Violation # _____

CITY OF FAIRFAX
DEPARTMENT OF COMMUNITY DEVELOPMENT & PLANNING
Zoning Enforcement Division
10455 Armstrong Street
Fairfax, Virginia 22030
703 385-7820

NOTICE OF VIOLATION AND PENALTY
YOU ARE CHARGED WITH VIOLATING THE CITY OF FAIRFAX, VIRGINIA CITY CODE

Date of Violation Day of Week Time AM/PM

Location of Violation: _____

Ordinance Section: _____

Description of Violation: _____

Penalty: $ _____

Section Completed by Zoning Inspector

X Notice of Violation

☐ 1st Penalty ☐ 2nd Penalty

☐ 3rd/More Penalty ☐ _____

IF THE VIOLATION IS NOT CORRECTED BY _____ AN ADDITIONAL MONETARY PENALTY WILL BE ASSESSED.

Section Completed by Zoning Inspector

NOTICE SERVED ON: _____ (DATE)

Name: Last First Middle

I hereby acknowledge receipt of this Notice of Violation.

Signature is not an admission of guilt.

Signature Date

Copies: Violator's -White City Attorney -Yellow

INDIVIDUAL/BUSINESS RESPONSIBLE FOR VIOLATION:

☐ Property/Business Owner

☐ Property Occupant

Section Completed by Zoning Inspector

NAME

ADDRESS

CITY/TOWN STATE ZIP

CERTIFICATION OF ISSUING AGENT

The undersigned states that he/she is an employee of the City of Fairfax Department of Community Development and Planning, that he/she personally observed or investigated the commission of the violation noted above and/or the violation was based upon a signed affidavit or other reliable evidence, and that on the date of notice, a copy of this notice was:

☐ Hand delivered to: _____

☐ Mailed/posted a true copy of this notice to the last known home or business address of the respondent or the respondent's agent.

Section Completed by Zoning Inspector

Name of Person or Business Served

Address of Service

City/State/Zip

☐ Posted true copy of this notice at the site of the infraction.

Inspector's signature Date

Print Name: _____

Phone Number:

Community Development & Planning-Blue Treasurer's -Pink

WARNING
YOU ARE REQUIRED TO RESPOND TO THIS NOTICE WITHIN 15 DAYS IN ONE OF THE FOLLOWING WAYS. HOWEVER, ADDITIONAL NOTICES OF VIOLATION MAY BE ISSUED WITHIN THAT TIME PERIOD IF WARRANTED. FAILURE TO RESPOND TO THIS NOTICE WILL RESULT IN THE FILING OF A CIVIL LAWSUIT TO ENFORCE THE PENALTY IMPOSED HEREIN.

1. TO PAY PENALTY & WAIVE YOUR RIGHT TO HEARING

- Check the "Admit Violation" or "No Contest" box below;
- Make personal check, cashier's check, certified check or money order payable to City of Fairfax. Do not send cash through the mail,; print violation notice number on the check or money order;
- Payment may be made by mail, or in person, at the Treasurer's Office, City Hall, 10455 Armstrong St., Room 234, Fairfax, VA 22030 between the hours of 8:30 a.m.—5:00 p.m., Monday—Friday, phone (703 385-7902): —OR—

2. TO REQUEST A COURT HEARING

- Check the "Contest in Court" box below and;

(a) Mail this completed notice to the Department of Community Development & Planning, 10455 Armstrong Street, Fairfax, VA 22030; —OR—

(a) Appear in person or by authorized representative at the above address between the hours of 8:30 a.m—5:00 p.m., Monday — Friday phone (703) 385-7820.

- If you wish to contest this violation, a date will be set for trial in General District Court of Fairfax, Virginia. Failure to appear in court on the date set for trial, unless prior approval has been granted by a judge of that court, will result in the entry of default judgment against you, —OR—

3. TO CONTEST THE INTERPRETATION OF ORDINANCE

You have the right to appeal the interpretation of the zoning ordinance upon which this violation is based to the Board of Zoning Appeals within 30 days in accordance with 15.2-2311 of the Code of Virginia. To file such an appeal, you must complete the appropriate written request and pay the appropriate fee for such appeal with the Department of Community Development & Planning. The interpretation shall be final if not appealed within 30 days.

YOU MUST COMPLETE & SIGN THIS CERTIFICATION

Choose One: ☐ Admit Violation ☐ No contest

☐ Contest in Court ☐ Appeal to BZA

Name (print) _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____

I hereby certify under penalty of law that I have answered as indicated above, and corrected or made substantial effort to correct the violation that I have admitted or for which I have pleaded no contest.

Signature Date

Complete This Section Prior to Returning