COUNTY OF FAIRFAX
Department of Planning and Development
Zoning Evaluation Division
12055 Government Center Parkway, Suite 801
Fairfax, VA 22035 (703) 324-1290
TTY 711 (VA Relay)

APPLICATION No: _____
(Staff will assign)

APPLICATION FOR A VARIANCE

(PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME
	BUSINESS NAME (e.g., d/b/a; aka; LLC; trading as, etc.)
	PHONE HOME ( ) WORK ( )
PROPERTY INFORMATION	PROPERTY ADDRESS
	TAX MAP NO. SIZE (ACRES/SQ FT)
	ZONING DISTRICT MAGISTERIAL DISTRICT
VARIANCE REQUEST INFORMATION	ZONING ORDINANCE SECTION (staff will fill this out)
	NATURE OF REQUEST [circle the item(s) and fill in as appropriate]
	A. To permit construction of [circle the appropriate item(s)]: _____ story dwelling, addition, deck, roofed deck, accessory storage structure, accessory structure, _____ feet from the: front, side, rear lot line _____ _____
	B. To permit the construction of a fence greater than _____ ft. in height in the [circle the appropriate item(s)]: front yard, side yard or rear yard _____
	C. Other _____
AGENT/CONTACT INFORMATION	NAME
	MAILING ADDRESS
	PHONE HOME ( ) WORK ( )
MAILING	Send all correspondence to (check one): ☐ Applicant -- or -- ☐ Agent/Contact

The name(s) and addresses 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 representatives on official business to enter onto the subject property as necessary to process the application.

_____ _____
TYPE/PRINT NAME OF APPLICANT/AGENT SIGNATURE OF APPLICANT/AGENT

DO NOT WRITE IN THIS SPACE

Date application received: _____ Date application accepted: _____

Application Fee Paid: $_____