



**APPEAL OF ADMINISTRATIVE OFFICIAL'S  
DECISION**

101 W Abram St  
Arlington TX 76010  
817-459-6652  
www.arlingtontx.gov/planning

**Request Information**

Location: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot(s)/Block: \_\_\_\_\_

Administrative Decision in Question: \_\_\_\_\_

Appeal Statement (Explaining the basis of the appeal.)

**Owner Information**

(If there is more than one owner or agent, please attach a separate application)

Check here if the property owner is represented by an authorized agent

Firm Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**\*\* The owner's original notarized signature is required on this application. No copied prints or faxed copies accepted.**

**Representative/Agent Information**

Firm Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Special Notes**

**INCOMPLETE APPLICATIONS WILL NOT BE  
ACCEPTED**

**Contact a Community Development and Planning  
staff member if you have any questions.**

**Office Use Only**

Mapscop Page: \_\_\_\_\_ Sector: \_\_\_\_\_ Council District: \_\_\_\_\_

AMANDA Sequence Number: \_\_\_\_\_

