



**CITY OF FAIRFAX**  
 Department of Community Development and Planning  
 Zoning Division  
 10455 Armstrong Street, Room 207A  
 Fairfax, VA 22030  
 Phone: 703-385-7820 / Fax: 703-385-7824

**PERMANENT SIGN PERMIT APPLICATION**

**BAR REQUIRED (Check one - refer to attached MAP) YES \_\_\_\_\_ NO \_\_\_\_\_**

**CITY CODE REQUIREMENT**

110-184(a) **Permit required:** Except as otherwise provided in this division, no sign shall be erected, altered, or replaced until a permit for such action has been issued by the zoning administrator; provided, however, that no permit is required for the repair or regular maintenance of an approved or nonconforming sign to its originally approved state.

110-180b(4) **Old Town Fairfax Historic Overlay District:** The design and display of signs in the Old Town Fairfax Historic Overlay District are subject to the provisions of article XVIII (historic overlay district).

110-1043 **Old Town Transition District:** No structure or improvement in the Old Town Fairfax Transition Overlay District, including signs...shall be erected, reconstructed, substantially altered or restored until the sign(s) have been approved by the Board of Architectural Review.

110-015(3) **The Board of Architectural Review shall have the power** to review and decide any application for approval or request for permits for signs to be erected, altered, reconstructed or restored in an Historic District, the Old Town Fairfax Transition Overlay District, and as provided elsewhere in the architectural control district.

**APPLICATION FEES**

The sign permit fee is based on square footage :

**If the TOTAL Square Footage is less than or equal to 50 sq. ft. the fee = \$2.90 per sq. ft.**

**If the TOTAL Square Footage is 51sq. ft. to 100 sq. ft. the fee = \$4.35 per sq. ft.**

**If the TOTAL Square Footage is over 101 sq. ft. the fee = \$7.25 per sq. ft.**

**ADDRESS INFORMATION**

Name of Business Where Sign Will Be Located: \_\_\_\_\_

Street Address Where Sign Will Be Installed: \_\_\_\_\_

**MESSAGE ON SIGN**

Write the message that will appear on the sign here (also attach drawings/specifications) :

**SIGN CATEGORY (CHECK ALL THAT APPLY)**

- 1) Building Mounted \_\_\_\_\_ Ground Mounted \_\_\_\_\_ Window \_\_\_\_\_
- 2) Changeable Copy (Size is determined by allowable building-mounted signage) \_\_\_\_\_
- 3) Projecting from Wall \_\_\_\_\_ Flat against wall or window \_\_\_\_\_
- 4) Freestanding \_\_\_\_\_ Hanging in Window \_\_\_\_\_
- 5) Painted on Wall or Window \_\_\_\_\_
- 6) A-Frame (**Portable - Only allowed in Historic District with Board of Architectural Review approval**)

**TYPE OF LETTERING (CHECK ONE)**

Individual Letters \_\_\_\_\_ Box \_\_\_\_\_ Board \_\_\_\_\_

**SIGN LIGHTING (CHECK ONE)**

Backlit \_\_\_\_\_ Externally Illuminated \_\_\_\_\_ Not Illuminated \_\_\_\_\_

**LOT AND BUILDING FRONTAGE (DETERMINED BY WHERE THE PUBLIC ENTRANCE IS LOCATED)**

Lot Frontage \_\_\_\_\_ linear feet Building frontage: \_\_\_\_\_ linear feet

**SIGN DIMENSIONS**

The following sign dimensions are required. The sign **FACE** is:

HOW MANY FEET LONG \_\_\_\_\_ HOW MANY FEET HIGH \_\_\_\_\_ TOTAL (LENGTH X HEIGHT) \_\_\_\_\_ SQ. FEET

**ADDITIONAL INFORMATION FOR ALL GROUND MOUNTED SIGNAGE**

**What is the total height of the sign from grade to top of sign (includes the top of any structure the sign is mounted on): \_\_\_\_\_ FEET**

**ATTACH ALL DRAWINGS FOR YOUR SIGN TO THIS APPLICATION**

**TURN FORM OVER**

**ADDITIONAL INFORMATION IS REQUIRED. PLEASE SEE REVERSE SIDE OF THIS FORM.**

**APPLICANT INFORMATION**

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THE INSTALLATION WILL CONFORM TO APPLICABLE ORDINANCES. I FURTHER AGREE TO INDEMNIFY AND SAVE HARMLESS THE CITY OF FAIRFAX FROM ANY LIABILITY, DAMAGES OR LOSSES RESULTING DIRECTLY OR INDIRECTLY FROM THE ERECTION, USE, MAINTENANCE OR ALTERATION OF THE SIGN DESCRIBED HEREIN.

Applicant (Representative) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant (Representative) Signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

The property owner or their agent must sign this application attesting to the following:

I hereby authorize the permanent sign as presented by the applicant to be located (CIRCLE ONE): building-mounted / ground-mounted on my property.

Property Owner's/Agent Name: Mr./Ms. \_\_\_\_\_  
PRINT NAME

Property Owner's/Agent Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Property Owner/Agent Signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

DISTRICT: HISTORIC \_\_\_\_\_ TRANSITION \_\_\_\_\_ / Master Sign Plan? YES \_\_\_\_\_ NO \_\_\_\_\_

BAR APPROVAL DATE IF REQUIRED: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Receipt No: \_\_\_\_\_ Date \_\_\_\_\_

Sign Permit Number: \_\_\_\_\_

This Application is Approved By \_\_\_\_\_ Date \_\_\_\_\_  
Zoning Official

**TURN FORM OVER**  
ADDITIONAL INFORMATION IS REQUIRED. PLEASE SEE REVERSE SIDE OF THIS FORM.