

PROPERTY OWNER CONSENT FORM

Department of Community Planning, Housing and Development – Zoning Division

2100 Clarendon Boulevard, Suite 1000, Arlington, Virginia 22201

Building.arlingtonva.us | Contactzoning@arlingtonva.us

Phone (703) 228-3883



APPLICANT NAME: _____

PROPERTY ADDRESS: _____

RELATION TO OWNER: _____

DESCRIPTION OF REQUEST: _____

I certify that I am the owner of the property identified above and that I have read and/or written the above description of what is being requested. I understand that a copy of this letter will be maintained by the Zoning Division. I certify that, upon reasonable notice, I agree to allow Arlington County staff to inspect my property for compliance with the ACZO with respect to this specific request. Please note this form may be subject to disclosure under the Freedom of Information Act (FOIA).

Property Owner's Name (Print)

Property Owner's Signature

Date

Property Owner's Name (Print)

Property Owner's Signature

Date