



**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 #:** \_\_\_\_\_

(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.)

\_\_\_\_\_

<b>EXISTING USE:</b>	_____	<b>PROPOSED USE:</b>	_____
<b>MAGISTERIAL DISTRICT:</b>	_____	<b>OVERLAY DISTRICT(S):</b>	_____

**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.

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**

Date Application Accepted: \_\_\_\_\_

Application Fee Paid: \$ \_\_\_\_\_