

# Zoning Appropriateness Permit

**Instructions:** Complete this form and submit to [community.development@herndon-va.gov](mailto:community.development@herndon-va.gov) or in person at 777 Lynn Street, 2<sup>nd</sup> Floor, Herndon, VA 20170. Typed signatures will be accepted. Consult the Zoning Appropriateness Permit Process Guide for more info on the review process.

**Business Information**

Name of Business:

Name of Business Owner:

Business Street Address:

Suite Number:

Business Phone Number:

Business Email:

Business Website:

Total floor area used by this business:

**SF**

**Proposed Principal Use:**

<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Day Care Center	<input type="checkbox"/> Vehicle Related Use	<input type="checkbox"/> Schools, technical, trade, business
<input type="checkbox"/> Medical Care Facility	<input type="checkbox"/> Office, general	<input type="checkbox"/> Office, medical	<input type="checkbox"/> Research and Development
<input type="checkbox"/> Financial Institution*	<input type="checkbox"/> Retail, general	<input type="checkbox"/> Tobacco & Smoke Shop	<input type="checkbox"/> Restaurant/Food Service
<input type="checkbox"/> Massage**	<input type="checkbox"/> Barber/Salon	<input type="checkbox"/> Manufacturing, general	<input type="checkbox"/> Wholesale/Fulfillment Center
<input type="checkbox"/> Beauty/Esthetics	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Other:	

\* Financial institution supplemental form required; \*\*Proof of Health Department licensure required

**Business Description**

**Describe:** The type of products, merchandise, or services the business will provide.

**Attach:** Pictures or catalog representations of the product or merchandise for sale.

Are client visits scheduled by appointment?  No  Yes

Do you have any company vehicles?  No  Yes\*

\*If yes, quantity and type:

Will you receive deliveries after normal business hours?  No  Yes\*

\*Restrictions occur between 10PM--7AM

\*If yes, please explain:

**Please see reverse side for Applicants Signature and Property Owner's Consent Certifications**

**Applicant Signature**

I hereby certify that I have authority of the owner or agent 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 I have received and read the prohibited sign regulations.

**Applicant Signature (REQUIRED)** \_\_\_\_\_

\*A Typed Signature is acceptable

**Applicant Name (PRINTED)** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Property Owner or Owner Agent Signature**

I hereby authorize the commercial use and occupancy activity as presented by the applicant to be conducted in conformance to the Zoning Ordinance, the Building Code, applicable laws and regulations, which relate to the property.

**In lieu of having property owner sign, I as the applicant, have provided the front page and signature page of a legally executed lease**

**Applicant Signature (REQUIRED)** \_\_\_\_\_

\*A Typed Signature is acceptable

**Applicant Name (PRINTED)** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Note:**

- Tenant change of use for multi-tenant buildings may require you to provide a parking tabulation to verify the code required parking available.
- Any exterior changes to the property visible from the street including painting, outdoor furniture and landscaping require architectural approval through a separate application process.

Please contact the office for details at 703-787-7380

***For TOH-CD Office Use Only***

Tax Map \_\_\_\_\_ Change of Use?  Yes  No Historic District?  Yes  No

Zoning Ordinance Use: \_\_\_\_\_ Town Ordinance Citation \_\_\_\_\_

Architectural Review Board (ARB) / Re-zoning with Proffers / Special Exception / Variance

Date of Approval \_\_\_\_\_ Proffers Reviewed by \_\_\_\_\_

\*Attach a copy of any conditions or proffers approved or imposed by Town Council, Architectural Review Board or the Board of Zoning Appeals

***Zoning Official Approval Signature***

This Application is Approved By \_\_\_\_\_ Date \_\_\_\_\_  
Zoning Official

Zoning Official Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_