MODIFIED PROCESSING APPLICATION FORM

Request for Application of Modified Processing Procedures
for a Proposed Major Commercial or Industrial Facility

Submit to:
Land Development Services
Environmental and Site Review Division
12055 Government Center Parkway
Suite 535
Fairfax, Virginia 22035-5503

Modified Processing # _____________________
IQ Tracking # _____________________
Date Received: _____________________

Please include with your application, four (4) copies of the site layout plan (11 × 14 sheets) showing the building footprint, location and vicinity map.

PRINCIPAL/PARENT/OWNER/ORGANIZATION INFORMATION

List of the principal(s) that will be involved in this proposed major commercial or industrial development:

Principal Name: __________________________________________  Principal Phone: ______________________
Principal Address: ____________________________________________________________________________

Principal Name: __________________________________________  Principal Phone: ______________________
Principal Address: ____________________________________________________________________________

Principal Name: __________________________________________  Principal Phone: ______________________
Principal Address: ____________________________________________________________________________

Parent Firm (if applicable):
Parent Firm Name: __________________________________________  Parent Firm Phone: ______________________
Parent Firm Address: __________________________________________________________________________

Who is the present owner of this site (if the above principal or parent firm is not the current owner, please attach a copy of documents which indicate that a long-term lease or a contract for the purchase of the site has been executed):

Owner’s Name: __________________________________________
Proposed name of organization: __________________________________________

PROPERTY INFORMATION

Tax Map: ____________________________________________________________________________
Site Street Address: ______________________________________________________________________
Existing zoning of the site: ______________________________________________________________
Rezoning/SE/SP case number: ____________________________________________________________
Size of site in acres: ____________________________________________________________________

Are the modified processing procedures being requested for:
□ Construction of a new facility □ Expansion of an existing facility
□ Relocation of an existing facility, which is presently located at _________________________________

Appropriate amount of initial capital investment that has been planned:
Land: __________________________________________  Construction: _____________________________

Has the project been approved by the Board of Directors? □ Yes □ No

How will the proposed project be financed?
□ Personal/Corporation Funds □ Commercial Loan
□ Approved by the Board of Directors □ Not yet Approved by the Board of Directors

If you propose to obtain a commercial loan:
Have you applied for a loan? □ Yes □ No
Have you received approval for financing? □ Yes □ No

What is the nature of the proposed development?
□ Transportation □ Utilities
□ Research and Development □ Office
□ Industrial □ Retail Trade
□ Service □ Communication
□ Hotel, motel, or other lodging (# of units ______) □ Other (specify): ___________________________
Please provide a brief description:

_________________________________________________________________________________
_________________________________________________________________________________

Please provide the following information pertaining to the dimensions of the proposed facility and the type of construction:
Dimension of Building ___________________ Number of Stories of Building _________________
Total Gross Floor Area of Building ___________ Type of Construction _______________________
Type of Exterior Surfaces__________________ Type of Interior Surfaces____________________

What is the proposed development schedule?
Start of Construction ___________________ Completion of Facility _________________________

What is the number of people that will be employed at this facility within one year following completion of the facility?
____________________________________________________________

PROFESSIONAL SERVICES
If you have engaged professional services, please provide their information below:
Architects Name:_________________________ Architects Phone:_________________________
Architects Address:________________________________________________________________
Engineers Name:__________________________ Engineers Phone:_________________________
Engineers Address:_________________________________________________________________
Builders Name:___________________________ Builders Phone:_________________________
Builders Address:___________________________________________________________________

ADDITIONAL COMMENTS

CERTIFICATION
WE HEREBY AUTHORIZE Fairfax County to obtain from any available source, all data needed to support this application. WE HEREBY CERTIFY that the foregoing statements are to the best of our knowledge true and correct and we agree that any misstatement or omission as to material fact will constitute grounds for disqualification of our application.

(Principal Printed Name) (Signature) (Date)
(Principal Printed Name) (Signature) (Date)
(Principal Printed Name) (Signature) (Date)

DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY FAIRFAX COUNTY
This project has been approved for modified processing in accordance with the policy adopted by the Board of Supervisors in September 1977 to encourage the development of major commercial and industrial firms in Fairfax County.

Director, Land Development Services (Date)