

**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** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_