



Town of Vienna
Commercial Certificate of Occupancy
Application

Permit Number: _____

(Office Use Only)

Business Name: _____

Street Address: _____ Suite: _____ Floor: _____

Proposed Use: _____ Last Use: _____

Detailed Description of Proposed Use (include proposed hours of business and number of employees):

Name of Business Owner(s): _____

Address: _____ Phone: _____

Name of Owner of Building/Condo Unit: _____

Address: _____ Phone: _____

E-mail Address for Contact Person : _____

It is understood that this Certificate of Occupancy does not take place of any other license that may be required by law nor does it confer the right to erect signs.

Signature: _____ Date: _____

Print Name: _____

Home Address: _____

I, the owner/property manager of the building/condo unit, give permission to the business owner to use the tenant space for the proposed use detailed on this form.

Signature: _____ Date: _____

Print Name: _____

Home Address: _____

Office Use Only

Use Limitations:

Legal Description: _____ Zoning: _____

Approved by:

Director of Planning and Zoning: _____ Date: _____

Director of Public Works: _____ Date: _____

Fairfax County Inspections	Name	Date
Building Inspection		
Mechanical Inspection		
Plumbing Inspection		
Electrical Inspection		
Gas Inspection		
Health Inspection		
Fire Marshal Inspection		

Planning and Zoning	Name	Date
Wall Check Survey		
As-built Survey		

Town of Vienna Department of Public Works

Wastewater Discharge Questionnaire

Part A – General Information

For Town Use Only
Date Received: _____
Map Location: _____
Sewer Shed: _____

Return Completed Questionnaire by: _____
Date Discharge to Commence: _____

- A1. Discharger's Business Name: _____
Nature of Business: _____
Address of Premises Discharging Wastewater:
Street: _____
City, State and Zip: _____
Phone: _____ E-mail Address: _____
- A2. Standard industrial classification (sic) code(s) or expected classification (if known):

- A3. Wastewater flow in gallons per quarter (may use water consumption):

- A4. Type and concentrations (or mass) of pollutants contained in discharge (see back of form):

- A5. Major products manufactured or services supplied if pollutant constitutes in discharge are not known: _____
- A6. Description of existing on-site pretreatment facilities and practices:

I certify that the information contained in this questionnaire is true, correct, and accurate to the best of my knowledge. I am aware that there are substantial penalties for reporting false information.

Signature of Authorization Representative: _____ Date: _____
Print Name: _____ Date: _____