Request for Determination Letter
City of Alexandria
Planning and Zoning
301 King Street, Room 2100
Alexandria, VA 22314
PHONE: 703.746.4333
EMAIL: pczoning@alexandriava.gov

Applicant Information

Name: ____________________________
Title: ____________________________
Mailing Address: ____________________________
City, State: ____________________________
ZIP: ____________________________
Email: ____________________________
Phone: ____________________________

Please check one:  
☐ Property Owner  ☐ Authorized Agent  ☐ Other

Subject Property Information

Address: ____________________________
City/State: ____________________________
Zip Code: ____________________________
Tax Map #: ____________________________
Block #: ____________________________
Lot #: ____________________________

Description of requested determination:

MINIMUM SUBMISSION CHECKLIST

☐ Completed standard application form.
☐ Supporting documents, if any.
☐ If you would like a copy of the determination letter to be mailed to a second party, please provide the name and mailing address of the second party here:

Name: ____________________________
Title: ____________________________
Mailing Address: ____________________________
City, State: ____________________________
ZIP: ____________________________

Applicant Signature: ____________________________ Date: ____________________________