



**Fauquier County
Department of Environmental Services**

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Email: environmentalservicesdept@fauquiercounty.gov

RESIDENTIAL SPECIAL EXCEPTION PERMIT APPLICATION

NOTE: Vehicles larger than a pickup truck may be asked to weigh across the scales depending on material being delivered

Name: _____ Phone:_(_____)_____

Mailing address: _____

County address (if different): _____

Please provide proof of residency

Reason for request: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> New Resident | <input type="checkbox"/> Use of Out-of-County Vehicle |
| <input type="checkbox"/> Rental Property | <input type="checkbox"/> Use of Business Vehicle |
| <input type="checkbox"/> Non-Resident Landowner | Business Name: _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Type of material to be disposed/recycled: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Brush – Yard Waste | <input type="checkbox"/> Construction or Demolition |
| <input type="checkbox"/> Household Trash (Personal) | <input type="checkbox"/> Household Recycling |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Vehicle Information for vehicle to be used: (Permit may not be transferred to any other vehicle)

Year/Make/Model _____ License Plate # _____ State _____

I certify that the above information is true and accurate. All material being disposed or recycled at the Fauquier County Environmental Services Facility is self generated from my home within Fauquier County; I am not disposing of out-of-county waste, another individual's waste or waste from a business.

Signature: _____ Date: _____

-----FOR OFFICE USE ONLY-----

EXP Date/Limit: _____ **Proof of Residency Used for Permit:** _____

ES Authorizing Signature: _____ Date: _____