_\_

P&Z: \_\_\_\_\_ Personnel: \_\_\_\_\_ A.C. \_\_\_\_\_

Dept. of Health: \_\_\_\_\_ AHO: \_\_\_\_\_ Other: \_\_\_\_\_