



CITY OF FAIRFAX, VIRGINIA

APPLICATION PACKAGE
ZONING MAP AMENDMENTS
(REZONING), PROFFER AMENDMENTS
OR MASTER DEVELOPMENT PLAN
AMENDMENTS

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PHONE NUMBERS

Planning Director	703-385-7930
Public Works Director	703-385-7810
Zoning Administrator	703-385-7820
Fire Marshal	703-385-7830
Architectural Review	703-385-7930
Commissioner of Revenue	703-385-7884
Treasurer	703-385-7900

CITY OF FAIRFAX
ZONING MAP AMENDMENT, PROFFER AMENDMENT,
MASTER DEVELOPMENT PLAN AMENDMENT CHECKLIST

A pre-application meeting with the Director of Community Development and Planning or an approved representative is required for all Zoning Map Amendment, Proffer Amendment and Master Development Plan Applications. All legal documents must be complete and filed in duplicate. All applications for rezoning are required to submit the following information. If the application and forms are not complete at the time of filing, the application will not be considered filed and therefore will not be processed further.

Please submit two (2) copies of all material except as follows:

Master Development Plans (30x42; 24x36)	20 copies
Master Development Plans (11x17)	1 copy
Certified Plat	3 copies
Traffic Impact Study	3 copies

In addition, please submit digital copies (PDF format) of all material

- ☐ Complete original application with original signatures by all necessary parties. The applicant and owner's signatures on the application must be witnessed by a notary.
- ☐ **Required filing fees: \$14,000, plus \$700 per acre (Zoning Map Amendments); \$7,000 (Proffer Amendments, Master Development Plan Amendments)**
- ☐ Certified plat of the property bearing certification date within six months of the filing date of the application.
- ☐ Metes and bounds description certified by a certified land surveyor prepared within six months of the filing date of the application.
- ☐ Master Development Plan developed in accordance with Section 6.2.3.C. of the Zoning Ordinance (full size and 11x17).
- ☐ Existing Conditions Plan, including a Tree Survey indicating the location and species of each tree five inches or greater in caliper, measured 6" above the ground.
- ☐ Statement of Support, including the following:
 - Proposal narrative with development tabulations.
 - Indication of compliance with each of the approval considerations listed in Section 6.4.9 of the Zoning Ordinance.

- ❑ List of additional land use requests, waivers and modifications.
- ❑ Traffic Impact Study: Contact the City Traffic Engineer at 703-385-6261 for information on requirements for traffic studies or to set up a scoping meeting.
- ❑ Legal and equitable ownership disclosure statement.
- ❑ List of proffers, if proposed with the rezoning. Proffers must be signed by all property owners and the applicant.

Application No. _____

CITY OF FAIRFAX
ZONING MAP AMENDMENT, PROFFER AMENDMENT,
OR MASTER DEVELOPMENT PLAN AMENDMENT APPLICATION

I/We _____ by _____

(Name of applicant)

(Authorized agent's name and relationship to applicant)

a corporation / general partnership / limited partnership / sole proprietorship/individual (circle one) which is the

property owner / contract purchaser / lessee (circle one)

of Lots _____, Block _____, Section _____ of the

_____ Subdivision containing _____ (Sq. Ft.) on the premises known as

_____ requests that the property currently zoned _____ be

rezoned to _____. This property is recorded in the land records of Fairfax County in the name of

_____ in Deed Book _____, Page _____.

(Name and address of subject property)

I certify that I have read and understand my application to comply with Zoning Ordinance Section 6.2.3.C Application Requirements, which states:

1. An application shall be sufficient for processing when it contains all of the information necessary to decide whether or not the development as proposed will comply with the applicable requirements of this chapter.
2. The burden of demonstrating that an application complies with applicable review and approval criteria is on the applicant. The burden is not on the city or other parties to show that the standards or criteria have not been met.
3. Each application is unique and, therefore, more or less information may be required according to the needs of the particular case. Information needs tend to vary substantially from application to application and to change over time as result of code amendments and review procedure changes. Staff has the flexibility to specify submission requirements for each application and to waive requirements that are irrelevant to specific situations. The applicant shall rely on the review official as to whether more or less information should be submitted."

(Signature of applicant or authorized agent)

(Title or relationship)

Address _____ Phone _____

Email _____

STATE OF VIRGINIA to-wit:

I, the undersigned, a Notary Public in and for the State aforesaid, whose commission as such will expire on the _____ day of _____, 2_____, do hereby certify that this day personally appeared before me in the State aforesaid _____

(Name)

(Title)

whose name(s) is (are) signed to the foregoing and hereunto annexed agreement bearing date of the _____ day of _____, 2_____, and acknowledged the same before me.

GIVEN under my hand and seal this _____ day of _____, 2_____.

Notary Public

Registration #

THE FOLLOWING MUST BE COMPLETED BY THE PROPERTY OWNER

I/We _____ by _____ hereby certify that the applicant named above has the authority vested by me to make this application.

(Signature of owner or authorized agent) (Title or relationship)
Address _____ Phone: _____

STATE OF VIRGINIA to-wit:

I, the undersigned, a Notary Public in and for the State aforesaid, whose commission as such will expire on the _____ day of _____, 2_____, do hereby certify that this day personally appeared before me in the State aforesaid _____
(Name) (Title)
whose name(s) is (are) signed to the foregoing and hereunto annexed agreement bearing date of the _____ day of _____, 2_____, and acknowledged the same before me.

GIVEN under my hand and seal this _____ day of _____, 2_____.

Notary Public / Registration #

FOR OFFICE USE ONLY

Proposal filed: _____ Received by: _____
Fee Paid: _____ Receipt No. _____
Previous Cases: _____
Current status of business license and fees: _____
Treasurer: _____
Commissioner of Revenue: _____

**AFFIDAVIT
CITY OF FAIRFAX**

I, _____, by _____ do hereby make oath or affirmation that
(Name of applicant or agent)

I am an applicant in Application Number _____ and that to the best of my knowledge and belief, the following information is true:

1. (a) That the following is a list of names and addresses of all applicants, title owners, contract purchasers, and lessees of the property described in the application, and if any of the foregoing is a trustee, each beneficiary having an interest in such land, and all attorneys, real estate brokers, architects, engineers, planners, surveyors, and all other agents who have acted on behalf of any of the foregoing with respect to the application (attach additional pages if necessary):

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) That the following is a list of the stockholders of all corporations of the foregoing who own ten (10) percent or more of any class of stock issued by said corporation, and where such corporation has ten (10) or less stockholders, a listing of all the stockholders (attach additional pages if necessary):

Corporation Name: _____

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

(c) That the following is a list of all partners, both general and limited, in any partnership of the foregoing (attach additional pages if necessary):

Partnership Name: _____

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. That neither the Mayor nor any member of the City Council, Planning Commission, BZA, or BAR has any interest in the outcome of the decision. EXCEPT AS FOLLOWS: (If none, so state).

3. That within five (5) years prior to the filing of this application, neither the Mayor nor any member of the City Council, Mayor, Planning Commission, BZA, or BAR or any member of his or her immediate household and family, either directly or by way of a corporation or a partnership in which anyone of them is an officer, director, employee, agent, attorney, or investor has received any gift or political contribution in excess of \$100 from any person or entity listed in paragraph one. EXCEPT AS FOLLOWS: (If none, so state).

WITNESS the following signature: _____
Applicant or Agent

ALL APPLICANTS MUST SIGN AND HAVE THEIR SIGNATURES NOTARIZED.

The above affidavit was subscribed and confirmed by oath or affirmation before me on this _____
_____ day of _____, 20_____, in the State of _____

My commission expires:

_____/_____
Notary Public Registration #

EQUITABLE OWNERSHIP DISCLOSURE STATEMENT

I. GENERAL DISCLOSURE REQUIREMENTS

In accordance with § 6.2.3.B of the Zoning Ordinance, any application for a change in zoning shall include as part of the application a statement on a form provided by the zoning administrator providing complete disclosure of the legal and equitable ownership in any real estate to be affected by the requested change in zoning.

In the case of corporate ownership of real estate, the disclosure shall include the names of stockholders, officers and directors and in any case the names and addresses of all the real parties in interest; provided, however, that the requirement of listing the names of stockholders, officers and directors shall not apply to a corporation whose stock is traded on a national or local stock exchange and having more than 500 shareholders. Such disclosure shall be sworn to under oath before a notary public or other official before whom oaths may be taken.

II. IDENTIFICATION OF REAL PROPERTY AFFECTED

<u>Map Number</u>	<u>Parcel Number</u>	<u>Street Address</u>	<u>Current Owner of Record</u>

III. DESCRIPTION OF CHANGE IN ZONING REQUESTED

Completely describe the action being requested, attach narrative if desired.

IV. SPECIFIC EQUITABLE OWNERSHIP DISCLOSURE

The following individuals have legal and equitable ownership in the real estate to be affected by the requested change in zoning. (Include name, address and telephone number)

THE DISCLOSURE MADE ON THIS FORM IS IN ACCORDANCE WITH § 110-5 (D) OF THE CODE OF THE CITY OF FAIRFAX MUST BE SWORN UNDER OATH BEFORE A NOTARY PUBLIC OR OTHER OFFICER BEFORE WHOM OATHS MAY BE TAKEN. ALL APPLICANTS MUST SIGN AND HAVE THEIR SIGNATURE NOTARIZED. ATTACH A SEPARATE SHEET IF NECESSARY.

I hereby swear to the best of my knowledge that the information provided in this statement is true and complete.

Signature

Subscribed and sworn before me this _____ day of _____, 20 ____.

My commission expires: _____

Notary Public

/ _____
Registration #