

COUNTY OF FAIRFAX, VIRGINIA
DEPARTMENT OF PLANNING AND ZONING
ZONING ADMINISTRATION DIVISION, ZONING INSPECTIONS BRANCH
12055 Government Center Parkway, Suite 829
Fairfax, Virginia 22035
(703) 324-4300

APPLICATION FOR A PERMIT TO ERECT, ALTER, REFACE OR RELOCATE A SIGN

NO Sign Permit will be issued until a COMPLETE application has been submitted, reviewed and approved. Please print or type. Submission Standards and Instructions are on the back of this form.

1. Sign Owner/Occupant _____ Address _____
 City _____ State _____ Zip Code _____
2. Sign Location (Address) _____ Application no. _____ of _____
3. Type of Use (Office, Church, Retail Sales, etc.) _____
4. SIGN COPY _____
5. TYPE OF SIGN New Sign _____ Reface _____ Relocate/Alter _____
 Building-Mounted _____ Freestanding _____
6. If sign is being refaced or relocated, previously issued sign permit number _____
7. Proposed sign dimensions _____ Sign area requested _____

BUILDING-MOUNTED SIGN

8. Building (store, unit) frontage _____ linear feet
9. Number of existing building-mounted signs at this address _____
10. Total square footage of all other existing building-mounted signs _____ square feet
11. Number of existing signs to be removed _____ Sign area to be removed _____ square feet
12. Location of building-mounted sign: FRONT _____ REAR _____ LEFT SIDE _____ RIGHT SIDE _____

FREESTANDING SIGN

13. Height _____ feet
14. Setback _____ feet (distance separating the leading edge of the sign from the nearest curb line)

I hereby certify that I have the authority to make the foregoing application, that the information is correct and that the construction and/or erection of this Sign will conform to all Fairfax County, Virginia regulations.

15. _____ / / _____
 Applicant's Signature Date Applicant's Name (Print/Type)
16. Sign Contractor _____ Phone () - _____
17. Address _____
 Street City State Zip

FOR OFFICIAL USE ONLY

- Date Submitted _____ Zoning Dist.(s) _____ Receipt # _____
- Use is subject to the following: Magisterial District _____
- | | |
|--------------------------------------------------------------------------|--------------------------------------------|
| (A) Non-Residential Use Permit (Non-RUP) or Tenant Layout Permit # _____ | (F) Special Permit # _____ |
| (B) Comprehensive Sign Plan # _____ | (G) Rezoning # _____ |
| (C) Admin. Comprehensive Sign Plan # _____ | (H) Historic Overlay District Y or N _____ |
| (D) Special Exception # _____ | (I) ARB Approval Date _____ |
| (E) Sign Control Overlay District _____ Y or N | |

STATUS: Approval Date _____ Denied Date _____ Hold Date: _____

Authorizing Provision(s): Par. _____ Sect. 12- _____

Zoning Administrator _____ Inspector: _____

COMMENTS:

SIGN PERMIT NUMBER _____ - _____ - _____