



CITY OF FAIRFAX, VIRGINIA

APPLICATION PACKAGE NOTICE OF APPEAL CITY COUNCIL

**APPLICATION PACKAGE
NOTICE OF APPEAL TO CITY COUNCIL
ARCHITECTURAL REVIEW DECISION**



CITY OF FAIRFAX

Department of Community Development and Planning

10455 Armstrong Street, Annex Room 207

Fairfax, VA 22030

TO THE APPLICANT:

To assist you in completing your notice of appeal an application is attached for your use. Please follow the instructions carefully, as no appeal will be processed until all required materials are submitted to the Zoning Office (Room 207A, City Hall). A notice of appeal must be submitted in writing within 30 days of the final architectural review decision (Certificate of Appropriateness) which is the subject of the appeal.

Zoning Ordinance §6.5.3 provides that the Director has authority to approve all minor Certificates of Appropriateness and the Board of Architectural Review has authority to approve all major Certificates of Appropriateness. In conjunction with other actions the City Council may approve major Certificates of Appropriateness. Zoning Ordinance §6.5.13 provides that final decisions on Certificates of Appropriateness may be appealed to the City Council within 30 days of the decision in accordance with §6.22. Where the City Council made the final decision on a major Certificate of Appropriateness a notice of appeal is made to the Circuit Court. The City Council appeal process is not applicable for appealing decisions of the Zoning Administrator or the Board of Zoning Appeals or the City Council in approving a Certificate of Appropriateness.

The written notice of appeal must be submitted in accordance with Zoning Ordinance §6.2.3 and must show that the applicant has an immediate, pecuniary and substantial interest in the litigation, and not a remote or indirect interest. Once a fully completed notice application, fee and all mandatory information as may be required by the Zoning Administrator is received by the City Clerk and deemed complete, the notice of appeal will be distributed to the City Council and the Zoning Administrator. Notice of the public hearing will be given by the City Clerk in accordance with §6.2.5 of the Zoning Ordinance. The written decision will be forwarded to the applicant by first class mail within five (5) days after final decision.

Final decisions of the City Council may be appealed to Circuit Court within 30 days of the decision in accordance with §6.23.

If you have any questions pertaining to this appeal process please contact the Zoning Administrator or City Clerk as follows:

ZONING ADMINISTRATOR... ..Joseph Eisenberg
joseph.eisenberg@fairfaxva.gov
703-385-7820

CITY CLERK... ..Melanie Zipp
melanie.zipp@fairfaxva.gov
703-385-7935



Application #: _____
Receipt #: _____

NOTICE OF APPEAL – CITY COUNCIL

– \$425.00 NON REFUNDABLE FEE –

Architectural Review Appeal §6.5.13

☐ Certificate of Appropriateness (Minor)

☐ Certificate of Appropriateness (Major)

1. ☐ APPLICANT or ☐ AUTHORIZED AGENT INFORMATION (check as appropriate)

Applicant Name _____ (circle one): Corporation / Gen Partnership / Ltd Partnership / Sole Proprietorship / Individual

Applicant Address _____

Phone (o) _____ (c) _____ Email _____

Applicant or Authorized Agent Signature _____

Relationship to project (circle one): Property owner / Contract purchaser / Lessee / Agent

2. PROPERTY INFORMATION

Property Address _____ Tax Map # _____

Project/Development Name _____

Relevant Zoning Approvals _____

3. IN THIS SECTION DESCRIBE THE ARCHITECTURAL REVIEW DECISION BEING APPEALED, GROUNDS FOR THE APPEAL AND INDICATE HERE ☐ IF ANY SITE PLANS, PLATS, MAPS, ELEVATIONS, MANUFACTURER'S SPECIFICATIONS, MATERIAL SAMPLES, PHOTOGRAPHS OR OTHER DOCUMENTS ARE ATTACHED SEPARATELY.

I hereby appeal the architectural review decision by the Director or the Board of Architectural Review under the provisions of City Code Section §110-6.22 and certify that the appellant is the owner of the subject property or is authorized by the owner of the subject property to file this appeal. Date the owner of the subject property took title: _____

Applicant or Authorized Agent Signature (REQUIRED) _____ Date _____

OFFICE USE ONLY

Case Number: _____ Fee Receipt: _____ Intake By: _____