



(Staff will assign)

Print

ZONING APPLICATION

APPLICATION TYPE(S): RZ PCA FDP CDPA FDPA DPA CP
 CPA PRC PRCA CSP CSPA AA AF AR

TO: THE BOARD OF SUPERVISORS OF FAIRFAX COUNTY, VIRGINIA

I (We), _____ the applicant(s) petition you to adopt an ordinance amending the Zoning Map of Fairfax County, Virginia, by reclassifying the below noted property from the _____ District to the _____ District.

(PCA) This application proposes to amend the proffers approved pursuant to _____ (case) in order to permit _____

Is this a partial PCA? _____ (Y/N) If Yes, please identify affected acreage: _____

TAX MAP PARCEL(S):

TOTAL ACREAGE: _____ **CURRENT ZONING DISTRICT:** _____

LEGAL DESCRIPTION: Deed Book: _____ Page No.: _____

POSTAL ADDRESS OF PROPERTY (INCLUDING ZIP CODE):

ADVERTISING DESCRIPTION: (Ex.:North side of Lee Highway approx. 1000 feet west of its intersection with Newgate Blvd.)

EXISTING USE:	_____	PROPOSED USE:	_____
MAGISTERIAL DISTRICT:	_____	OVERLAY DISTRICT(S):	_____

Waiver/Modification of Submission Requirements Requested:

The name(s) and address(es) of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representative on official business to enter on the subject property as necessary to process the application.

Applicant Contact Name:			Agent Name:		
_____			_____		
Address:			Address:		
Street:			Street:		
City:	State:	Zip:	City:	State:	Zip:
_____	_____	_____	_____	_____	_____
Phone Number:			Phone Number:		
(W):	(C):	_____	(W):	(C):	_____
_____	_____	_____	_____	_____	_____
E-mail:			E-mail:		
_____			_____		

Signature: _____ **Date:** _____

DO NOT WRITE IN THIS SPACE

Date Application Accepted: _____

Application Fee Paid: \$ _____