



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.