

EXEMPT



COUNTY OF FAIRFAX
Department of Planning and Zoning
Zoning Evaluation Division
12055 Government Center Parkway, Suite 801
Fairfax, VA 22035 (703) 324-1290 TTY 711
www.fairfaxcounty.gov/dpz/zoning/application

APPLICATION #: PCA 88-D-005-09
(Staff will assign)
Concurrent w/ RZ 2017-PR-015

ZONING APPLICATION

RECEIVED
Department of Planning & Zoning

MAY 19 2017

Zoning Evaluation Division

APPLICATION TYPE(S):
RZ [] PCA [x] FDP [] CDPA [] FDPA [] DPA [] CP []
CPA [] PRC [] PRCA [] CSP [] CSPA [] AA [] AF [] AR []

TO: THE BOARD OF SUPERVISORS OF FAIRFAX COUNTY, VIRGINIA

[x] I (We), PS Business Parks, L.P. the applicant(s) petition you to adopt an ordinance amending the Zoning Map of Fairfax County, Virginia, by reclassifying the below noted property from the n/a District to the n/a District.

[x] (PCA) This application proposes to amend the proffers approved pursuant to PCA 88-D-005-7 (case) in order to permit delete land area

Is this a partial PCA? Y (Y/N) If Yes, please identify affected acreage: 38.83 acres

TAX MAP PARCEL(S):

29-4 ((7)) C1, C2, 1A2, 7A1, 8, 11A and 29-4 ((7)) (1) 7C pt.

TOTAL ACREAGE: 38.83 acres CURRENT ZONING DISTRICT: C-3

LEGAL DESCRIPTION: Deed Book: See Attached Page No.:

POSTAL ADDRESS OF PROPERTY (INCLUDING ZIP CODE):

See attached.

ADVERTISING DESCRIPTION: (Ex.:North side of Lee Highway approx. 1000 feet west of its intersection with Newgate Blvd.)

NW & NE quadrants of Westpark Dr. (Rte 5061) & Westbranch Drive (Rt 5457)

Table with 4 columns: EXISTING USE, Office; PROPOSED USE, n/a (delete land area); MAGISTERIAL DISTRICT, Providence; OVERLAY DISTRICT(S), None

Waiver/Modification of Submission Requirements Requested: []

The name(s) and address(es) of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representative on official business to enter on the subject property as necessary to process the application.

Table with 2 columns: Applicant Contact Name, Agent Name; Address, Address; Phone Number, Phone Number; E-mail, E-mail

Signature: MD Walsh

Date: 5/18/17

DO NOT WRITE IN THIS SPACE

Date Application Accepted: 5/24/2017

Application Fee Paid: \$ 13640.00