COUNTY OF FAIRFAX, VIRGINIA
APPLICATION FOR DETERMINATION
PURSUANT TO SECTION 6409(a) of the
MIDDLE CLASS TAX RELIEF and JOB CREATION ACT

6409(a) Application Checklist

☐ Four (4) completed copies of this application (including photosims, catalog cuts, tax records, etc.)
☐ One (1) - 24″ x 36″ set of the facility plans to correct scale
☐ Four (4) - 11″ x 17″ sets of the facility plans to correct scale
☐ One (1) - 8 ½″ x 11″ set of the facility plans

1. Ensure 24″ x 36″ and 11″ x 17″ facility plans are to correct scale according to page dimensions.

2. Do not bind, staple or hole-punch the application materials.

3. Incomplete applications will not be processed. The applicant will be notified of any deficiencies. Any revisions to the application that require replacement of pages or plans is the responsibility of the applicant. **It is the applicant's responsibility to replace or revise individual pages or plans or applications.**

Direct your questions to:

Fairfax County Department of Planning and Zoning
Facilities Planning Branch
12055 Government Center Parkway, Suite 730
Fairfax, Virginia 22035-5507

(703) 324-1380
www.fairfaxcounty.gov/dpz/2232

SECTION 6409(a)
FACILITY MODIFICATION REVIEW

County of Fairfax, Virginia
Application for Determination
Pursuant to
Section 6409(a) of the Middle Class Tax Relief and Job Creation Act

**** This area to be completed by staff ****

APPLICATION NUMBER _____

(Please Type or Clearly Print)

New towers and base stations require a 2232 Review application

Staff review of this 6409(a) application may result in a determination that the proposal is not subject to Section 6409(a), and, in that event, a 2232 Review application must be submitted.

PART I: APPLICATION SUMMARY

LOCATION OF PROPOSED USE

Address _____

City/Town_____ Zip Code _____

Place Name (if at County facility)_____

Tax Map I.D. Number(s) _____

Fairfax County Supervisor District _____

Total Area of Subject Parcel(s) _____

Zoning District _____

APPLICANT(S)

Name (Company or Agency) _____

Agent Name _____

Agent's Mailing Address _____

City/Town_____ State_____ Zip Code _____

Telephone Number ( ) _____ Fax ( ) _____

E-mail _____

Secondary Contact (Must Be Provided)_____

Telephone Number ( ) _____ E-mail _____

PROPERTY OWNER(s) OF RECORD

Owner _____

Street Address _____

City/Town_____State_____Zip Code _____

Has property owner been notified about this proposed use? Yes _____ No _____

PROPOSED ACTION

Check the applicable option(s).

- ☐ Replace transmission equipment
- ☐ Remove transmission equipment
- ☐ Co-Locate transmission equipment
- ☐ Increase the height of an existing tower

Provide a brief description of proposed modifications.

RIGHT-OF-WAY

- ☐ This facility is not in a right-of-way.
- ☐ The facility is located within a right-of-way.

Provide a description of the right-of-way.

HARDENING

- ☐ This facility will require structural hardening.
- ☐ The facility will not require structural hardening.

OUT-OF-BOUNDARY ACTIVITIES

- ☐ This modification requires deployment or excavation beyond the established site boundaries.
- ☐ This modification does not require deployment or excavation beyond the established site boundaries.

PRIOR 2232 REVIEW APPROVALS

Provide previous 2232, "Feature Shown" (FS) or 456 approvals.

PRIOR ZONING APPROVALS

Provide previous Zoning Approvals for all uses on site such as proffered conditions, special permits, special exceptions, variances, or development plans.

SIGNATURE

The undersigned acknowledges that additional Fairfax County land use review requirements may be identified during the review of this 6409(a) Review application and the fulfillment of such requirements is the responsibility of the applicant. The undersigned also acknowledges that all Fairfax County Zoning Ordinance requirements pertaining to this project shall be fulfilled.

In the event a new agent is assigned responsibility for this application, the applicant agrees to provide a letter to the Department of Planning and Zoning authorizing the transfer of responsibility for the application and providing all new contact information. In the event the applicant fails to notify County staff of a change in agent, the application may be subject to processing delays.

Signature of Applicant or Agent _____

Date _____

Submit completed application to:

Chris Caperton, Chief, Facilities Planning Branch
Fairfax County Department of Planning and Zoning
12055 Government Center Parkway, Suite 730
Fairfax, Virginia 22035-5507
(703) 324-1380

PART II: MODIFICATION DETAILS

A. EXISTING ANTENNAS TO BE REMOVED AND/OR TO REMAIN Provide a separate page for each provider listed as part of the application

Provider _____

Model # or name	**Type** Panel, Dish, Omni	**QTY**	**Height/ Diameter**	**Width/ Diameter**	**Remove or Remain**	**Location** height on the structure

B. NEW ANTENNA(S) Provide a separate page for each provider listed as part of the application

Model # or name	**Type** Panel, Dish, Omni	**QTY**	**Height**	**Width**	**Diameter**	**Location** height on the structure

Existing structure color:_____Antenna color: _____

Is antenna painted to match existing structure? Yes _____ No _____

If No, please explain: _____

Will the antennas be screened? Yes _____ No _____

If Yes, describe the screening to be provided: _____

Will the antennas be flush-mounted to the structure on which they are located? Yes _____ No _____

If No, please explain: _____

Additional information:

C. EXISTING EQUIPMENT TO BE REMOVED AND/OR TO REMAIN

Model # or name	**Type** Cabinet, shelter, telco or generator	**QTY**	**Height**	**Width**	**Depth**	**Location**	**Remove or Remain**

D. NEW EQUIPMENT

Model # or name	**Type** Cabinet, shelter, telco or generator	**QTY**	**Height**	**Width**	**Depth**	**Location**

Describe how the equipment cabinet or shelter will be screened, including material, color (and, as applicable, fence height).

_____

_____

_____

PART III: SUPPORTING MATERIALS AND INFORMATION

Include the following materials and information as applicable to determine whether your modification meets the requirements of Section 6409(a):

A. PROPERTY IDENTIFICATION MAP & TAX RECORD: At a scale of 1″ = 500′ identify the proposed site for the facility with the subject property centered and highlighted on a Fairfax County Tax Map. Records available online at **http://icare.fairfaxcounty.gov/Main/Home.aspx**

B. PROPOSED FACILITY/SITE PLAN (AT A SCALE OF 1″= NOT MORE THAN 50′):

1. One (1) 24″ x 36″ copy to correct scale
2. Four (4) 11″ x 17″ copies to correct scale
3. One (1) 8½″ x 11″ copy

Note: Additional copies may be requested by County Staff

Include in the facility/site plan the following information as relevant to the proposal:

1. Subject and adjoining property boundaries
2. Public right(s)-of-way and names
3. Scale and north arrow
4. Locations, dimensions, and maximum heights of all existing and proposed structures and equipment
5. Distance of proposed structures and equipment to all lot lines
6. Area of existing facility or use to be enlarged or renovated (acres or square feet) within existing approved site boundary
7. Any features of the proposed use such as fencing, screening and landscaping
8. Antenna and mounting detail with dimensions. Catalog cut sheets are to be provided only for new antennas.
9. Equipment cabinet or shelter detail with dimensions. Equipment cabinets include generators and telco cabinets. Catalog cut sheets are to be provided for equipment cabinets except if placed within a shelter. Generator catalog cuts are to include the overall size schematic in addition to the catalog cut.

C. PHOTOGRAPHS OF SITE: Photographs of the existing structure, building and site as applicable

D. PHOTO SIMULATIONS OF THE PROPOSED INSTALLATION:

1. Include enough photo simulations to accurately depict the proposed facility.
2. Provide photo simulations illustrating the proposed facility, antennas and equipment. Clearly identify the location of existing and new antennas and equipment with arrows on the photo simulation with descriptive caption describing existing and new antennas, existing and new equipment, and the direction from which the photos were taken.

3. Photo simulations must be submitted with the application and must depict the appearance of all proposed structures and equipment as viewed from the subject site and adjoining properties and show the relationship to existing site features such as buildings, trees and other physical features.
4. For rooftop, the photo simulations must clearly depict the appearance of all the antennas and equipment when installed.
5. For Distributed Antenna Systems (DAS), a photosim is required for each proposed node.

E. BUILDING ROOF PLAN AND CALCULATION:

1. When locating antennas on a building facade or rooftop, provide a roof plan at a scale of 1"= not more than 20' showing all existing penthouses, structures and mechanical equipment on the roof and the location of the proposed antenna and related telecommunications equipment.
2. Provide a calculation on the plan with: a) the percentage of the roof covered by all existing structures/equipment, and b) the percentage of the roof that will be covered by all existing structures and the proposed structures/equipment.