

**COUNTY OF FAIRFAX, VIRGINIA
DEPARTMENT OF PLANNING AND ZONING
ZONING ADMINISTRATION DIVISION
APPLICATION FOR NON-RESIDENTIAL USE PERMIT
(Please Use Ink)**

FEE: \$70.00

Date: _____

Business Name of Tenant (Name to appear on signs):		
Address of Business:		
Suite Number:	Floor:	Gross Square Footage:
Proposed Use – Describe products/merchandise/service you will provide:		
Building Permit # (if applicable):		
Site Plan # (if applicable):		
Zoning Case # (if applicable):		
Name of Business Owner or Local Representative:		Phone # for Owner/Representative:
Mailing Address for Owner/Representative:		
<p>This application constitutes a written request for a Non-Residential Use Permit. I hereby certify that the above information is complete and correct and the use, if established, will conform to the Zoning Ordinance.</p>		
Signature of Owner/Representative: _____		

For Staff Use Below:	Staff Remarks Below:
Use Group:	
Type of Construction:	
Tax Map #:	
Zoning District:	
Proposed Use (Zoning):	
INSPECTIONS (if required or applicable):	INSPECTION DATES:
Building Inspection (Final)	
Site Inspection	
Health Department Food Service Inspection	
Fire Marshal Pre-Occupancy Inspection	