

**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: \_\_\_\_\_