Fairfax County Park Authority Supplemental Form for Use of a Natural Area

FCPA/Business Office, Central Services Coordinator 12055 Government Center Parkway, Suite 927, Fairfax, VA 22035 Phone: (703) 324-8516 / Fax: (703) 653-7012 / Website: www.fairfaxcounty.gov/parks/permits

Email: FCPAParkPermits@fairfaxcountv.gov

Email: 1 of Ar and office Grantaxood	, 5	Appl	licant Information:
Name:		Organ	nization/Company Name:
E-Mail Address:			
		Acti	vity/Event Details:
Park:		Speci	fic Area (list coordinates or attach map):
Maximum number of individuals expected to make up a party:			
Type of Activity (Please check all boxes that apply):			
□ Scientific Research			
Scientific MonitoringEducational Programs or Classe	\C		
□ Orienteering			
□ Search and Rescue Training			
□ Off Trail Fitness Training			
 □ Group Use After Dark (i.e. Stargazing or wildlife surveys) □ Beekeeping (include all details requested in Detailed Description of Activity section) 			
 □ Beekeeping (include all details requested in Detailed Description of Activity section) □ Other: 			
Detailed Description of Activity (or attach proposal) that includes: Location and description of all use (include map), de-			
tailed equipment dimensions and relation to existing property (attach photos or sketch), Equipment upkeep and mainte- nance, restricted access or barriers, safety measures to humans and/or wildlife as applicable.			
nance, restricted access of partiers, safety measures to numeris and/or wilding as applicable.			
Describe any collection of animals, plants, fungi, seeds, or natural materials including, but not limited to honey, wood, rocks, soil, water, fossils (if applicable):			
rosite, osii, water, rosoile (ii apprisasio).			
Describe any data to be collected (if applicable):			
Will any marking or labelling take	YES	NO	Are marks temporary or permanent:
place in the park?			If temporary, list date they will be removed:
Will any equipment be deployed	YES	NO	Is equipment temporary or permanent:
in the park (i.e. camera, monitor-			If temporary, list date it will be removed:
ing station)			Describe labeling of equipment (or submit photo):
Do you have all required state	YES	NO	
and Federal permits (if applica-			
ble)			
This form is a supplemental form tha	at must	be sub	mitted with the FCPA Application for Park Use