



Community Planning & Economic Development Services

Zoning and Building Safety Divisions
 300 Park Avenue, Suite 103E, Falls Church, VA 22046
 Phone: 703-248-5080 (TTY 711) Fax: 703-248-5214
 permits@fallschurchva.gov www.fallschurchva.gov

SIGN PERMIT APPLICATION

PERMIT NO. _____

ADDRESS OF BUILDING

Street Address _____ Unit # _____ Falls Church, VA _____ Zip Code _____

COMPANY TO INSTALL THE SIGN

BUILDING OWNER

Name		Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C		Name		Phone <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> C	
Address				Address			
City		State	Zip Code	City		State	Zip Code
VA State Contractor's License Number		Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		Expiration Date		TENANT/BUSINESS NAME ON SIGN	
Falls Church Customer Number (if known): _____				Name			
Total Job Cost				Cost for Building Only (exclude trades)		Address	
City		State	Zip Code	City		State	Zip Code

REQUIREMENTS

This form serves as both an application for a Zoning sign permit and, if one is needed, a Building Permit. The Zoning Sign Permit may require approval by the Architectural Advisory Board at its next monthly meeting. Speak with the Zoning Office staff for details. *Sign schematics, attachment details, renderings and supporting materials drawn to scale must accompany this application.* All applications must be accompanied by a letter from the building owner approving the proposed sign. See City of Falls Church Code Chapter 48, Article VI for applicable code requirements.

DESCRIPTION OF WORK

BUSINESS OCCUPANCY TYPE

Sole Building Occupant. Building Lot Frontage: _____ feet **Choose One** Single Unit Occupant Unit Frontage on Street: _____ feet Total Area of Glass: _____ s.f.

SIGN INFORMATION

Temporary Banner Size: _____ s.f. Display Dates: _____ (60 days max, one per year)

Sandwich/A-Frame Sign Size: _____ s.f. Display/Business Hours: _____ Location: _____

Window Sign, Permanent On-glass lettering Plug-in Lighted Other: _____

Building-Mounted Sign Awning Sign Box Sign Channel Letters Is the sign lit? Yes No

Free-Standing Sign Monument/Ground Pole-Mounted Other: _____

Please provide the square footage* and a description of the proposed sign(s):

Area (s.f.)	Description	Area (s.f.)	Description
Sign 1:	_____	Sign 3:	_____
Sign 2:	_____	Sign 4:	_____

* **Sign Area** means the entire area within a continuous perimeter formed by straight lines joined at right angles, which encloses the extreme limits of writing, background, representation and other sign information. Such perimeter shall not include any structural elements, other than the background, which are not an integral part of the display. For computing the allowable sign area of a double-faced sign, only one face shall be considered.

SIGNATURE

Check Policy - The City of Falls Church accepts checks as a form of payment. However, should your check be returned to us for any reason, it is our policy to electronically debit your account for the amount of the check plus a processing fee of \$50.00.



I hereby certify the proposed work is authorized by the property owner and I have been authorized by all involved parties to make this application. We agree to conform to all applicable laws, codes, and ordinances of the City of Falls Church.

<hr/> Signature of Applicant	<hr/> Date	<hr/> Address
<hr/> Print Name	<hr/> Phone Number	<hr/> City State Zip Code
<hr/> E-Mail Address		

Submission: E-mail this application, any other required documents, and plans to permits@fallschurchva.gov. Please make all submissions in PDF format. Do not submit photos either in the e-mail or as attachments.

The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703 248-5080 (TTY 711).

OFFICIAL USE ONLY

<input type="checkbox"/> Zoning Permits Only <i>(in-window, sandwich, refacing, temporary)</i> Plans Received Office/Builder Plan Sets <input type="checkbox"/> Supplements Property-owner permission letter <input type="checkbox"/> <i>(letter required for ALL signs, construction or not)</i>	<input type="checkbox"/> Zoning & Building Permits <i>(mounted on building, freestanding)</i> Plans Required Received Office/Builder <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DPW/Arb/Eng <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Supplements Property-owner permission letter <input type="checkbox"/> Land Dist Form <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Munis Project Type: CSGN	Contractor License Special Handling <input type="checkbox"/> Valid in Munis <input type="checkbox"/> Property in RPA <input type="checkbox"/> Verified at DPOR, <input type="checkbox"/> Property in Floodplain Munis updated <input type="checkbox"/> HARB Project <input type="checkbox"/> Need paper copy <input type="checkbox"/> Other: <input type="checkbox"/> Owner, Cert. Attached <input type="checkbox"/> Owner, need Cert. <input type="checkbox"/> TBD	
Outside Work: <input type="checkbox"/> None <input type="checkbox"/> Minimal (e.g., wall sign) <input type="checkbox"/> Addendum Attached <input type="checkbox"/> Under a Site Plan	Initial Routing <input type="checkbox"/> Office/Builder to Zoning <input type="checkbox"/> DPW/Arb/Eng to DPW	Commissioner Check-in <input type="checkbox"/> Contractor based in City or annualized <input type="checkbox"/> Check-in verified by waiver <input type="checkbox"/> Check-in verified by bus. license <input type="checkbox"/> Job value under check-in threshold	Munis Project Number Intake by: <i>(Initial)</i>

APPROVALS

Zoning <input type="checkbox"/> Approved <input type="checkbox"/> Rejected _____ <i>John C. Boyle, Zoning Administrator</i> <i>Date</i>	AAB Required: <input type="checkbox"/> Yes <input type="checkbox"/> No AAB #: _____ Meeting Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Consent Item Only	Building Official <input type="checkbox"/> Approved per VUSBC only <input type="checkbox"/> Rejected _____ <i>John Russell, Building Official</i> <i>Date</i>
Comments _____ _____		

FEES

Zoning Fees (from Reviewer) <input type="checkbox"/> Temporary Sign (\$165) (only one allowed; 60 days/year max.) <input type="checkbox"/> Permanent Sign(s), Qty: _____ (\$145 for the first, \$25 each additional) Base Zoning Fee \$ _____ Tech Fee (10%) \$ _____ Admin Fee (10%) \$ _____ Total Zoning Fee \$ _____	Building Permit Fees (from Reviewer) <input type="checkbox"/> Charge as "Other" (\$50 ea), # of: _____ <input type="checkbox"/> Charge as Sq. Ft. (\$0.65 ea), S.F.: _____ <input type="checkbox"/> Charge Plan Review Fee <input type="checkbox"/> No Plan Review Fee <div style="text-align: right;"> </div> <div style="text-align: left;"> </div>	Base Building Permit Fee \$ _____ Building Plan Review Fee \$ _____ Building Subtotal \$ Tech Fee (10% of Building Fee) \$ _____ Admin Fee (10% of Building Fee) \$ _____ State Levy (2% of Building Fee) \$ _____ Zoning Subtotal (from left) \$ _____ Total Fee \$ _____ (with 2.95% credit card fee) \$ _____
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