



FAIRFAX COUNTY HOME OCCUPATION PERMIT APPLICATION

Applicant Name: _____

Street Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Email: _____

Business Name: _____

Your Title: _____

Type of Proposed Business: _____

In addition to the information requested above, please provide the following:

1. Narrative Statement – Provide a narrative statement describing how the business will operate, the equipment involved, the number of employees and who the customers will be. If you will be making any type of food or beverage, please also describe the product, the process used to make the product and where the product will be sold
2. Application Fee – Provide a check in the amount of \$50 for payment of the application fee. Please make the check payable to Fairfax County
3. Sign and Date – After reading attached the home occupation permit limitations, please sign and date below

I certify that I understand the requirements of the Home Occupation Permit and will to comply with all limitations.

Signature of Applicant

Date

Apply in person or by mail to:

Department of Planning and Zoning
Zoning Administration Division
Zoning Permit Review Branch
12055 Government Center Parkway, Suite 250
Fairfax, Virginia 22035-5505

Phone number: (703) 222-1082

Office hours:

8:00 a.m. to 4:00 p.m., Monday through Thursday
9:15 a.m. to 4:00 p.m., Friday

Approval of your application is contingent upon all required information being provided and the stated use allowed. Permission is not transferable to any other resident, address, or occupation. Violation of any of these limitations may be cause for revocation of this approval.