



**APPEAL OF ADMINISTRATIVE OFFICIAL'S
DECISION**

101 W Abram St
Arlington TX 76010
817-459-6652
www.arlingontx.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

Case Number: _____ Date Submitted: _____ Accepted By: _____ RSN Number: _____

Tax Map: _____ Zoning Map: _____ Mapsco Page: _____ Sector: _____ Council District: _____

FEES: \$ _____ TOTAL



Owner Certification and Disclosure

Article XII, Code of Ethics, of the "Administration" Chapter of the Code of the City of Arlington, Section 12.06, requires all persons seeking Council, Zoning Board of Adjustment or Planning and Zoning Commission consideration or action concerning any application for rezoning, plat approval, or special exception which requires action by the above stated commissions, to provide the following information. The applicant and the owner shall **both** file statements in those cases where the applicant does not own the property which is the subject of consideration or action.

Do you believe that a City official or City employee may have a conflict of interest in the aforementioned property or application? yes no

If so, state the name of each person and the department they represent known by you that may have a conflict of interest in the property of the application referenced:

Name: _____ Council, Board, Commission or City Department: _____
Name: _____ Council, Board, Commission or City Department: _____

This is to certify that _____, the stated undersigned, is/are the sole owner(s) of the property described in this application, and that I/we have read and understand the "Disclosure of Interest" form.

_____ Owner signature	_____ Date	_____ Print - Owner
_____ Agent signature	_____ Date	_____ Print Agent

****All signatures on this application shall be original signatures. No copied prints or faxed copies accepted.**

Notary Statement All Signatures Must Be Notarized

Before me, the undersigned authority, on this day personally appeared (**Agent**) _____ known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration expressed and in the capacity therein stated.

Given under my hand and seal of office on this _____ day of _____, 20____

Notary Public in and for the State of Texas



Before me, the undersigned authority, on this day personally appeared (**Owner**) _____ known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration expressed and in the capacity therein stated.

Given under my hand and seal of office on this _____ day of _____, 20____

Notary Public in and for the State of Texas

