



## Landscape Deferral Application Form

Land Development Services, Fairfax County  
12055 Government Center Parkway, Suite 230 Fairfax, VA 22035  
Phone: 703-222-0801, TTY 711

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 -August 31, and December 1 - March 15.

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 – August 31)

May 31, \_\_\_\_\_ (for requests submitted between December 1 – March 15)

• **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
- DPWESUFMDAdmin@fairfaxcounty.gov
- LDSSAC@fairfaxcounty.gov
- LDSBAC@fairfaxcounty.gov