



Application for

# Administrative Appeal

# APP

2/09

## City of Rockville

Department of Community Planning and Development Services

111 Maryland Avenue, Rockville, Maryland 20850

Phone: 240-314-8200 • Fax: 240-314-8210 • E-mail: Cpds@rockvillemd.gov • Web site: www.rockvillemd.gov

**Please Print Clearly or Type**

Property Address Information \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot (S) \_\_\_\_\_ Block \_\_\_\_\_

Zoning \_\_\_\_\_ Tax Account (S) \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

### Applicant Information:

*Please supply Name, Address, Phone Number and E-mail Address*

Applicant \_\_\_\_\_

Property Owner \_\_\_\_\_

Architect \_\_\_\_\_

Engineer \_\_\_\_\_

Attorney \_\_\_\_\_

#### STAFF USE ONLY

##### Application Acceptance:

Application # \_\_\_\_\_

Date Accepted \_\_\_\_\_

Staff Contact \_\_\_\_\_

OR

##### Application Intake:

Date Received \_\_\_\_\_

Reviewed by \_\_\_\_\_

Date of Checklist Review \_\_\_\_\_

Deemed Complete: Yes  No

Property Name \_\_\_\_\_

Description of Action being Appealed \_\_\_\_\_

Property Size (in square feet) \_\_\_\_\_

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**Previous Approvals: (if any)**

Application Number

Date

Action Taken

Application Number	Date	Action Taken
_____	_____	_____
_____	_____	_____

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***A letter of authorization from the owner must be submitted if this application is filed by anyone other than the owner.***  
I hereby certify that I have the authority to make this application, that the application is complete and correct and that I have read and understand all procedures for filing this application.

\_\_\_\_\_  
Please sign and date

**Application Checklist:**

***Submitted***

- Complete Application
- Filing Fee (to include Sign Fee)
- A copy of decision or order being appealed
- Applicable Article(s), Section(s) of the Zoning Ordinance appeal is based on
- Statement of the facts and circumstances upon which you base your appeal

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**Comments on Submittal: (For Staff Use Only)**

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