



Department of Planning and Zoning

Town of Vienna, Virginia

127 Center Street S

Vienna, Virginia 22180

Phone: 703-255-6341 | Email: DPZ@viennava.gov

Hours: Monday – Friday, 8:00 am - 4:30 pm

APPLICANT AUTHORIZATION FORM

I hereby certify that I am the property owner or that I have the authority of the property owner to submit this application. I further certify that the information provided is complete and accurate to the best of my knowledge. I acknowledge that if a permit or certificate is issued, the construction and/or use must conform to the Town Code and all other applicable laws and regulations, including any applicable private building restrictions related to the property.

I understand that the permits or certificates obtained pursuant to this permit authorization form will be in my name. I accept full responsibility for the work performed.

Description of permits or certificates being applied for:

at the following address: _____

If the applicant is not the property owner, both the applicant and the property owner (or authorized agent) must sign this form.

APPLICANT INFORMATION

Applicant Name (if owner is not applicant): _____

Signature of Applicant: _____ Date: _____

Phone Number: _____ Email Address: _____

PROPERTY OWNER INFORMATION

If the property owner is an LLC, corporation, trust, or other legal entity, documentation demonstrating the signer's authority to bind the entity must be provided (e.g., operating agreement, corporate resolution, or similar authorization). The signer must be authorized to act on behalf of the entity listed as the property owner.

Property Owner Printed Name: _____

(must match owner listed in Fairfax County land records)

Printed Name and Title of Person Signing: _____

(if signing on behalf of an entity such as an LLC, corporation, or trust)

Signature of Property Owner: _____ Date: _____

Phone Number: _____ Email Address: _____