

BUILDING ADDRESS _____

BUILDING NAME _____ BUILDING VACANCY (%) _____

NUMBER OF OFFICE SUITES AVAILABLE _____

SUITE # _____ SF _____ Rent _____ | SUITE # _____ SF _____ Rent _____

SUITE # _____ SF _____ Rent _____ | SUITE # _____ SF _____ Rent _____

SUITE # _____ SF _____ Rent _____ | SUITE # _____ SF _____ Rent _____

SUITE # _____ SF _____ Rent _____ | SUITE # _____ SF _____ Rent _____

(Add additional vacancies in "Other Information" section of this form)

BUILDING OWNER _____

BUILDING OWNER ADDRESS _____

BUILDING OWNER WEBSITE _____

BUILDING LLC NAME (IF APPLICABLE) _____

CITY OF FAIRFAX COMMERCIAL USE & OCCUPANCY PERMIT # _____

AGENTS NAME (IF DIFFERENT FROM OWNER) _____

EXPIRATION DATE OF AGENTS AGREEMENT WITH OWNER (IF APPLICABLE) _____

Number of Employees _____ Number of City of Fairfax Employees _____

OTHER INFORMATION TO BE CONSIDERED

The above information provided on this form is correct and additional documentation to verify information will be provided if requested. Permission is also given to confirm and/or obtain additional information concerning the application. It is understood that inaccurate information provided herein may be grounds for rejecting application or canceling a pre-approval or grant.

OWNER SIGNATURE

DATE

AGENT SIGNATURE

DATE

