



Please type or
Print in Black Ink

**COMMONWEALTH OF VIRGINIA
COUNTY OF FAIRFAX
APPLICATION FOR APPEAL**

APPLICATION NO. _____
(Assigned by Staff)

NAME OF APPELLANT: _____

NATURE OF THE APPEAL:

DATE OF ORDER, REQUIREMENT, DECISION, DETERMINATION OR NOTICE OF VIOLATION WHICH IS SUBJECT TO THE APPEAL _____

HOW IS THE APPELLANT AN AGGRIEVED PERSON?:

IF APPEAL RELATES TO A SPECIFIC PROPERTY, PROVIDE THE FOLLOWING INFORMATION:
POSTAL ADDRESS OF PROPERTY: _____

TAX MAP DESCRIPTION: _____

Type or Print Name of Appellant or Agent

Signature of Appellant or Agent

Address

Telephone No: Home Work Cell

Please type or print name, address, and phone number of contact person if different from above:

DO NOT WRITE IN THIS SPACE
Subdivision Name: _____
Total Area (Acres/Square Feet): _____
Present Zoning: _____
Supervisor District: _____
Date application received: _____ Application Fee Paid: \$ _____
Date application accepted: _____