

# Eligibility Application of Partial Tax Exemption for Economic Development (Effective September 15, 2020)

Fairfax County, Virginia  
 Dept. of Planning and Development  
 Community Revitalization Section  
 12055 Government Center Parkway  
 Suite 1048  
 Fairfax, Virginia 22035



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 FAX: 703-653-1799

Visit our Web Site: [www.fcrevite.org](http://www.fcrevite.org)

Prior to filing this application, contact the Community Revitalization Section (CRS) of the Department of Planning and Development (DPD) staff to review the ordinance eligibility requirements to determine if the proposed development may qualify. Improvements made prior to the Department of Tax Administration's (DTA) base value appraisal inspection are not eligible for the partial tax abatement. Refer to the application procedures for additional information. Only properties located within an Economic Incentive Program (EIP) area are eligible. Refer to the ordinance at [www.fcrevite.org/economic-incentive-program](http://www.fcrevite.org/economic-incentive-program) or contact CRS for assistance in verifying whether the project property is located in a designated EIP area. This application must be complete and include a paper or electronic copy of the plan for development as well as any additional schedules, plans, specifications that support the request, and an estimated fair market value of the proposed development once completed.

## Property Information

Tax Map Reference #(s):	Lot Size:	Current Zoning:	Proposed Zoning:	Estimated Project Future Fair Market Value

**Note:** For additional Tax Map Numbers attach a separate sheet. Include all T parcels.

## Owner Information

Tax Map Reference: _____
Owners' Name: _____
Contact Person/Title: _____
Property Address: _____
Mailing Address: _____
Work Phone Number: _____
E-mail: _____

Tax Map Reference: _____
Owners' Name: _____
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Property Address: _____
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Work Phone Number: _____
E-mail: _____

Note: See page 5 for extra forms to attach, if necessary, for additional properties or owners.  
 Note: Contact Person needs to be the person that DTA can call to arrange on-site inspections.

**Proposed Project:**

- 1. What type of zoning application would this project require? Check all that apply.  
 Rezoning/Proffered Condition Amendment:  
 Special Exception:  
 Special Permit:  
 Site Plan:

2. List the application number of any approved rezoning, special exception, special permit or site plans that currently governs development of each property. Separately, list the application number of any pending or concurrent zoning or site plan application.

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3. Describe the proposed property consolidation and how it meets the minimum two parcels, two owners, and two-acre requirements of the program?

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4. Describe the proposed project. Please include details related to proposed uses, density/intensity, existing buildings to be retained, demolished and /or repurposed, and new buildings proposed. Please include additional sheets as necessary to fully describe the application. Please attach or send electronically one (1) copy of the proposed development plan (either the rezoning application or site plan). If the project will be built in phases, provide a phasing plan including estimated time frames for the completion of each phase. Electronic copies can be sent to Revitalization@fairfaxcounty.gov.

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5. A single parcel may contain multiple structures, but all structures must be fully contained within its parcel lot lines before the final inspection and valuation may be performed by the DTA. Based on the proposed concept plan, will parcels need to be created to meet this requirement?      Yes      No  
Please Explain:

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6. Please provide any other information that you feel is pertinent to the review of this proposal below.

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7. Would you have completed this development/repurposing without the partial tax exemption?  
Yes      No      Please explain briefly how this incentive made the project possible:

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*We hereby request partial tax exemption from real estate taxes for qualifying property to be developed, redeveloped or repurposed as provided by Article 29 Chapter 4 of the Fairfax County Code. We certify that the statements and attachments contained in this application are true and correct to the best of our knowledge. We certify that we are the owners or have the authority of the owners to submit this application.*

**SIGNATURES:**

*Date of Application:* \_\_\_\_\_

*Owner's or Agent's Signature:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_

*Date of Application:* \_\_\_\_\_

*Owner's or Agent's Signature:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_

*Date of Application:* \_\_\_\_\_

*Owner's or Agent's Signature:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_

*Date of Application:* \_\_\_\_\_

*Owner's or Agent's Signature:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_

**NOTE:** *Failure to obtain signatures of all parties owning an interest in this real estate constitutes a material misstatement of fact.*

**OFFICE USE ONLY**

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

Date Application Submitted: \_\_\_\_\_

Economic Incentive Area: \_\_\_\_\_

DPD Approval Date: \_\_\_\_\_

Rezoning Case #: \_\_\_\_\_

Rezoning Approval Date: \_\_\_\_\_

Site Plan Case #: \_\_\_\_\_

Site Plan Approval Date: \_\_\_\_\_

Site Plan Fee Reduction: Yes or No

Amount of Reduction: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Application/Attachments to DTA: Yes or No

BOS Approval Date: \_\_\_\_\_

Tax Map Reference: \_\_\_\_\_  
Owners' Name: \_\_\_\_\_  
Contact Person/Title: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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