

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:** _____

***You may attach additional pages for Appellant and Applicant information.