



**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:** \_\_\_\_\_  
 (Staff will assign)

**APPLICATION FOR A SPECIAL PERMIT / SPECIAL PERMIT AMENDMENT**

(PLEASE TYPE or PRINT IN BLACK INK)

<b>APPLICANT</b>	<b>APPLICANT NAME</b>		
	<b>BUSINESS NAME (if applicable)</b> (e.g., d/b/a; aka; LLC; trading as, etc.)		
	<b>MAILING ADDRESS</b>		
	<b>PHONE HOME</b> ( )	<b>WORK</b> ( )	
	<b>PHONE MOBILE</b> ( )	<b>EMAIL:</b>	
<b>PROPERTY INFORMATION</b>	<b>PROPERTY ADDRESS</b>		
	<b>TAX MAP NO.</b>	<b>SIZE (ACRES/SQ FT)</b>	
	<b>ZONING DISTRICT</b>	<b>MAGISTERIAL DISTRICT</b>	
	<b>PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:</b>		
<b>SPECIAL PERMIT REQUEST INFORMATION</b>	<b>ZONING ORDINANCE SECTION</b>		
	<b>PROPOSED USE</b>		
<b>AGENT/CONTACT INFORMATION</b>	<b>NAME</b>		
	<b>MAILING ADDRESS</b>		
	<b>PHONE NUMBER</b>	<b>HOME</b>	<b>WORK</b>
	<b>PHONE NUMBER</b>	<b>MOBILE</b>	
<b>MAILING</b>	Send all correspondence to (check one): <input type="checkbox"/> Applicant –or– <input type="checkbox"/> Agent/Contact		
<p>The name(s) and addresses of owner(s) of record shall be 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 representatives on official business to enter the subject property as necessary to process the application.</p>			
_____ <b>TYPE/PRINT NAME OF APPLICANT/AGENT</b>		_____ <b>SIGNATURE OF APPLICANT/AGENT</b>	

DO NOT WRITE IN THIS SPACE

Date Application accepted: \_\_\_\_\_ Application Fee Paid: \$ \_\_\_\_\_