



**FAIRFAX COUNTY
DEPARTMENT OF PLANNING AND ZONING
APPLICATION FOR GROUP 8 SPECIAL PERMITS FOR
TEMPORARY USES
(As set forth in Paragraph 1 of Sect. 8-801)**

CHECK USE

- Carnival**
- Circus**
- Christmas Tree Stand**
- Fair**
- Festival**
- Fireworks Stand**
- Other** _____

_____ Application Number

Property Address of Event: _____

Tax Map Reference: _____ ((____)) (____) _____

Zoning District: _____ **Magisterial District:** _____

Dates and Times of Event: _____

Name of Sponsoring Organization: _____

Address: _____

Contact Name and Phone Number: _____

Operator Business Name (if not Sponsor): _____

Contact Name and Phone Number: _____

Property Owner Name: _____

Property Owner Phone Number: _____

I certify that the sponsoring organization is a nonprofit organization or recognized chapter thereof whose principal administrative offices are located within Fairfax County. I accept full responsibility for the accuracy of the information provided in this application and will abide by all conditions set forth in the Temporary Special Permit.

Name of Principal Officer or Agent: _____ **Title:** _____

Signature: _____ **Phone Number:** _____

<p>Staff Comments:</p> <p>_____</p> <p>Reviewed by: _____ Date: _____</p>
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