



Landscape Deferral Application Form

Forest Conservation Branch
Fairfax County Land Development Services
12055 Government Center Parkway, Suite 535, Fairfax, VA 22035
Phone: 703-222-0801, TTY 711
www.fairfaxcounty.gov/landdevelopment



Landscape deferral requests can be submitted by the Developer/Owner or his/her Agent (hereafter Applicant) when it is impracticable or infeasible to install the required landscaping (trees and shrubs only) proposed on an approved site-related construction plan prior to issuance of the Residential Use Permit/Non-Residential Use Permit. Requests for landscape deferrals will only be accepted and approved between the months of June 1 - September 30. However, in the event of an abnormally large snowfall or frozen ground, or if planting stock is limited, LDS-Forest Conservation will accept and approve landscape deferrals during winter months.

Approval of any landscape deferral submitted within the aforementioned timeframes is contingent on the Applicant providing a cash escrow equivalent to a calculated percentage of the required landscaping and based on the approved Unit Price Schedule in effect at the time of submission of the application and the sliding scale in Section D below. The landscape deferral escrow will be deposited into the conservation escrow account held for the same project. Additionally, the applicant agrees to install all required landscaping as per the approved plans and any approved revisions thereof by the date specified in Section E below. Plantings shall be of healthy plant materials and shall be planted in accordance with the specifications in the edition of the Fairfax County Public Facilities Manual most current at the time of planting. Disbursement of the landscape deferral escrow will be made only after written approval or acceptance of the required landscaping by the Director, Land Development Services, or his/her agent.

For more information, please contact the Site Application Center at (703) 222-0801.

PART A – APPLICANT INFORMATION

Applicant Name: _____
Title (Owner, Tenant, Contractor, Agent): _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
Email Address: _____

PART B - PROJECT INFORMATION

Plan Name: _____
Plan Number: _____
Magisterial District: _____
Tax Map ID Number: _____
Site Inspector Name: _____
Site Inspector Phone Number: _____

PART C - APPLICANT AFFIRMATION AND SIGNATURE:

I, _____, do hereby request that the Director, Land Development Services, grant a deferral of the requirements of Section 112-18-704, Item 3 of the Zoning Ordinance to defer installation of the required landscaping, screening and barriers. A landscape deferral escrow will be deposited to assure that all required landscaping and screening will be completed no later than the date specified in Section E below.

Applicant Signature: _____

Applicant Name: _____

Date: _____

Notary Block:

STATE OF: _____:

COUNTY OF: _____:

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____

My commission expires: _____

Notary Public Signature: _____

PART D - LANDSCAPE DEFERRAL ESCROW CALCULATION (County Use Only):

Conservation Deposit Amount: _____

Conservation Deposit DE#: _____

Total Calculated Landscape Value: _____

Landscape Deferral Sliding Scale (select applicable range based on Total Calculated Landscape Value):

- \$0-\$5,000 = **100% due**
- \$5,001-\$10,000 = **75% due**
- \$10,001 - \$25,000 = **50% due**
- \$25,001 – \$50,000 = **35% due**
- \$50,001 - \$100,000 = **25% due**
- \$100,001 - \$250,000 = **15% due**
- \$250,001 and up = **10% due**

PART E - FINAL DETERMINATION (County Use Only):

Approved

• **Landscape Installation Due Date:**

November 30, _____(for requests submitted between June 1 – September 30)

May 31, _____(if needed for requests submitted due to snowfall or frozen ground, or if planting stock is limited)

- **Landscape Deferral Escrow Due:** \$ _____
(Total Calculated Landscape Value X Applicable % from Sliding Scale)

Escrow Submitted (Add on to Existing Conservation DE# _____)

Disapproved

CTSC Technician Signature: _____ **Date:** _____

CTSC Technician Name (printed): _____

Email a copy of the completed form to:

- LDSSDIDADMIN@fairfaxcounty.gov
- LDSSAC@fairfaxcounty.gov
- LDSBAC@fairfaxcounty.gov