

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)

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: _____