

**Commercial Use of Parkland Permit  
Fairfax County Park Authority**

**For Media**

Park/Facility Requested: \_\_\_\_\_

Exact Location In Park: \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_

Organizaton: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Has a Certificate Of Insurance been provided? \_\_\_\_ Yes \_\_\_\_ No (Attach to application)

**Use:**

Date& Time: \_\_\_\_\_

Number of People Involved: \_\_\_\_\_

Description: \_\_\_\_\_

Purpose: \_\_\_\_\_

Is Advanced Set-Up Necessary? \_\_\_\_ Yes \_\_\_\_ No If yes, provide details.

**Special Requirements (Subject to Availability):**

- Electricity: \_\_\_\_\_
- Water: \_\_\_\_\_
- Signs: \_\_\_\_\_
- Stages or Platforms: \_\_\_\_\_
- Public Address System: \_\_\_\_\_
- Sanitation Needs: \_\_\_\_\_
- Law Enforcement: \_\_\_\_\_
- Parking Attendants: \_\_\_\_\_
- Rescue Squad: \_\_\_\_\_

Equipment to be Used (e.g. Cameras, lights, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Other Special Needs: \_\_\_\_\_

\_\_\_\_\_

Potential Safety Hazards: \_\_\_\_\_

\_\_\_\_\_

Will On-Air Written Credit Be Given To The Park Authority? \_\_\_\_ Yes \_\_\_\_ No

Proposed Wording? \_\_\_\_\_

**Commercial Use of Parkland Permit: FCPA Page 2**

Applicant will be responsible for all appropriate park rental fees.

Individual or Commercial Organization (For profit)	\$500 per day (or any portion) Plus \$35 per hour for each FCPA staff member required to work during the shoot
Non-Profit Commercial Use	\$100 per day
Facility Rentals	Variable

Additional charges may be applicable as determined by FCPA PIO.

**Payment and Reservations:**

This permit is not valid unless signed by the proper Park Authority representatives. All fees must be paid in full. This form, accompanied by appropriate fees and insurance documentation, must be signed by the applicant and approved by the Fairfax County Park Authority before any reservations can be confirmed. Commercial use permit applications should be received two weeks prior to the date of requested use.

I understand that I must have a valid permit and may only use the facilities specified in this application at the specific times indicated. I agree to these conditions concerning use of park facilities and agree to abide by them and terms of this agreement.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Basic Fee: \_\_\_\_\_

Staff Fee: \_\_\_\_\_

Other Fee: \_\_\_\_\_

Total: \_\_\_\_\_

Mail application to: Fairfax County Park Authority; ATTN: PIO  
12055 Government Center Parkway, Suite 927; Fairfax, VA 22035  
Or fax to: 703-324-3974 or send to Parkmail@fairfaxcounty.gov

PIO signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature of Division Director: \_\_\_\_\_ Date: \_\_\_\_\_

*Approved, signed application serves as a Use Permit*