

PART 1

Submittal with **original signature(s) is required. Please print or type (unless otherwise indicated).**

Business Name:

New Business Address (include suite #):

Description of the proposed use:

Is the proposed use different from the previous use at this address? Yes No

- _____ # square feet floor area for business use
- _____ # of employees
- _____ # of seats (restaurant only)
- _____ # of loading spaces
- _____ # of auto parking spaces
- _____ # of bike parking spaces

Are any alterations to the site, building exterior, or interior planned, underway, or completed in connection with this use? Yes No

Please describe: _____

Business owner or applicant (name & title):

Mailing address:

Telephone: _____

Email: _____

Property owner or agent (name & title):

Mailing address:

Telephone: _____

Email: _____

The undersigned hereby applies for (check one):

- a **Zoning Appropriateness Permit** under the provisions of [§78-202.10](#) and [§78-201.3](#), Herndon Town Code.
- a **Zoning Inspection Permit** under the provisions of [§78-202.9](#) and [§78-402.7\(k\)](#), Herndon Town Code.

I hereby affirm and certify that:

- The information provided on this form is true and correct to the best of my knowledge.
- The requirements associated with this application have been read and are understood.
- The use and occupancy of buildings and/or the use of land noted above is in conformance with all provisions of the Town of Herndon, Virginia Zoning Ordinance regulations to the best of my knowledge.

Applicant Signature/Date: _____

Zoning Administrator

Signature/Date: _____

Comments: _____

Final inspection date, Zoning Inspection Permit: _____

Zoning Inspector

Signature/Date: _____

Zoning Appropriateness Permit expiration: _____
(If business is not open or license not approved after six months.)

SITE INSPECTIONS MAY BE REQUIRED

ZONING APPROPRIATENESS PERMIT— OCCUPANCY APPROVAL IS SUBJECT TO FINAL INSPECTION BY THE FAIRFAX COUNTY FIRE MARSHAL. FOR INSPECTION CALL 703-246-4849. SOME USES WILL REQUIRE A ZONING INSPECTION PERMIT.

HOME-BASED BUSINESS — IN CERTAIN CASES A SPECIAL EXCEPTION MAY BE REQUIRED FOR HOME-BASED BUSINESSES. SEE ZONING ORDINANCE [§78-402.7\(K\)](#).

FOR OFFICE USE ONLY:		(revised: July 2017)
Application received by:	Date:	
Tax map reference:		
Ordinance/Plan Reference:		
Zoning District:	Determined Use:	
Status of taxes: <input type="checkbox"/> Paid <input type="checkbox"/> Delinquent		
<input type="checkbox"/> New business <input type="checkbox"/> Renamed business <input type="checkbox"/> Relocation <input type="checkbox"/> Existing		
Distribution after approval: <input type="checkbox"/> Applicant <input type="checkbox"/> Finance		
<input type="checkbox"/> Community Development <input type="checkbox"/> Fire Department <input type="checkbox"/> C&ED		

PART 2—Information about the business & its operation.

Is the person conducting the business a resident at the property? Yes No

Hours of Operation: _____ **# of on-site employees:** _____

For Home Day care, provide the number of children being cared for per day: _____

Names & addresses of on-site employees (if other than applicant):

Times of day each employee will be present at the site: _____

Times of day customers or clients may be expected to visit the site: _____

Square footage of all buildings on the premises: _____

Square footage of the proposed business (including storage): _____

Is the business located in the basement, main floor, second floor or other location?

Will an accessory structure (garage or shed) be used for the business? Yes No

If yes, square footage of the accessory structure: _____

Square footage of the space to be used by the business in the accessory structure: _____

Does the proposal meet the standards set forth for home-based businesses in Zoning Ordinance [§78-402.7\(k\)](#)? Yes No **If no, is a Special Exception requested?** Yes No

_____ **A statement provided from the landowner(s) authorizing an agent to act on their behalf, if applicable, (Zoning Ordinance [§78-201.3](#))**

Additional requirements for home day care:

_____ **Approval, in writing, by your apartment or homeowners association, if applicable.**

_____ **Home Child Care Permit from Fairfax County – Valid for one year and requires home health, safety and fire inspections. For more information call Fairfax County’s Office for Children at 703-324-8100. A copy of this permit should be included with this application.**

_____ **Optional – Virginia State Family Day Home License – For more information call the State Department of Social Services, Division of Licensing at 703-934-1505. If applicable, a copy of this license should be included with this application.**

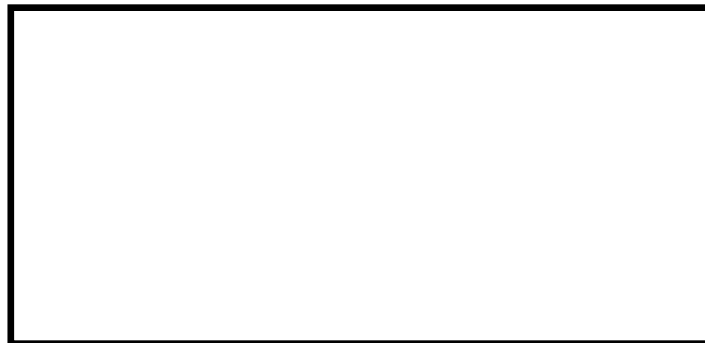
PART 3—Please complete this schematic drawing showing the location of the business in the dwelling and the floor plan of the affected area.



second floor of dwelling



main floor of dwelling



basement of dwelling



garage
(if proposed to be used for the business)



shed or other accessory structure
(if proposed to be used for the business)