






## City of Fairfax, Virginia

Community Development & Planning

10455 Armstrong Street • Room 207A • Fairfax, VA 22030-3630

P 703.385.7820 • [www.fairfaxva.gov](http://www.fairfaxva.gov)

### How to submit applications to the Department of Community Development & Planning

|   |                                 |  |
|---|---------------------------------|--|
|    | Online via Email                | Download an <a href="#">application</a> , fill it out completely, and send it along with any other attachments to: <a href="mailto:zoning@fairfaxva.gov">zoning@fairfaxva.gov</a> . You will receive an invoice via email to use when paying the application fee online.   |
|  | By Mail                         | Download an <a href="#">application</a> , fill it out completely, and mail it along with a check (for the application fee noted on the top of the application) along with any other attachments to: City of Fairfax, 10455 Armstrong Street, Suite 207A, Fairfax VA 22030.<br><br>The check should be made payable to “City of Fairfax”. |
|  | In Person – By Appointment Only | In-person appointments may be requested for special circumstances when filing an application.<br><br>Appointments must be made at least one working day in advance. To schedule an appointment, please call 703-385-7820 or send a message to <a href="mailto:zoning@fairfaxva.gov">zoning@fairfaxva.gov</a> .                           |

Visit our website: [www.fairfaxva.gov/zoning](http://www.fairfaxva.gov/zoning) for helpful information.

You may contact zoning staff at [zoning@fairfaxva.gov](mailto:zoning@fairfaxva.gov).



Application #: \_\_\_\_\_

## **TREE 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): \_\_\_\_\_

\*\*\*OFFICE USE ONLY\*\*\*

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: