

SIGN & BUILDING PERMIT APPLICATION

Department of Planning & Development
 Zoning Administration Division
 Zoning Permits Branch, Sign Permits Section
 12055 Government Center Parkway, Suite 829
 Fairfax, Virginia 22035-5504
 Phone: 703-324-4300 Fax: 703-324-1343



County use only

	Fee
Building # _____	\$ _____
Sign # _____	\$ _____
Electrical # _____	\$ _____
Tax Map # _____	
Parent # _____	
Plan # _____	

(Please print with black or blue ink only)**Job Location**

Street Address _____
 Lot Number _____ Building _____ Floor _____ Suite _____
 Tenant's Name _____ Subdivision _____
 Is this property subject to a Comprehensive Sign Plan (CSP), Special Permit (SP), Special Exception (SE), or
 Rezoning (RZ)? Yes, Zoning Case Number _____ No

Owner Information

Name _____ Owner Tenant
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ Email _____

Contractor Information (see back for additional contractors)

Company Name _____ Same as Owner
 Address _____ Contractor ID # _____
 City _____ State _____ ZIP _____
 Phone _____ Email _____
 State Contractor's License # _____ County BPOL # _____

Applicant Information

Name _____ Contact ID # _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ Email _____

BPOL Exemption

I certify that in accordance with Section 4-7.2-3(G) of the Fairfax County Code, a contractor listed on this permit application is exempt from current business license tax based on the prior year gross receipts attributed to their business.

Name _____ Contractor Agent
 Signature _____ Date _____

Description of Work

Estimated Cost \$ _____

Electric for Sign

_____ # Fluorescent Tubes _____ Incandescent _____ Neon Transformers _____ LED

I hereby certify that I have authority to make this application, that the information is complete and correct, and that the construction and/or use will conform to the building code, the zoning ordinance and other applicable laws and regulations which relate to the property.

Signature of Owner, Master or Agent _____ Date _____

Printed Name _____ Title _____

COUNTY USE ONLY

Licensing _____ Date _____ Permit Issued _____ Date _____

****If you have more than two signs, you will need to use this page again for each additional sign. ****

Additional Contractor Information _____

Company Name _____
Address _____ Contractor ID # _____
City _____ State _____ ZIP _____
Phone _____ Email _____
State Contractor's License # _____ County BPOL # _____

Sign Information _____ **Application** _____ of _____

1. Sign Message _____
Provide a translation of the sign message or symbol if a language other the English is used
(Sign Message required for administrative purposes only.)
2. Type of Sign: Building Mounted Freestanding New Sign Reface Relocate/Alter
Illuminated? Yes No Proposed background color of sign (if illuminated) _____
Electrical/Manual Changeable Message? Yes No
3. If the sign is being altered, refaced or relocated, provide the previously issued sign permit # _____
4. Sign Area Requested _____ sq. ft. (Select and complete #9 or #10 below to determine sign area)
5. Proposed sign dimensions _____ ft. (length) x _____ ft. (width)
6. Sign area calculated by using the "Eight Line Method" _____ sq. ft. (Show math on illustration)
7. NON-RUP # _____ New Tenant Layout # _____

BUILDING-MOUNTED SIGN

8. Building (store, unit) frontage _____ linear feet
9. Façade where the sign is to be installed on: _____ FRONT _____ REAR _____ LEFT SIDE _____ RIGHT SIDE
10. Number of existing building-mounted signs at this sign location _____
11. Total square footage of all other existing building-mounted signs at this sign location _____ sq. ft.
12. Number of existing building-mounted signs to be removed _____ Sign area to be removed _____ sq. ft.

FREESTANDING SIGN

13. Height above grade _____ feet
14. Depth of Sign _____ feet/inches
15. Degree of separation between the faces of a 'V' shaped sign _____ degree
16. Distance separating the leading edge of the sign from the nearest property line _____ feet

Sign Information _____ **Application** _____ of _____

1. Sign Message _____
Provide a translation of the sign message or symbol if a language other the English is used.
(Sign Message required for administrative purposes only.)
2. Type of Sign: Building Mounted Freestanding New Sign Reface Relocate/Alter
Illuminated? Yes No Proposed background color of sign (if illuminated) _____
Electrical/Manual Changeable Message? Yes No
3. If the sign is being altered, refaced or relocated, provide the previously issued sign permit # _____
4. Sign Area Requested _____ sq. ft. (Select and complete #9 or #10 below to determine sign area)
5. Proposed sign dimensions _____ ft. (length) x _____ ft. (width)
6. Sign area calculated by using the "Eight Line Method" _____ sq. ft. (Show math on illustration)
7. NON-RUP # _____ New Tenant Layout # _____

BUILDING-MOUNTED SIGN

8. Building (store, unit) frontage _____ linear feet
9. Façade where the sign is to be installed on: _____ FRONT _____ REAR _____ LEFT SIDE _____ RIGHT SIDE
10. Number of existing building-mounted signs at this sign location _____
11. Total square footage of all other existing building-mounted signs at this sign location _____ sq. ft.
12. Number of existing building-mounted signs to be removed _____ Sign area to be removed _____ sq. ft.

FREESTANDING SIGN

13. Height above grade _____ feet
14. Depth of Sign _____ feet/inches
15. Degree of separation between the faces of a 'V' shaped sign _____ degree
16. Distance separating the leading edge of the sign from the nearest property line _____ feet