



**COUNTY OF FAIRFAX**  
**Department of Planning and Zoning**  
**Zoning Evaluation Division**  
 12055 Government Center Parkway, Suite 801  
 Fairfax, VA 22035 (703) 324-1290, TTY 711  
[www.fairfaxcounty.gov/dpz/zoning/applications](http://www.fairfaxcounty.gov/dpz/zoning/applications)

**APPLICATION No:** \_\_\_\_\_  
 (Assigned by staff)

**APPLICATION FOR A REZONING**  
 (PLEASE TYPE or PRINT IN BLACK INK)

**PETITION**

**TO: THE BOARD OF SUPERVISORS OF FAIRFAX COUNTY, VIRGINIA**

I (We), \_\_\_\_\_, the applicant (s) petition you to adopt an ordinance amending the Zoning Map of Fairfax County, Virginia, by reclassifying from the \_\_\_\_\_ District to the \_\_\_\_\_ District the property described below and outlined in red on the Zoning Section Sheet(s) accompanying and made part of this application.

**LEGAL DESCRIPTION:**

Lot(s)	Block(s)	Subdivision	Deed Book	Page No.

**TAX MAP DESCRIPTION:**

Map No.	Double Circle No.	Single Circle No.	Parcel(s)/Lot(s) No.	Total Acreage

**POSTAL ADDRESS OF PROPERTY:**


**ADVERTISING DISCRIPTION:** (Example - North side of Lee Highway approx. 1000 feet west of its intersection with Newgate Blvd.)

<b>PRESENT USE:</b>	<b>PROPOSED USE:</b>
<b>MAGISTERIAL DISTRICT:</b>	<b>OVERLAY DISTRICT (S):</b>

The name(s) and address(s) of owner(s) of record shall provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representative on official business to enter on the subject property as necessary to process the application.

\_\_\_\_\_  
**Type or Print Name**

\_\_\_\_\_  
**Signature of Applicant or Agent**

\_\_\_\_\_  
**Address**

(Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
**Telephone Number**

Please provide name and telephone number of contact if different from above:

**DO NOT WRITE BELOW THIS SPACE**

Date application accepted: \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_