



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 I have authority of the property owner to make this application, that the information is complete, and that if a permit or certificate is issued, the construction and/or use will conform to the zoning ordinance and other applicable laws and regulations including private building restrictions, if any, which relate to the property. This form must be submitted prior to issuance of any permit or certificate.

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.

Check one box below:

☐

I am the property owner

☒

I am an applicant who has the authority of the property owner (owner will still need to sign)

Description of permits or certificates being applied for:

Veterinary Surgical Centers Rehabilitation, LLC, is requesting to occupy a tenant space at a property zoned C-1. An animal hospital requires a conditional use permit as outlined in the zoning code, Article 21. Sec. 18-210. (P.). This application is for the aforementioned Conditional Use Permit.

at the following address: 124 Park Street SE Suite 100 Vienna, VA 22180

Applicant Name (fill out if owner is not applicant): Veterinary Surgical Centers Rehabilitation, LLC

Signature of Applicant: [Signature]

Date: 2/15/21

Property Owner's Name: Odos-Parko, LLC

Signature of Property Owner: [Signature]

Date: 2/15/2021