THE CITY OF FAIRFAX – COMMUNITY DEVELOPMENT AND PLANNING
10455 ARMSTRONG STREET #207A FAIRFAX, VA 22030
PHONE: 703-385-7820

The City of Fairfax is committed to the letter and spirit of the Americans with Disabilities Act. To request a reasonable accommodation for any type of disability, please call 703-385-7930, (TTY 711)

TREES REMOVAL PERMIT APPLICATION

-☐ Individual Single Family Dwelling Lot: $ 20.00 / ☐ Other: $ 75.00
- NON REFUNDABLE FEE –

Please submit the following:
• A completed Tree Removal Permit application
• Non-Refundable fee
• An aerial or location map showing the location of the tree(s) to be removed
• Home Owners Association acknowledgement (if applicable)

1. JOB LOCATION INFORMATION:

Job Location Address: ___________________________________________________________

2. APPLICANT INFORMATION:

Name:__________________________________________________________
Address:_________________________________________________________
Phone: ___________________________ Email: __________________________

I hereby certify that I have authority of the owner to make this application, that the information is complete, and that if a permit is issued, the construction and/or use will conform to the zoning ordinance, the building code, applicable laws and regulations including private building restrictions, if any, which relate to the property. I further certify that if I am acting as an agent for the owner of the property, I have his/her authority to apply for this application.

Applicant Signature: (REQUIRED) ____________________________ Date: __________

3. PROPERTY OWNER INFORMATION: (Same as Applicant ☐)

Name:__________________________________________________________
Address:_________________________________________________________
Phone: ___________________________ Email: __________________________

4. TREE REMOVAL INFORMATION:

Person or Firm Removing Tree: ____________________________________________
Number of Trees to be removed: ___________________________
Reason for Removal: ____________________________________________________
Plan # (if applicable): __________________________________________________

Application #:__________________
Receipt # __________  □ $20.00 □ $75.00

FP □ YES □ NO   RPA □ YES □ NO   Tax Map # ______________________________

Zone (Check One): □ RL □ RM □ RH □ RT-6 □ RT □ RMF □ CL □ CO □ CR □ CU □ CG
                      □ IL □ IH □ PDM □ PD-R □ PD-M □ PD-C □ PD-I

HOA Approval: □ YES □ NO

Special Approval: (CIRCLE ONE)   BAR Review

Case # ___________________________ Date of approval __________________ Reviewed by _________________ Date __________

***ZONING OFFICE APPROVAL SIGNATURE***

This Application is Approved By __________________________ Date __________________

Zoning Official

Conditions/Remarks: