



COUNTY OF FAIRFAX
Department of Planning and Zoning
Zoning Evaluation Division
 12055 Government Center Parkway, Suite 801
 Fairfax, VA 22035 703-324-1290, TTY 711
<https://www.fairfaxcounty.gov/planning-zoning/zoning/application-packages>

APPLICATION No: _____
 (Staff will assign)

APPLICATION FOR A SPECIAL PERMIT / SPECIAL PERMIT AMENDMENT

(PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	APPLICANT NAME		
	BUSINESS NAME (if applicable) (e.g., d/b/a; aka; LLC; trading as, etc.)		
	MAILING ADDRESS		
	PHONE HOME ()	WORK ()	
	PHONE MOBILE ()	EMAIL:	
PROPERTY INFORMATION	PROPERTY ADDRESS		
	TAX MAP NO.	SIZE (ACRES/SQ FT)	
	ZONING DISTRICT	MAGISTERIAL DISTRICT	
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:		
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION		
	PROPOSED USE		
AGENT/CONTACT INFORMATION	NAME		
	MAILING ADDRESS		
	PHONE NUMBER	HOME	WORK
	PHONE NUMBER	MOBILE	
MAILING	Send all correspondence to (check one): <input type="checkbox"/> Applicant –or– <input type="checkbox"/> Agent/Contact		
<p>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 the subject property as necessary to process the application.</p>			
_____ TYPE/PRINT NAME OF APPLICANT/AGENT		_____ SIGNATURE OF APPLICANT/AGENT	

DO NOT WRITE IN THIS SPACE

Date Application accepted: _____ Application Fee Paid: \$ _____