



County of Fairfax, Virginia

June 8, 2016

STAFF REPORT

SPECIAL PERMIT SP 2016-DR-018

DRANESVILLE DISTRICT

APPLICANT/OWNER: Pamela Wright (Bogdonoff)
STREET ADDRESS: 607 Chain Bridge Road, McLean 22101
TAX MAP REFERENCE: 32-1 ((1)) 15
LOT SIZE: 21,832 square feet
ZONING DISTRICT: R-2
ZONING ORDINANCE PROVISION: 8-918
SPECIAL PERMIT PROPOSAL: To permit an accessory dwelling unit.

STAFF RECOMMENDATION: Staff recommends approval, subject to the Proposed Development Conditions contained in Appendix 1.

It should be noted that it is not the intent of staff to recommend that the Board, in adopting any conditions, relieve the applicants/owners from compliance with the provisions of any applicable ordinances, regulations, or adopted standards.

It should be further noted that the content of this report reflects the analysis and recommendations of staff; it does not reflect the position of the Board of Zoning Appeals. A copy of the BZA's Resolution setting forth this decision will be mailed within five days after the decision becomes final.

The approval of this application does not interfere with, abrogate or annul any easements, covenants, or other agreements between parties, as they may apply to the property subject to the application.

Heath Eddy, AICP

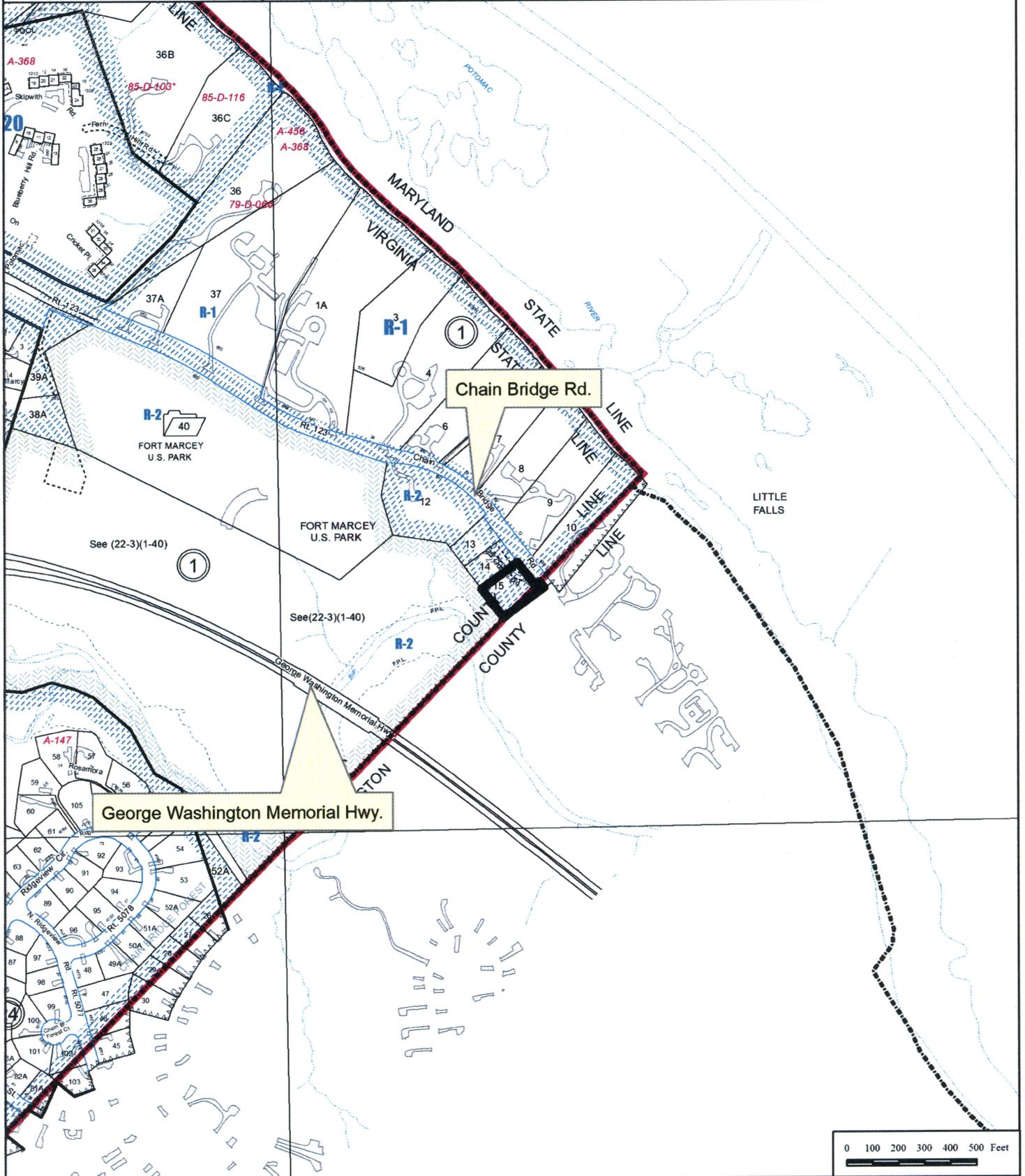
For additional information, call Zoning Evaluation Division, Department of Planning and Zoning at 703-324-1280, 12055 Government Center Parkway, Suite 801, Fairfax, Virginia 22035. **Board of Zoning Appeals' meetings are held in the Board Room, Ground Level, Government Center Building, 12000 Government Center Parkway, Fairfax, Virginia 22035-5505.**



Americans with Disabilities Act (ADA): Reasonable accommodation is available upon 48 hours advance notice. For additional information on ADA call (703) 324-1334 or TTY 711 (Virginia Relay Center).

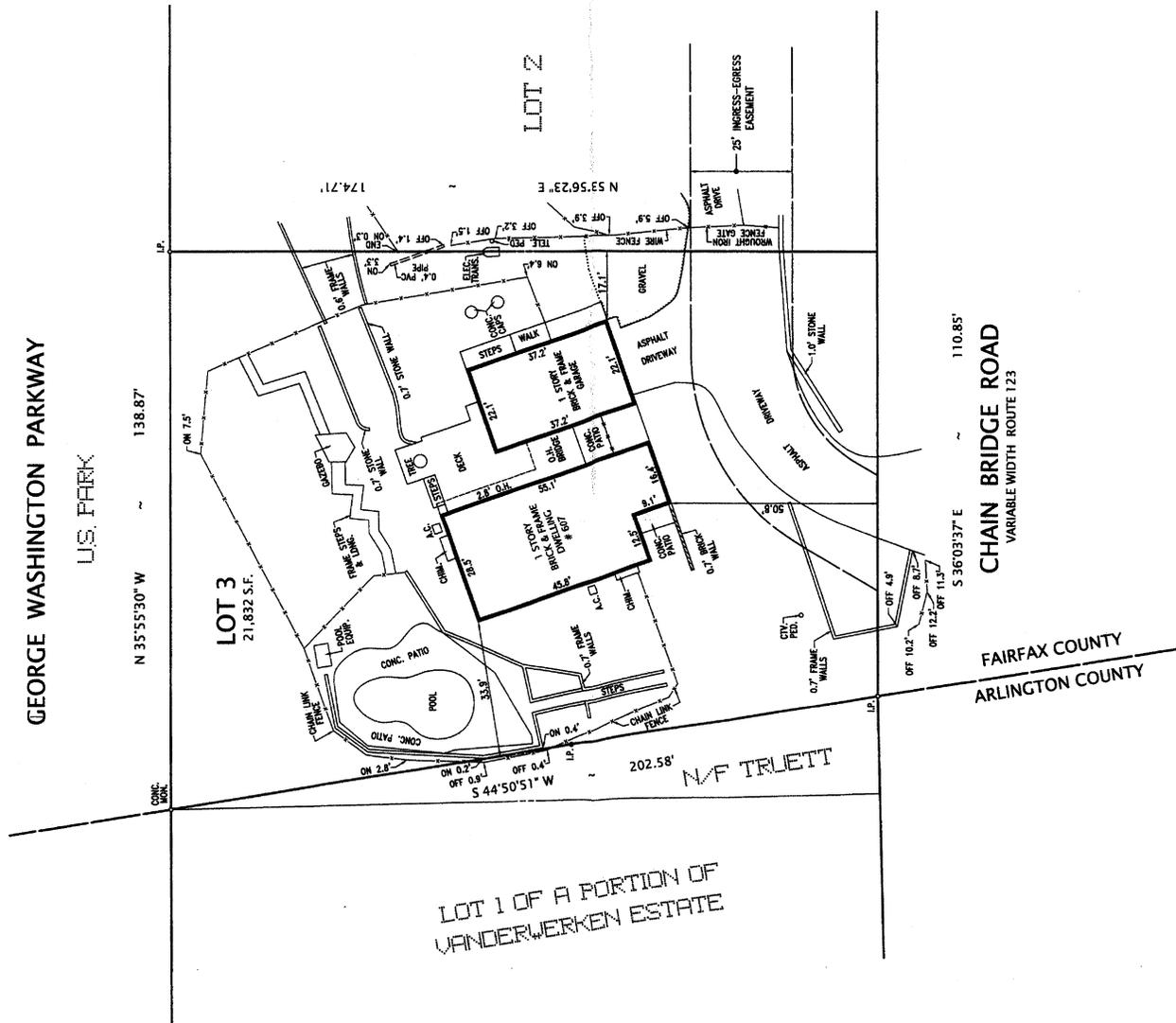
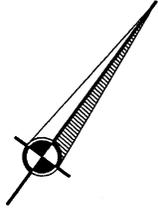


Special Permit
SP 2016-DR-018
PAMELA WRIGHT (BOGDONOFF)

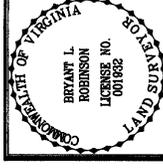


FEB 11 2016

Zoning Evaluation Division



NOTES: 1. UTILITIES ARE UNDERGROUND.
2. FENCES ARE FRAME WITH WIRE UNLESS NOTED.



CASE NAME: BOGDONOFF
REGISTERED BY: CHARLES BOGDONOFF
ALEXANDRIA SURVEYS INTERNATIONAL, LLC
6343 SOUTH VIKING HIGHWAY, ALEXANDRIA, VIRGINIA 22306
TEL. NO. 703-506-9513 FAX NO. 703-589-7744

SPECIAL PERMIT REQUEST

The applicant requests approval for an accessory dwelling unit (ADU) on the subject property, which is located on Chain Bridge Road just west of the Arlington County line (part of the property is located in Arlington County).



Figure 1: Subject property, Source: Pictometry 2015.

A copy of the special permit plat, entitled “Plat Showing House Location on Lot 3 Resubdivision of the Property of Watman Ward, Inc.,” prepared by Bryant L. Robinson, L.S., of Alexandria Surveys International, LLC, dated October 17, 2003 and received February 11, 2016, consisting of one sheet is provided at the front of this staff report. A copy of the applicant’s statement of justification and relevant photographs, and the affidavit are provided in Appendices 1-3, respectively.

CHARACTER OF THE SITE AND SURROUNDING AREA

The 21,832-square foot subject property is located along a stretch of Chain Bridge Road north of the George Washington Parkway, east of the Beltway, and just south of the Potomac River. The residential character of the surrounding properties consists of large single family homes, with an eclectic style to each within the vicinity. The subject property was part of a 3-lot subdivision in the early 1970s, but is the only one on which a residence was built. The lots have a relatively steep slope drop-off from Chain Bridge Road to Pimmit Run that runs through Fort Marcey Park, a National Park Service

property bordering the George Washington Parkway. However, the nearest neighboring residence to the east is built very close to the side lot line.

The site is developed with a 5,610-square foot 3-story (including improved basement level) single family detached dwelling that was constructed in 1972. The driveway used by the applicant for parking is also a shared access easement to be used by the undeveloped properties in the subdivision. The property also includes a patio area directly behind the residence, a tall deck constructed with the residence, and a pool located in the southeast portion of the property, accessible through the basement level or a long staircase from the front porch.

There are several mature trees and other vegetation located on the property, primarily in the rear yard, and other vegetation lines the tiered side yard on the east side of the residence. There is a tree-covered buffer between the shared driveway and the roadway, thus protecting the property from road noise.

BACKGROUND AND HISTORY

County Records indicate that the existing single family dwelling was constructed in 1972. The applicant states that the original design and construction of the residence included 2 kitchenettes in addition to the main kitchen, though the original permit application does not indicate as such. One kitchenette was located in the improved basement while the other was part of the in-law or guest suite located behind the 2-car garage, as shown on the Special Permit Plat, Figure 2. As mentioned above, the pool was approved for construction in 1976, though the location was modified following permit approval. In addition, retaining walls were approved for construction in 1971 and 1976.

The Department of Code Compliance (DCC) received a complaint in early January 2016 of construction work and zoning violations related to multiple occupancies on the property. An inspection on January 28, 2016 pursuant to these complaints found that the property had effectively 3 separate dwellings, the main residence and two separate rentals, one in the basement and the other in the guest suite. A Notice of Violation (NOV) was issued on February 2, 2016 regarding the multiple occupancy violation.

The applicant has agreed to the removal of the kitchenette in the basement to eliminate one dwelling unit from the subject property. However, the other dwelling in the guest suite area is the subject of this special permit request.

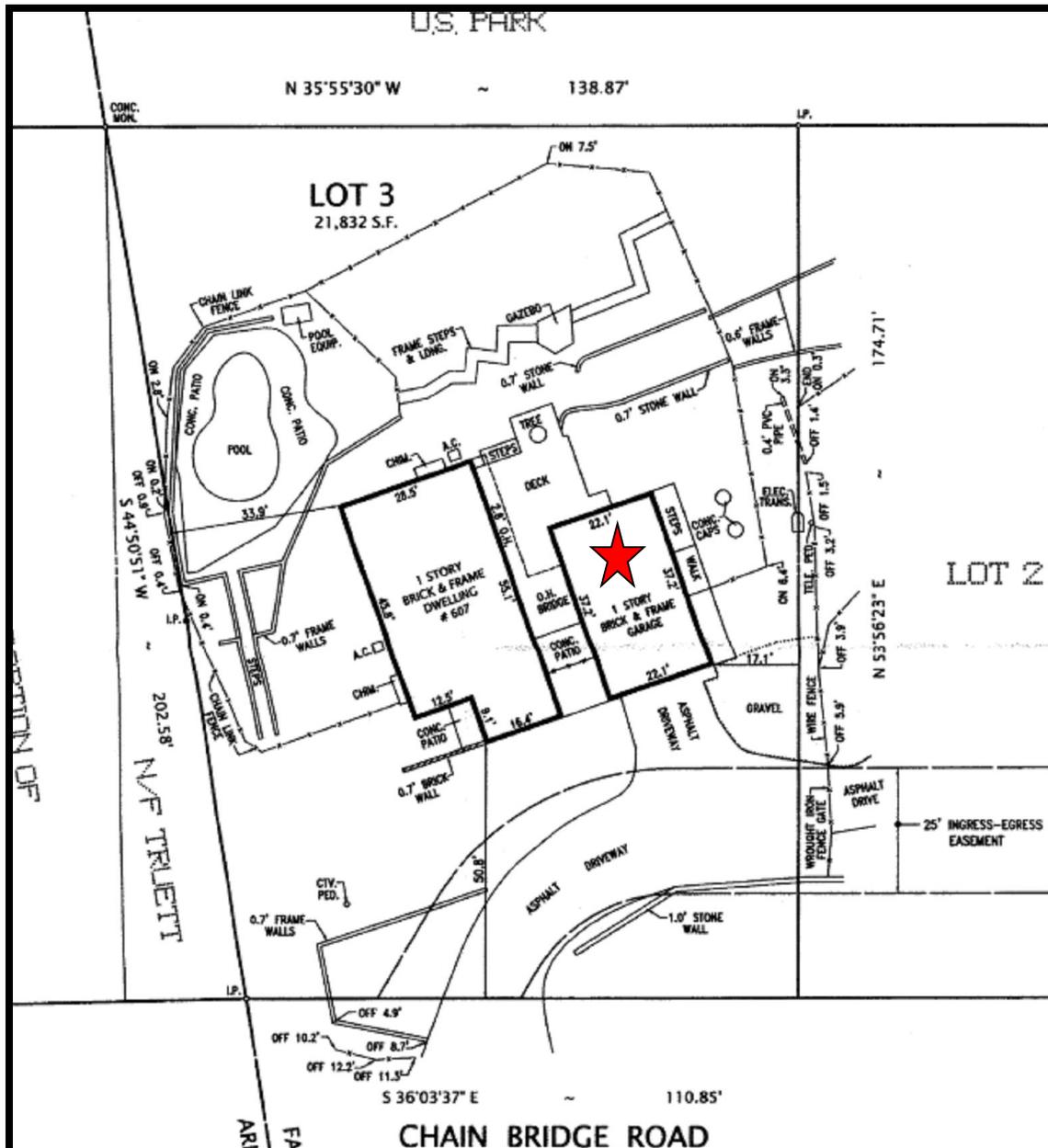


Figure 2: Special Permit plat, partial. The location of the ADU is marked. Source: Applicant.

DESCRIPTION OF THE APPLICATION

The applicant requests approval of the existing guest suite as an accessory dwelling unit (ADU). The total area of the ADU is 631 square feet, or 11% of the existing residence, which complies with the maximum allowance for size. In addition, both the applicant, her spouse, and the occupant of the proposed ADU are over 55 years of age.

The ADU is a 2-level space, with access through the main gate of the patio area between the garage and residence (just past the area shown on the Special Permit Plat as the “O.H. (overhead) Bridge.” The ADU also has direct sliding door access to the deck. The living room and kitchenette are located on the main level, with the single bedroom and

bathroom located in the upstairs loft, accessible by stairway. The applicant has removed the door locks onto the upper floor access to the main residence, which is through the connecting bridge.



Figure 3: Location of existing/proposed ADU, above and behind garage. Source: Applicant.



Figure 4 (left): The main level living room and staircase to the loft. Source: Applicant.

Figure 5 (below): The entrance to the kitchenette through the living room. Source: Applicant.



Figure 6 (right): The kitchenette appliances for cooking, a small microwave and toaster oven. Source: Applicant.

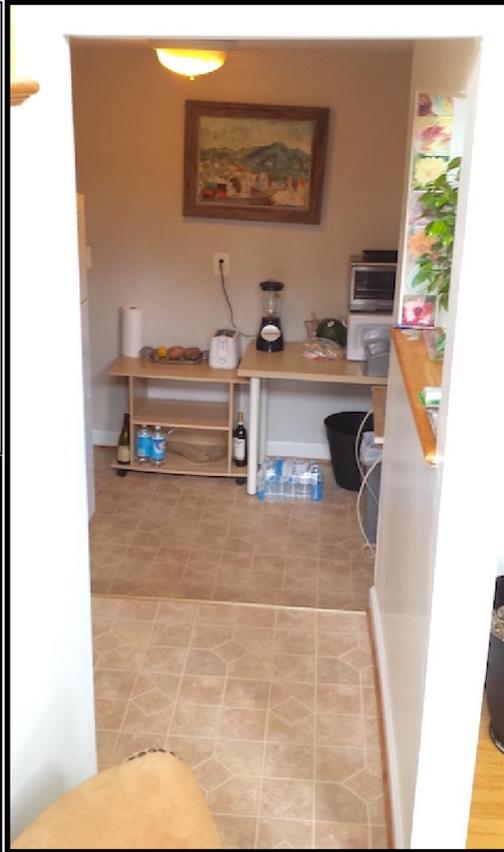


Figure 7 (below): The refrigerator and sink for the rest of the kitchenette primary equipment. Source: Applicant.



Figure 8 (right): The bathroom connected to the bedroom in the loft. Source: Applicant.

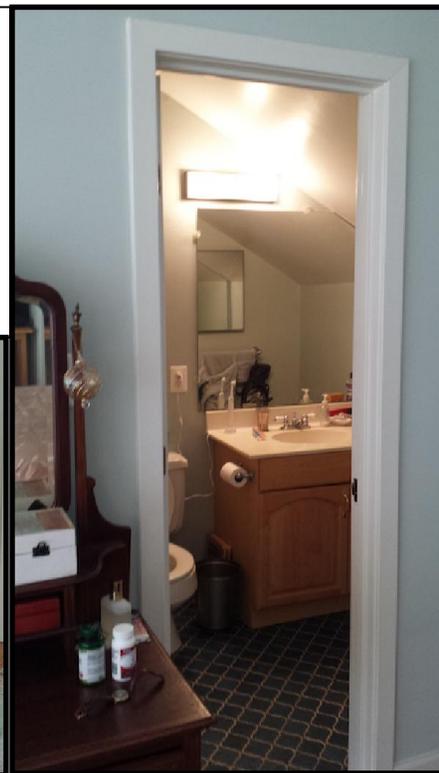


Figure 9 (below): The bedroom area. The door connecting to the "bridge" is shown at right. Source: Applicant.



As Figures 3 through 9, above, demonstrate, the ADU is a well-established part of the existing residence. The applicant indicates they use the ADU for supplemental income.

ANALYSIS

Comprehensive Plan Provisions

Plan Area: Area II
 Planning District: McLean
 Planning Sector: M5 Potomac Palisades
 Plan Map: Residential 1 du/ac

The Comprehensive Plan recommends that infill residential development in this area should be of a compatible use, type and intensity in accordance with the guidance provided by the Policy Plan under Land Use Objectives 8 and 14, and limited to a density not to exceed one (1) dwelling unit per acre.

ZONING ORDINANCE REQUIREMENTS (Appendix 6)

The subject property is zoned R-2, which has the following lot size and bulk regulations.

Bulk Standards (R-2)		
Standard	Required	Provided
Minimum Lot Size	15,000 sf.	21,832 sf.
Minimum Lot Width	100 feet	134 feet
Maximum Building Height	35 feet	unknown
Minimum Front Yard	35 feet	50.8 feet
Minimum Side Yard	15 feet	44+ feet (southeast side) 17.1 feet (northwest side)
Minimum Rear Yard	25 feet	66+ feet

This special permit application is subject to the following provisions of the Zoning Ordinance and are provided as Appendix 6. Subject to the development conditions, the special permit must meet these standards.

- Sect. 8-006 General Special Permit Standards
- Sect. 8-903 Group 9 Standards
- Sect. 8-918 Additional Standards for Accessory Dwelling Units

The following is staff's analysis of the Zoning Ordinance provisions and the proposal to permit an accessory dwelling unit at the subject property.

General Standards for Special Permit Uses (Sect. 8-006)

Standards 1 & 2 Comprehensive Plan/ Zoning District	The Comprehensive Plan recommends residential uses and the property is developed with a residential use. The R-2 District allows for accessory dwelling units with special permit approval.
Standard 3 Adjacent Development	Several of the adjacent lots have similar sized or larger residences. The subject property is a residential lot with the guest suite provided since the residence was completed in 1972. The property also has several prominent mature trees located around the side and rear yards which should help to mitigate any potential negative impacts around the east and south yards.
Standard 4 Pedestrian/ Vehicular Traffic	No increased vehicular or pedestrian traffic is expected with this application. Staff does not anticipate changes in the surrounding traffic pattern as a result of the request proposed by the applicant.
Standard 5 Landscaping/ Screening	There are mature tree species around the east, south and west yards of the subject property that should buffer any potential impacts. In addition, the lots to the west have remained vacant for over 40 years, and the U.S. property to the south provides additional buffering.
Standard 6 Open Space	There is no prescribed open space requirement on individual lots in the R-2 District.
Standard 7 Utilities, Drainage, Parking, and Loading	The proposed ADU will not result in any impact on the public utilities, drainage patterns, or parking in the surrounding area.
Standard 8 Signs	No signage is proposed.

Standards for all Group 9 Uses (Sect. 8-903)

Standard 1 Lot Size and Bulk Regulations	The subject property conforms to all lot size and bulk regulations in the R-2 District.
Standard 2 Performance Standards	The use will comply with the performance standards set forth in Article 14 of the Zoning Ordinance.
Standard 3 Site Plan	There is no proposed change to the subject property, therefore no additional site plan requirements are required.

Additional Standards for Accessory Dwelling Units (Sect. 8-918)

Standard 1 Only One ADU per Single Family Detached Dwelling	The application requests approval of one ADU on a property occupied by a single family detached dwelling; a second dwelling unit on the property cited by NOV is being removed. This standard is met.
Standard 2 Structure Shall be Located Within Single Family Dwelling	The proposed ADU has a separate entrance on the inside between the garage and main residence. The ADU section is part of the garage which is attached by an overhead bridge to the main part of the residence, therefore it is located within the single family dwelling.
Standard 3 GFA Shall Not Exceed 35%	The ADU represents approximately 11% of the total GFA. This standard is met.
Standard 4 Max. 2 Bedrooms	The application indicates that the ADU includes one bedroom. This standard is met.
Standard 5 Occupancy Standards	The applicants, who currently reside in the primary residence, own the property. The applicant meets the definition of "elderly" as defined in the Zoning Ordinance, so this standard is met. At present, the current occupant of the proposed ADU also meets the definition of "elderly."
Standard 6 Reasonable Access for a Disabled Person	The applicant has indicated that the persons who access the ADU are not disabled.
Standard 7 Sufficient Parking	The property includes sufficient parking in the driveway.
Standard 8 Will Not Modify or Disrupt Character of Neighborhood	Staff believes that the use of the ADU, and the nature of the entrance to the ADU, will not cause disruption of the predominant character of the neighborhood.
Standard 9 Regulations for Safety, Health, Sanitation	This standard requires any ADU to meet applicable regulations for building, safety, health, and sanitation. The ADU was constructed subject to building permit approval and inspections and has demonstrated compliance with these regulations.
Standard 10 Recorded	A condition is proposed requiring the approval to be recorded among the Fairfax County land records.
Standard 11 Inspection	A condition is proposed requiring the owner to allow inspections of the property by County personnel during reasonable hours upon prior notice.
Standard 12 Approved for 5 Years	A condition is proposed addressing this standard.
Standard 13 Approval Prior to July 27, 1987	This standard is not applicable.

CONCLUSION

Staff finds that the request for an accessory dwelling unit is in conformance with the Zoning Ordinance standards in Sect. 8-918.

RECOMMENDATION

Staff recommends approval of the ADU, subject to the Proposed Development Conditions in Appendix 1 to this staff report.

It should be noted that it is not the intent of staff to recommend that the Board, in adopting any conditions, relieve the applicants/owners from compliance with the provisions of any applicable ordinances, regulations, or adopted standards.

It should be further noted that the content of this report reflects the analysis and recommendations of staff; it does not reflect the position of the Board of Zoning Appeals.

The approval of this application does not interfere with, abrogate or annul any easements, covenants, or other agreements between parties, as they may apply to the property subject to the application.

APPENDICES

1. Proposed Development Conditions
2. Applicant's Statement of Justification, Photographs and Certification of Square Footage.
3. Applicant's Affidavit
4. Applicant's Statement of Ownership
5. Notice of Violation
6. Applicable Building Permit Information
7. Zoning Ordinance Provisions

PROPOSED DEVELOPMENT CONDITIONS**SP 2016-DR-018****June 8, 2016**

If it is the intent of the Board of Zoning Appeals to approve SP 2016-DR-018 located at Tax Map 32-1 ((1)) 15 to permit an accessory dwelling unit pursuant to Sect. 8-918 of the Zoning Ordinances, staff recommends that the Board condition the approval by requiring conformance with the following development conditions.

1. This approval is granted to the applicant, Pamela Wright (Bogdonoff) only, and is not transferable without further action of the Board, and is for the location indicated on the application, and is not transferable to other land.
2. This special permit is granted an accessory dwelling unit for the property as shown on the plat titled "Plat Showing House Location on Lot 3 Resubdivision of the Property of Watman Ward, Inc.," prepared by Bryant L. Robinson, L.S., of Alexandria Surveys International, LLC, dated October 17, 2003 and received February 11, 2016, consisting of one sheet and approved with this application, as qualified by these development conditions.
3. The occupant(s) of the principal dwelling and the accessory dwelling unit shall be in accordance with Par. 5 of Sect. 8-918 of the Zoning Ordinance.
4. Parking for the ADU shall be accommodated on site.
5. Provisions shall be made for the inspection of the property by County personnel during reasonable hours upon prior notice.
6. The accessory dwelling unit shall be approved for a period of five (5) years from the final approval date of the special permit and may be extended for five (5) years periods with prior approval of the Zoning Administrator in accordance with Sect. 8-012 of the Zoning Ordinance.

This approval, contingent upon the above-noted conditions, shall not relieve the applicant from compliance with the provisions of any applicable ordinances, regulations or adopted standards.

Statement of Justification

Department of Planning & Zoning

APPLICATION FOR SPECIAL PERMIT

FEB 11 2016

Zoning Evaluation Division

Statement of Justification

Pamela Wright
607 Chain Bridge Road, Mclean, VA 22101

In reference to **Case #201600110 SR#123808** and **SR#123808**, from a compliance inspection, I discovered that I am in violation of statute 2-501 "Limitation on the Number of Dwelling Units on a Lot."

I have in my single family dwelling residential home a main kitchen, plus a kitchenette on the lower floor and a kitchenette in an in-law suite attached to the home. Both of the small kitchenettes were in the original design and construction of the home in 1972. So I was unaware of any violation.

The lower floor kitchenette is being removed and all violations responded to as I am committed to being completely in compliance with the applicable ordinances and regulations, and the County's standards for safety, health, and sanitation for my home.

This application is for a **Special Permit for an Accessory Dwelling Unit** for the existing in-law suite.

A. I am the owner/applicant and I live in the home full time. The accessory dwelling unit in-law suite is just 651 square feet in size. It contains a living room, small kitchenette, small breakfast nook, bedroom, and full bath (see Photos Section). The in-law suite is part of the existing single family dwelling. There are no physical changes or construction involved in this application.

B: The accessory dwelling in-law suite is for one person, or a couple, in accordance with the Article 8-918 (5) for persons who qualify as elderly (fifty-five years or older) and/or disabled.

C. The entire lot is 0.5 acres. We are bordered on the west by forest, on the east by a single family dwelling, and in the back by National Forest (see Photos Section).

This existing accessory dwelling in-law suite unit, since its construction in 1972, has not disrupted or modified the predominant character of the neighborhood.

D: There is ample parking on the premises. There is a two-car attached garage. The driveway area next to the garage, comfortably holds up to four cars, and the top of the driveway has a parking area that holds two cars for visitors (see Photos section).

For the accessory dwelling in-law suite, the maximum automobile limit is for one automobile for one person and two automobiles for a couple. There will be no traffic impact for the proposed use.

E: The proposed accessory dwelling is less than thirty-five (35) percent of the total gross floor area of the principle dwelling unit.

The total square feet of the accessory dwelling in-law suite is 631 square feet. The total square feet of the single family home is 5,610 square feet. So the in-law suite is eleven (11) percent of the total gross floor area of the principle dwelling unit.

E. My home, a single family detached dwelling, has a brick facade. The accessory dwelling is brick and wood siding.

F. The proposed use conforms to the provisions of all applicable ordinances, regulations for building, safety, health, and sanitation, adopted standards, and any applicable conditions.

Select Photographs of Subject Property



Image 1: View of front yard.



Image 2: Location of parking, technically in the shared driveway.



Image 3: Additional space for parking 2 vehicles.



Image 4: View showing location of proposed/existing ADU, above and behind existing garage.



Image 5: View of adjacent neighbor's property, giving proximity to front of subject property.



Image 6: View of deck access and rear façade of existing in-law suite/proposed ADU.

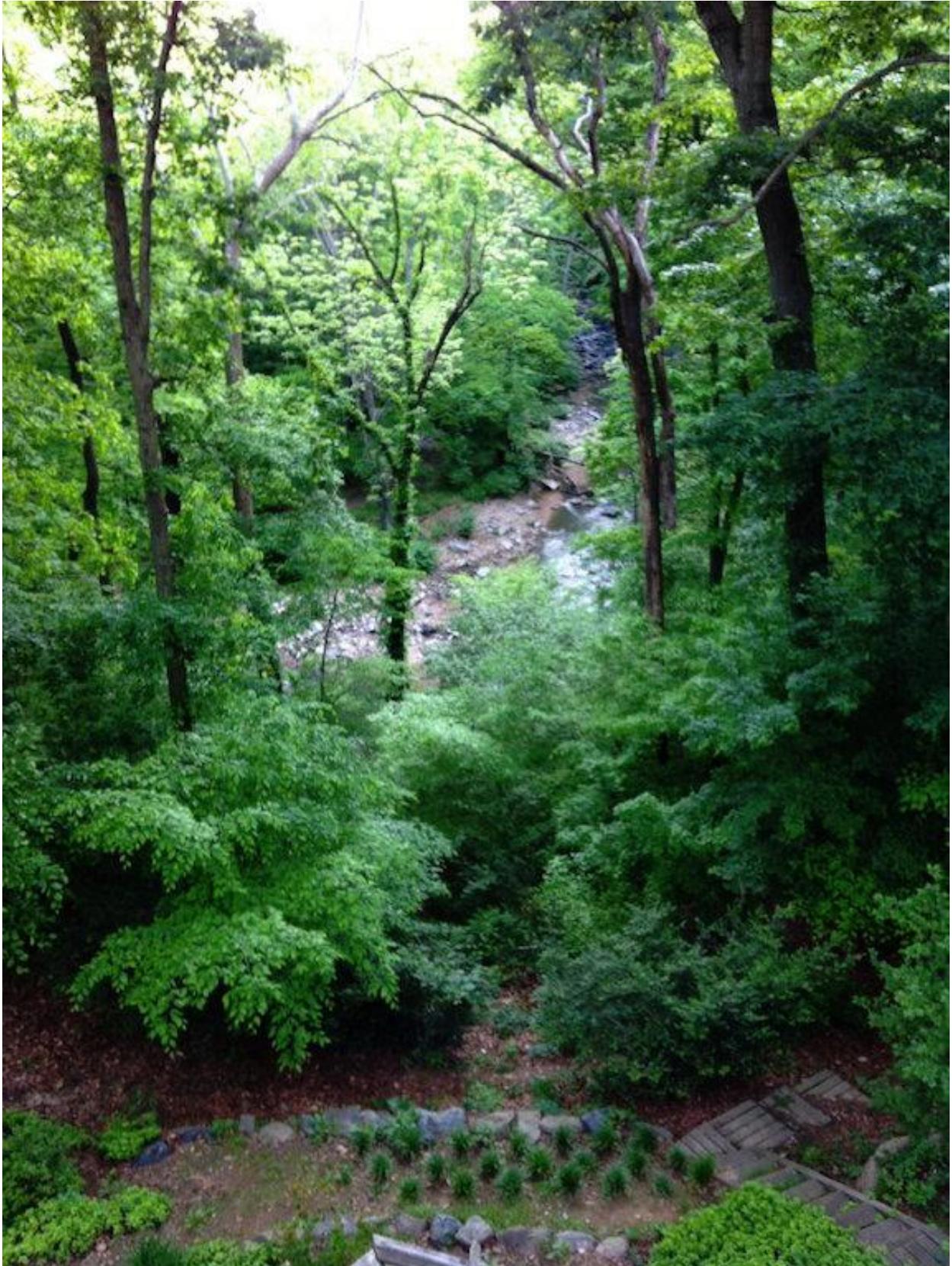


Image 7: View of rear yard and creek in Fort Marcey Park.



Image 8: View of rear deck directly behind existing/proposed ADU.



Image 9: The main entrance to the ADU, door on the left.



Image 10: Reverse angle of ADU entrance, showing access through gate/patio between the garage and main residence, under the connecting "bridge"



Image 11: Proposed ADU living room and stairway to the bedroom loft.

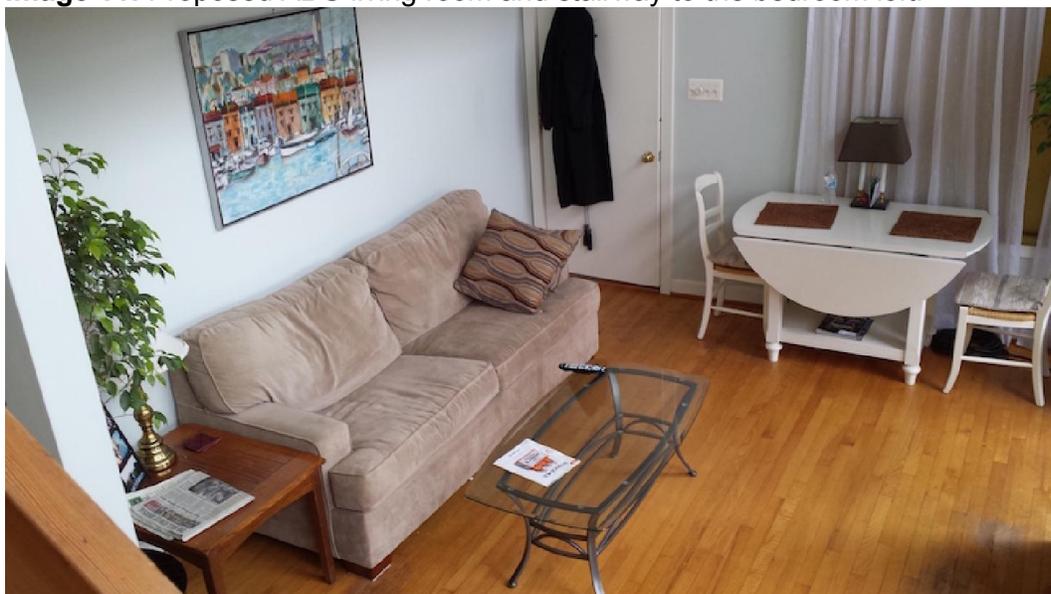


Image 12: Reverse angle of living room, main entrance in center rear of image.



Image 12: View of doorway to kitchenette.



Image 13: Inside the kitchenette, showing the sink and refrigerator.



Image 14: The cooking appliances on the rear table.



Image 15: The loft bedroom. The door to the bridge connecting to the main residence is on right.



Images 16-17: ADU bathroom on left, accessed through bedroom; on right, the bridge as seen from the bedroom.

Certification of Square Footage of the ADU

APPLICATION FOR SPECIAL PERMIT

607 Chain Bridge Road, McLean, VA 22101

Certified Square Footage
Single Family Detached Residential Home
& The Accessory Dwelling Unit In-Law Suite

February 8, 2016

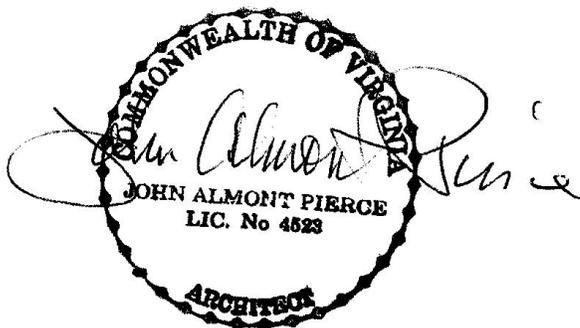
This is to certify the following:

Total square footage of the single family detached residential home, 607 Chain Bridge Road, McLean, VA 22101 is:
5,610 square feet.

Total square footage of the accessory dwelling unit that is part of the structure of 607 Chain Bridge Road, McLean, VA 22101 is:
631 square feet.

Signed:


Almont Pierce





County of Fairfax, Virginia

MEMORANDUM

Office of the County Attorney
Suite 549, 12000 Government Center Parkway
Fairfax, Virginia 22035-0064
Phone: (703) 324-2421; Fax: (703) 324-2665
www.fairfaxcounty.gov

DATE: March 9, 2016

TO: Deborah Pemberton, Planner III
Applications Acceptance Section
Zoning Evaluation Division
Department of Planning and Zoning

FROM: Sepideh Aflaki-Khosrowshahi, Paralegal
Office of the County Attorney

SUBJECT: BZA Affidavit
Temporary Application No. SP 2016-0035

REF.: 133550

RECEIVED
Department of Planning & Zoning

MAR 10 2016
Zoning Evaluation Division

Attached is a copy of an application and an original affidavit that has been approved by the Office of the County Attorney for the following case:

Name of Applicant

Pamela Wright (Bogdonoff)

Affidavit Date of Oath

3/7/16

Attachment



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/applications

APPLICATION No: SP 2016-DR-018
 (Staff will assign)

APPLICATION FOR A SPECIAL PERMIT

(PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME Pamela Wright (Bogdonoff)	
	MAILING ADDRESS 607 Chain Bridge Road, McLean, VA 22101	
	PHONE HOME (703) 528-1374 WORK (n/a)	
	PHONE MOBILE (703) 772-7224	
PROPERTY INFORMATION	PROPERTY ADDRESS 607 Chain Bridge Road, McLean, VA 22101	
	TAX MAP NO. 0321010015	SIZE (ACRES/SQ FT) 21,832 sq.ft.
	ZONING DISTRICT R-2	MAGISTERIAL DISTRICT Dranesville
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:	
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION 8-918	
	PROPOSED USE Accessory Dwelling unit In-Law Suite	
AGENT/CONTACT INFORMATION	NAME	
	MAILING ADDRESS	
	PHONE HOME () WORK ()	
	PHONE MOBILE ()	
MAILING	Send all correspondence to (check one): <input checked="" type="checkbox"/> Applicant -or- <input type="checkbox"/> Agent/Contact	
<p>The name(s) and addresses 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 representatives on official business to enter the subject property as necessary to process the application.</p> <p>Pamela Wright</p>		
TYPE/PRINT NAME OF APPLICANT/AGENT	SIGNATURE OF APPLICANT/AGENT <i>Pamela J. Wright</i>	

DO NOT WRITE IN THIS SPACE

Date Application accepted: _____ Application Fee Paid: \$ _____

Application No.(s): SP 2016-DR-018
(county-assigned application number(s), to be entered by County Staff)

SPECIAL PERMIT/VARIANCE AFFIDAVIT

DATE: 3/7/2016
(enter date affidavit is notarized)

133550

I, PAMELA WRIGHT, do hereby state that I am an
(enter name of applicant or authorized agent)

(check one) applicant
 applicant's authorized agent listed in Par. 1(a) below

and that, to the best of my knowledge and belief, the following is true:

1(a). The following constitutes a listing of the names and addresses of all **APPLICANTS, TITLE OWNERS, CONTRACT PURCHASERS, and LESSEES** of the land described in the application,* and, if any of the foregoing is a **TRUSTEE,**** each **BENEFICIARY** of such trust, and all **ATTORNEYS** and **REAL ESTATE BROKERS**, and all **AGENTS** who have acted on behalf of any of the foregoing with respect to the application:

(NOTE: All relationships to the application listed above in **BOLD** print must be disclosed. Multiple relationships may be listed together, e.g., **Attorney/Agent, Contract Purchaser/Lessee, Applicant/Title Owner**, etc. For a multiparcel application, list the Tax Map Number(s) of the parcel(s) for each owner(s) in the Relationship column.)

NAME (enter first name, middle initial, and last name)	ADDRESS (enter number, street, city, state, and zip code)	RELATIONSHIP(S) (enter applicable relationships listed in BOLD above)
PAMELA J. BOGDANOFF AKA PAMELA J. WRIGHT	607 CHAIN BRIDGE RD. MCLEAN, VA 22101	APPLICANT/TITLE OWNER
CHARLES M. BOGDANOFF	607 CHAIN BRIDGE RD. MCLEAN, VA 22101	CO-TITLE OWNER (DECEASED)

(check if applicable) There are more relationships to be listed and Par. 1(a) is continued on a "Special Permit/Variance Attachment to Par. 1(a)" form.

* In the case of a condominium, the title owner, contract purchaser, or lessee of 10% or more of the units in the condominium.
** List as follows: Name of trustee, Trustee for (name of trust, if applicable), for the benefit of: (state name of each beneficiary).

Application No.(s): SP 2016-DR-018
(county-assigned application number(s), to be entered by County Staff)

SPECIAL PERMIT/VARIANCE AFFIDAVIT

DATE: 3/7/2016
(enter date affidavit is notarized)

133550

1(b). The following constitutes a listing*** of the **SHAREHOLDERS** of all corporations disclosed in this affidavit who own 10% or more of any class of stock issued by said corporation, and where such corporation has 10 or less shareholders, a listing of all of the shareholders:

(NOTE: Include SOLE PROPRIETORSHIPS, LIMITED LIABILITY COMPANIES, and REAL ESTATE INVESTMENT TRUSTS herein.)

CORPORATION INFORMATION

NAME & ADDRESS OF CORPORATION: (enter complete name, number, street, city, state, and zip code)

NONE

DESCRIPTION OF CORPORATION: (check one statement)

- There are 10 or less shareholders, and all of the shareholders are listed below.
- There are more than 10 shareholders, and all of the shareholders owning 10% or more of any class of stock issued by said corporation are listed below.
- There are more than 10 shareholders, but no shareholder owns 10% or more of any class of stock issued by said corporation, and no shareholders are listed below.

NAMES OF SHAREHOLDERS: (enter first name, middle initial, and last name)

NONE

(check if applicable) There is more corporation information and Par. 1(b) is continued on a "Special Permit/Variance Attachment 1(b)" form.

*** All listings which include partnerships, corporations, or trusts, to include the names of beneficiaries, must be broken down successively until (a) only individual persons are listed or (b) the listing for a corporation having more than 10 shareholders has no shareholder owning 10% or more of any class of stock. *In the case of an APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE* of the land that is a partnership, corporation, or trust, such successive breakdown must include a listing and further breakdown of all of its partners, of its shareholders as required above, and of beneficiaries of any trusts. Such successive breakdown must also include breakdowns of any partnership, corporation, or trust owning 10% or more of the APPLICANT, TITLE OWNER, CONTRACT PURCHASER or LESSEE* of the land. Limited liability companies and real estate investment trusts and their equivalents are treated as corporations, with members being deemed the equivalent of shareholders; managing members shall also be listed.* Use footnote numbers to designate partnerships or corporations, which have further listings on an attachment page, and reference the same footnote numbers on the attachment page.

Application No.(s): SP 2016-DE-018
(county-assigned application number(s), to be entered by County Staff)

SPECIAL PERMIT/VARIANCE AFFIDAVIT

DATE: 3/7/2016
(enter date affidavit is notarized)

133550

1(c). The following constitutes a listing*** of all of the **PARTNERS**, both **GENERAL** and **LIMITED**, in any partnership disclosed in this affidavit:

PARTNERSHIP INFORMATION

PARTNERSHIP NAME & ADDRESS: (enter complete name, number, street, city, state, and zip code)

NONE

(check if applicable) The above-listed partnership has no limited partners.

NAMES AND TITLE OF THE PARTNERS (enter first name, middle initial, last name, and title, e.g. **General Partner, Limited Partner, or General and Limited Partner**)

NONE

(check if applicable) There is more partnership information and Par. 1(c) is continued on a "Special Permit/Variance Attachment to Par. 1(c)" form.

*** All listings which include partnerships, corporations, or trusts, to include the names of beneficiaries, must be broken down successively until: (a) only individual persons are listed or (b) the listing for a corporation having more than 10 shareholders has no shareholder owning 10% or more of any class of stock. *In the case of an APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE* of the land that is a partnership, corporation, or trust, such successive breakdown must include a listing and further breakdown of all of its partners, of its shareholders as required above, and of beneficiaries of any trusts. Such successive breakdown must also include breakdowns of any partnership, corporation, or trust owning 10% or more of the APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE* of the land. Limited liability companies and real estate investment trusts and their equivalents are treated as corporations, with members being deemed the equivalent of shareholders; managing members shall also be listed.* Use footnote numbers to designate partnerships or corporations, which have further listings on an attachment page, and reference the same footnote numbers on the attachment page.

Application No.(s):

SA 2016-02-018

(county-assigned application number(s), to be entered by County Staff)

SPECIAL PERMIT/VARIANCE AFFIDAVIT

DATE: 3 / 7 / 2016
(enter date affidavit is notarized)

133550

1(d). One of the following boxes **must** be checked:

[] In addition to the names listed in Paragraphs 1(a), 1(b), and 1(c) above, the following is a listing of any and all other individuals who own in the aggregate (directly and as a shareholder, partner, and beneficiary of a trust) 10% or more of the **APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE*** of the land:

NONE

Other than the names listed in Paragraphs 1(a), 1(b), and 1(c) above, no individual owns in the aggregate (directly and as a shareholder, partner, and beneficiary of a trust) 10% or more of the **APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE*** of the land.

2. That no member of the Fairfax County Board of Zoning Appeals, Planning Commission, or any member of his or her immediate household owns or has any financial interest in the subject land either individually, by ownership of stock in a corporation owning such land, or through an interest in a partnership owning such land.

EXCEPT AS FOLLOWS: (NOTE: If answer is none, enter "NONE" on the line below.)

NONE

(check if applicable) [] There are more interests to be listed and Par. 2 is continued on a "Special Permit/Variance Attachment to Par. 2" form.

Application No.(s): SP 2016-DL-018
(county-assigned application number(s), to be entered by County Staff)

SPECIAL PERMIT/VARIANCE AFFIDAVIT

DATE: 3 | 7 | 2016
(enter date affidavit is notarized) 133550

3. That within the twelve-month period prior to the public hearing of this application, no member of the Fairfax County Board of Zoning Appeals, Planning Commission, or any member of his or her immediate household, either directly or by way of partnership in which any of them is a partner, employee, agent, or attorney, or through a partner of any of them, or through a corporation in which any of them is an officer, director, employee, agent, or attorney or holds 10% or more of the outstanding bonds or shares of stock of a particular class, has, or has had any business or financial relationship, other than any ordinary depositor or customer relationship with or by a retail establishment, public utility, or bank, including any gift or donation having a value of more than \$100, singularly or in the aggregate, with any of those listed in Par. 1 above.

EXCEPT AS FOLLOWS: (NOTE: If answer is none, enter "NONE" on line below.)

NONE

(NOTE: Business or financial relationships of the type described in this paragraph that arise after the filing of this application and before each public hearing must be disclosed prior to the public hearings. See Par. 4 below.)

(check if applicable) There are more disclosures to be listed and Par. 3 is continued on a "Special Permit/Variance Attachment to Par. 3" form.

4. That the information contained in this affidavit is complete, that all partnerships, corporations, and trusts owning 10% or more of the APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE* of the land have been listed and broken down, and that prior to each and every public hearing on this matter, I will reexamine this affidavit and provide any changed or supplemental information, including business or financial relationships of the type described in Paragraph 3 above, that arise on or after the date of this application.

WITNESS the following signatures: Pamela J. Wright
(check one) Applicant Applicant's Authorized Agent
PAMELA J. WRIGHT
(type or print first name, middle initial, last name, and title of signee)

Subscribed and sworn to before me this 7th day of march 2016, in the State/Comm. of Virginia, County/City of Fairfax.

Dipendra Khattiwada
Notary Public

My commission expires: 12/31/2017



COPY A
FOR CLERK OF COURT

PLEASE RETURN THIS LICENSE WITHIN FIVE DAYS AFTER THE CEREMONY TO:
- CELEBRANT -
PAUL FERGUSON, CLERK
ARLINGTON COUNTY CIRCUIT COURT
1425 N. COURTHOUSE ROAD, ROOM 6700
ARLINGTON, VIRGINIA 22201

Margin reserved for binding
Please use black ribbon in typewriter or black unfinishing ink. This is a permanent record.

CIRCUIT COURT FOR CITY OR COUNTY OF Arlington						CLERK'S NUMBER 2015-02285
PARTY A (check one) <input checked="" type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE						
1. FULL NAME (first) (middle) (last) (suffix) Pamela Joyce Bogdonoff					MAIDEN SURNAME (if different from last) FOX	
2. SEX F	3. AGE 62	4. DATE OF BIRTH (Month, Day, Year) 7/19/1953		5. PLACE OF BIRTH (state or foreign country) New York, NY		6. (DO NOT WRITE IN THIS SPACE)
7. RACE Caucasian			8. NUMBER OF THIS MARRIAGE 3	9. MARITAL STATUS (if previously married) <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		
10. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) 12		College (1-4 or 5+) 4		11. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER 607 Chain Bridge Rd.		
11a. CITY OR TOWN OF RESIDENCE McLean		11b. County (if independent city, leave blank) Fairfax		11c. STATE (OR FOREIGN COUNTRY) VA 22101		
12. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) Charles Dickens Fox			12a. SEX M	13. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) Julia Martha Raffaelli		13a. SEX F
PARTY B (check one) <input type="checkbox"/> BRIDE <input checked="" type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE						
14. FULL NAME (first) (middle) (last) (suffix) Christopher Porter Wright					MAIDEN SURNAME (if different from last)	
15. SEX M	16. AGE 66	17. DATE OF BIRTH (Month, Day, Year) 7/15/1949		18. PLACE OF BIRTH (state or foreign country) Washington, D.C.		19. (DO NOT WRITE IN THIS SPACE)
20. RACE Caucasian			21. NUMBER OF THIS MARRIAGE 2	22. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED		
23. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) 12		College (1-4 or 5+) 5+		24. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER 607 Chain Bridge Rd.		
24a. CITY OR TOWN OF RESIDENCE McLean		24b. County (if independent city, leave blank) Fairfax		24c. STATE (OR FOREIGN COUNTRY) VA 22101		
25. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) William Lyon Wright			25a. SEX M	26. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) Marjorie Porter		26a. SEX F

MARRIAGE LICENSE

27. TO ANY PERSON LICENSED TO PERFORM MARRIAGES
You are hereby authorized to join the above-named persons in marriage under procedures outlined in the statutes of the Commonwealth of Virginia.

Date Issued **8/18/2015 2:22 PM**
License Expires Sixty Days After Above Date

Date Received by Clerk of Court from Officiant **8/25/15**

Signature *Paul Ferguson*
Clerk of Court or Deputy

MARRIAGE LICENSE

28. DATE OF MARRIAGE (Month, Day, Year) **August 25, 2015**

29. PLACE OF MARRIAGE (county or independent city) **Arlington**

30. TYPE OF CEREMONY CIVIL RELIGIOUS

31. I CERTIFY THAT I JOINED THE ABOVE NAMED PERSONS IN MARRIAGE ON THE DATE AND AT THE PLACE SPECIFIED

SIGNATURE OF OFFICIANT *Gerald E. Williams* TITLE OF OFFICIANT **Civil Magistrate**

Authorized to perform marriages by the Circuit Court for **Arlington County**, Virginia, in **1982** (year of authorization)

NAME OF OFFICIANT (type or print) **Gerald E. Williams**

ADDRESS OF OFFICIANT **2456 N. Lexington Street, Arlington, VA 22207-1466** (street or route number) (city or town) (state)

Complete and sign certificate on both copies

Return both copies within five days to Clerk of Court issuing license

Section 32.1-267 Code of Virginia

V53 7/15

A COPY,
TESTE PAUL FERGUSON
BY *Gerald E. Williams*
DEPUTY CLERK

COMMONWEALTH OF VIRGINIA
STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS



Certificate Of Marriage

I CERTIFY THAT I JOINED TOGETHER IN MARRIAGE:

CHRISTOPHER PORTER WRIGHT _____

PAMELA JOYCE BOGDONOFF _____

AND

ON AUGUST 25, 2015 IN ARLINGTON COUNTY, VIRGINIA,

BY AUTHORITY OF A LICENSE ISSUED BY THE CLERK OF THE CIRCUIT COURT OF

ARLINGTON COUNTY, VIRGINIA, DATED AUGUST 18, 2015

GIVEN UNDER MY HAND ON AUGUST 25, 2015


(Signature of Officiant)

GERALD E. WILLIAMS - CIVIL MAGISTRATE
(Title of Officiant)

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

COPY A

FOR DIVISION OF VITAL RECORDS

REGISTRATION AREA NUMBER 106	CERTIFICATE NUMBER 0548	STATE FILE NUMBER
1. FULL NAME OF DECEDENT (first) (middle) (last) Charles Mac Bogdonoff		2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>
3. DATE OF DEATH (mo.) (day) (year) May 8, 2010	4. AGE 71 years	5. DATE OF BIRTH (mo.) (day) (year) July 9, 1938
7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) Capital Hospice		8. COUNTY OF DEATH (if independent city, leave blank) Arlington
9. CITY OR TOWN OF DEATH Arlington		10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 4715 N. 15th St.
11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE Virginia		12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) Fairfax
13. CITY OR TOWN OF RESIDENCE McLean		14. STREET ADDRESS OR RT. NO. OF RESIDENCE 607 Chain Bridge Rd.
15. NAME OF DECEDENT'S FATHER Samuel Bogdonoff		16. MAIDEN NAME OF DECEDENT'S MOTHER Annabel Rosenthal
17. RACE OF DECEDENT White		18. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> no <input type="checkbox"/> yes
19. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5+		20. CITIZEN OF WHAT COUNTRY USA
21. BIRTHPLACE (state or country) Dist. of Col.		22. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>
23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) Pamela Bogdonoff		24. SOCIAL SECURITY NUMBER 577-52-9713
25. USUAL OR LAST OCCUPATION Self Employed		26. KIND OF BUSINESS OR INDUSTRY Dentist
27. INFORMANT - OR SOURCE OF INFORMATION - RELATIONSHIP Pamela Bogdonoff - Wife		28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) Lymphoma DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST (B) PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
28b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>		28c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH
28e. TIME OF INJURY (mo.) (day) (year) A.M. P.M.		28f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>
28g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)		28h. (city or town) (county) (state)
28i. To the best of my knowledge, death occurred at 6:25 A.M. (a.m.) (p.m.) on the date and place and from the cause(s) stated.		28j. AUTOPSY? AUTHORIZED BY: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no
ACTUAL SIGNATURE Brenda R. Kiessling, MD		DATE SIGNED 10 May 2010
NAME OF ATTENDING PHYSICIAN (Type or Print) BRENDA R. KIESSLING, MD		ADDRESS OF ATTENDING PHYSICIAN 4715 N. 15th St., Arlington, VA 22205
29. BURIAL <input type="checkbox"/> REMOVAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/>		30. PLACE OF BURIAL REMOVAL, ETC. National Crematory Falls Church, VA
31. (Signature of funeral director or person legally filing this certificate) Ken Hays		NAME OF FUNERAL HOME AND ADDRESS: National Funeral Home 7482 Lee Highway, Falls Church, VA 22042
32. (Signature of registrar) Bladyspe Jones		DATE RECORDED FILED: 05/12/2010

THIS FORM IS TO BE USED IN CONJUNCTION WITH THE VITAL RECORDS ACT AND REGULATIONS. IT IS A PERMANENT RECORD AND IS NOT TO BE REPRODUCED BY MEANS OF PHOTOCOPYING, MICROFILMING, OR OTHER PHOTODUPLICATION PROCESS.

TO PHYSICIAN:
Complete and sign medical certification (item 28) and return both copies to funeral director as soon as possible after determination of cause.
NOTE: If "Pending" must be indicated, so state in part 1 and notify registrar of final decision as soon as possible.

This is to certify that this is a true and correct reproduction of the original record filed with the Arlington Department of Human Services, Arlington, Virginia.

Date Issued: May 12, 2010

Bladyspe Jones
Registrar or Deputy

(SEAL)
ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE. DO NOT ACCEPT UNLESS IT BEARS THE IMPRESSED SEAL OF THE ARLINGTON DEPARTMENT OF HUMAN SERVICES CLEARLY AFFIXED Section 32-1-272, Code of Virginia, as Amended.

FEB 11 2016

Zoning Evaluation Division

APPLICATION FOR SPECIAL PERMIT

Statement of Ownership

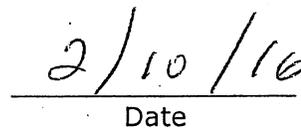
607 Chain Bridge Road, Mclean, VA 22101

I, Pamela Wright (previously Pamela Bogdonoff), am sole owner of the property at 607 Chain Bridge Road, McLean, Virginia, 22101 (See Attached Fairfax County Tax Assessment).

My late husband, Charles Bogdonoff, passed away in May 8th, 2010 (See Attached Death Certificate).

I remarried on August 25, 2015 to Christopher Wright and changed my legal name to Pamela Wright (See Attached Marriage Certificate).


Signed


Date

FEB 11 2016

Zoning Evaluation Division

APPLICATION FOR SPECIAL PERMIT

Statement of Ownership

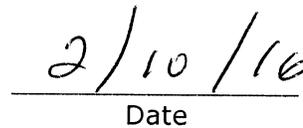
607 Chain Bridge Road, Mclean, VA 22101

I, Pamela Wright (previously Pamela Bogdonoff), am sole owner of the property at 607 Chain Bridge Road, McLean, Virginia, 22101 (See Attached Fairfax County Tax Assessment).

My late husband, Charles Bogdonoff, passed away in May 8th, 2010 (See Attached Death Certificate).

I remarried on August 25, 2015 to Christopher Wright and changed my legal name to Pamela Wright (See Attached Marriage Certificate).


Signed


Date

Statement of Ownership - Real Estate Assessment

R201293832177

County of Fairfax, Real Estate Division
 Department of Tax Administration (DTA)
 12000 Government Center Parkway, Suite 357
 Fairfax, Virginia 22035
 703-222-8234; www.fairfaxcounty.gov/dta

Tax Map Reference Number: 0321 01 0015	
District Code:	20101
Supervisor District:	DRANESVILLE
Other Tax Districts:	PEST PREVENTION MCLEAN COMMUNITY CENTER STORMWATER DIST 1
Land Size:	21,832 SF
Deed Book/Page:	09261 / 1291
LEGAL DESCRIPTION	
607 CHAIN BRIDGE RD WATMAN WARD INC PROP LT 3	



BOGDONOFF CHARLES M
 BOGDONOFF PAMELA J
 607 CHAIN BRIDGE RD
 MC LEAN VA 22101-1811

Web Control Number: 001366828
Date Printed: 02/28/2012

PLEASE NOTIFY DTA OF MAILING ADDRESS CHANGES

NOTICE OF REAL ESTATE ASSESSMENT CHANGE - THIS IS NOT A TAX BILL

2011 Assessed Value of Property	
Total:	\$1,240,290
This amount was allocated between land and building as follows:	
Land:	\$682,000
Building:	\$558,290

2012 Assessed Value of Property	
Total:	\$1,192,890
This amount is allocated between land and building as follows:	
Land:	\$682,000
Building:	\$510,890

REASON(S) FOR CHANGE:
 REASSESSMENT

~ See Reverse Side for Appeal Information ~

Dear Fairfax County Taxpayer:

During 2011 the residential real estate market continued to improve in Fairfax County. This market improvement has meant fewer foreclosures, reasonably fast sales and price appreciation in many residential neighborhoods. As a result, almost 41% of residential properties have experienced an assessment increase, while 34% have no change in assessment for 2012. Assessment changes vary by neighborhood however, and dependent on the sales data some properties may have changed at a rate different from the County-wide average.

The Department of Tax Administration (DTA) uses professionally recognized mass appraisal techniques to assess the market value of properties. This includes a review of the average assessment-to-sales price ratio (ASR) for each assessment neighborhood. The ASR analysis compares the 2011 assessments to actual sale prices that occur during the year. The relationship between the 2011 assessment and subsequent sale price helps determine whether an assessment adjustment is necessary for 2012. As sale prices increase during the year, the existing ASR generally decreases (an inverse relationship), suggesting the need for assessments to be increased. Again, however, not all sale prices change uniformly throughout the County, and assessments are adjusted based on an analysis of actual sales data and comparable properties within neighborhoods.

Like other Virginia jurisdictions, DTA appraisers use market sales and cost data to determine residential property assessments. Field surveys and other data are also used to help compare property sales based on comparable physical characteristics. While market sales data provides the ultimate framework for assessing residential property, staff also analyzes depreciated "cost" information to help determine the appropriate assessment level. The assessed value allocated to land this year remains a relatively constant percent of the total assessment.

For commercial income producing properties such as office buildings, the capitalized income approach to valuation is the principal assessment methodology used to assess market value.

COMMONWEALTH OF VIRGINIA
CERTIFIED COPY OF DEATH RECORD

Death Certificate

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

COPY A

FOR DIVISION OF VITAL RECORDS

REGISTRATION AREA NUMBER 106		CERTIFICATE NUMBER 0548		STATE FILE NUMBER	
1. FULL NAME OF DECEDENT (first, middle, last) Charles Mac Bogdonoff			2. SEX male <input checked="" type="checkbox"/> female <input type="checkbox"/>		
3. DATE OF DEATH (mo., day, year) May 8, 2010		4. AGE (years, months, days) 71		5. DATE OF BIRTH (mo., day, year) July 9, 1938	
7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) Capital Hospice			8. COUNTY OF DEATH (if independent city, leave blank) Arlington		
9. CITY OR TOWN OF DEATH Arlington			10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 4715 N. 15th St.		
11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE Virginia			12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) Fairfax		
13. CITY OR TOWN OF RESIDENCE McLean			14. STREET ADDRESS OR RT. NO. OF RESIDENCE 607 Chain Bridge Rd.		
15. NAME OF DECEDENT'S FATHER Samuel Bogdonoff			16. MAIDEN NAME OF DECEDENT'S MOTHER Annabel Rosenthal		
17. RACE OF DECEDENT White		18. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc. <input checked="" type="checkbox"/> no <input type="checkbox"/> yes		19. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (1-4 or 5+) 5+	
20. CITIZEN OF WHAT COUNTRY USA		21. BIRTHPLACE (state or country) Dist. of Col.		23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) Pamela Bogdonoff	
24. SOCIAL SECURITY NUMBER 577-52-9713		25. USUAL OR LAST OCCUPATION Self Employed		26. KIND OF BUSINESS OR INDUSTRY Dentist	
27. INFORMANT - OR SOURCE OF INFORMATION - RELATIONSHIP Pamela Bogdonoff - Wife		28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (A) Lymphoma IMMEDIATE CAUSE (Final disease or condition resulting in death) → DUE TO (OR AS A CONSEQUENCE OF): (B) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): (C)			
28a. AUTOPSY? AUTHORIZED BY: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		28b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes <input type="checkbox"/> no <input type="checkbox"/> unknown <input type="checkbox"/>			
28c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH		28d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED			
28e. TIME OF INJURY (mo., day, year) A.M. _____ P.M. _____		28f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input type="checkbox"/>		28g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)	
28h. (city or town) (county) (state)		28i. To the best of my knowledge, death occurred at 6:25 A.M. (a.m. (p.m.) on the date and place and from the cause(s) stated.			
ACTUAL SIGNATURE Brenda R. Kiessling MD		DATE SIGNED: 10 May 2010			
NAME OF ATTENDING PHYSICIAN (Type or Print) BRENDA R. KIESSLING MD		ADDRESS OF ATTENDING PHYSICIAN 4715 N. 15th St., Arlington VA, 22205			
29. BURIAL REMOVAL CREMATION <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		30. PLACE OF BURIAL REMOVAL, ETC. National Crematory Falls Church, VA			
31. (Signature of funeral director or person legally filing this certificate) Kevin Hoyle		NAME OF FUNERAL HOME AND ADDRESS: National Funeral Home 7482 Lee Highway, Falls Church, VA 22042			
32. (Signature of registrar) Stacyda Jones		DATE RECORD FILED: 05/12/2010			
RESERVED FOR REGISTRAR'S USE					

IMPROVE YOUR SERVICE THROUGH INDEPENDENT REVIEW OR PRINT LEGALLY WHAT YOU NEED. THIS IS A PERMANENT RECORD. SUBJECT TO REPRODUCTION BY MICROFILM AND OTHER PHOTOGRAPHIC PROCESS.

This is to certify that this is a true and correct reproduction of the original record filed with the Arlington Department of Human Services, Arlington, Virginia.

Date Issued: May 12, 2010

Stacyda Jones
Registrar or Deputy

(SEAL)

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE. DO NOT ACCEPT UNLESS IT BEARS THE IMPRESSED SEAL OF THE ARLINGTON DEPARTMENT OF HUMAN SERVICES CLEARLY AFFIXED Section 32-1-272, Code of Virginia, as Amended.

**COMMONWEALTH OF VIRGINIA
MARRIAGE REGISTER**

Marriage License

COPY A
FOR CLERK OF COURT

CIRCUIT COURT FOR CITY OR COUNTY OF Arlington						CLERK'S NUMBER 2015-02285	
PARTY A (check one) <input checked="" type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE							
1. FULL NAME (first) (middle) (last) (suffix) Pamela Joyce Bogdonoff						MAIDEN SURNAME (if different from last) Fox	
2. SEX F	3. AGE 62	4. DATE OF BIRTH (Month, Day, Year) 7/19/1953		5. PLACE OF BIRTH (state or foreign country) New York, NY		6. (DO NOT WRITE IN THIS SPACE)	
7. RACE Caucasian			8. NUMBER OF THIS MARRIAGE 3	9. MARITAL STATUS (if previously married) <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED			
10. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) 12		College (1-4 or 5+) 4		11. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER 607 Chain Bridge Rd.			
11a. CITY OR TOWN OF RESIDENCE McLean			11b. County (if independent city, leave blank) Fairfax		11c. STATE (OR FOREIGN COUNTRY) VA 22101		
12. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) Charles Dickens Fox			12a. SEX M	13. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) Julia Martha Raffaelli		13a. SEX F	
PARTY B (check one) <input type="checkbox"/> BRIDE <input checked="" type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE							
14. FULL NAME (first) (middle) (last) (suffix) Christopher Porter Wright						MAIDEN SURNAME (if different from last)	
15. SEX M	16. AGE 66	17. DATE OF BIRTH (Month, Day, Year) 7/15/1949		18. PLACE OF BIRTH (state or foreign country) Washington, D.C.		19. (DO NOT WRITE IN THIS SPACE)	
20. RACE Caucasian			21. NUMBER OF THIS MARRIAGE 2	22. MARITAL STATUS (if previously married) <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED			
23. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) 12		College (1-4 or 5+) 5+		24. USUAL RESIDENCE: STREET ADDRESS OR RT. NUMBER 607 Chain Bridge Rd.			
24a. CITY OR TOWN OF RESIDENCE McLean			24b. County (if independent city, leave blank) Fairfax		24c. STATE (OR FOREIGN COUNTRY) VA 22101		
25. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) William Lyon Wright			25a. SEX M	26. NAME OF PARENT (first, middle, last, suffix) (maiden name if any) Marjorie Porter		26a. SEX F	

Margin reserved for binding. Please use black ribbon in typewriter or black unfinishing ink. This is a permanent record.

- CELEBRANT -
PLEASE RETURN THIS LICENSE WITHIN FIVE DAYS AFTER THE CEREMONY TO:
PAUL FERGUSON, CLERK
ARLINGTON COUNTY CIRCUIT COURT
1425 N. COURTHOUSE ROAD, ROOM 6700
ARLINGTON, VIRGINIA 22201

MARRIAGE LICENSE

27. TO ANY PERSON LICENSED TO PERFORM MARRIAGES
You are hereby authorized to join the above-named persons in marriage under procedures outlined in the statutes of the Commonwealth of Virginia.

Date issued **8/18/2015 2:22 PM**
License Expires Sixty Days After Above Date

Date Received by Clerk of Court from Officiant **8/25/15**

Signature *[Signature]*
Clerk of Court or Deputy

TO OFFICIANT:
Complete and sign certificate on both copies

MARRIAGE LICENSE

28. DATE OF MARRIAGE **August 25, 2015**

29. PLACE OF MARRIAGE **Arlington**

30. TYPE OF CEREMONY CIVIL RELIGIOUS

31. I CERTIFY THAT I JOINED THE ABOVE NAMED PERSONS IN MARRIAGE ON THE DATE AND AT THE PLACE SPECIFIED

SIGNATURE OF OFFICIANT *[Signature]* TITLE OF OFFICIANT **Civil Magistrate**

Authorized to perform marriages by the Circuit Court for **Arlington County**, Virginia, in **1982** (year of authorization)

NAME OF OFFICIANT (type or print) **Gerald E. Williams**

ADDRESS OF OFFICIANT **2456 N. Lexington Street, Arlington, VA 22207-1466**
(street or route number) (city or town) (state)

Return both copies within five days to Clerk of Court issuing license

Section 32.1-267 Code of Virginia

VS3 7/15

A COPY,
TESTE PAUL FERGUSON
BY *[Signature]*
DEPUTY CLERK

COMMONWEALTH OF VIRGINIA
STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS



Certificate Of Marriage

I CERTIFY THAT I JOINED TOGETHER IN MARRIAGE:

CHRISTOPHER PORTER WRIGHT

AND PAMELA JOYCE BOGDONOFF

ON AUGUST 25, 2015 IN ARLINGTON COUNTY, VIRGINIA,

BY AUTHORITY OF A LICENSE ISSUED BY THE CLERK OF THE CIRCUIT COURT OF
ARLINGTON COUNTY, VIRGINIA, DATED AUGUST 18, 2015

GIVEN UNDER MY HAND ON AUGUST 25, 2015

Gerald E. Williams
(Signature of Officiant)
GERALD E. WILLIAMS - CIVIL MAGISTRATE
(Title of Officiant)

VS 3B 08/14

THIS IS NOT A CERTIFIED CERTIFICATE



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County.

NOTICE OF VIOLATION Fairfax County Zoning Ordinance

DATE OF ISSUANCE: February 2, 2016

METHOD OF SERVICE: OFFICE OF THE SHERIFF

LEGAL NOTICE ISSUED TO: Pamela J. Wright (FKA Pamela J. Bogdonoff)
ADDRESS: Charles M. Bogdonoff
607 Chain Bridge Road
McLean, VA 22101

LOCATION OF VIOLATION: 607 Chain Bridge Road
Mc Lean, VA 22101-1811

TAX MAP REF: 0321 01 0015
ZONING DISTRICT: R- 2

CASE #: 201600110 **SR #:** 123808

ISSUING INVESTIGATOR: Wayne Bass: (703) 324-1931

POTENTIAL CIVIL PENALTIES UNDER ZONING ORDINANCE

§ 18-903(1):	Zoning Violation	First Offense	Each Subsequent Offense
	§02.501	\$200.00	\$500.00
	TOTAL:	\$200.00	\$500.00

Dear Responsible Party:

An inspection of the above referenced property on January 28, 2016 revealed the following violation of the Fairfax County Zoning Ordinance:

§ 2-501 Limitation on the Number of Dwelling Units on a Lot:

The inspection revealed there are three (3) complete and separate dwellings in this single family dwelling unit on the above-referenced property. Part 3 of Article 20 of the Zoning Ordinance defines a

Department of Code Compliance
12055 Government Center Parkway, Suite 1016
Fairfax, Virginia 22035-5508
Phone 703-324-1300 Fax 703-653-9459 TTY 711
www.fairfaxcounty.gov/code

Pamela J. Wright (FKA Pamela J. Bogdonoff)
Charles M. Bogdonoff
February 2, 2016
SR 123808
Page 2

dwelling unit as:

One (1) or more rooms in a residential building or residential portion of a building which are arranged, designed, used, or intended for use as a complete, independent living facility which includes provisions for living, sleeping, eating, cooking and sanitation. Occupancy shall be in accordance with the provisions of Sect. 2-502.

Therefore, the presence of more than one dwelling unit on the above-referenced property is in violation of Sect. 2-501 of the Zoning Ordinance which states, in part:

There shall be not more than one (1) dwelling unit on any one (1) lot, nor shall a dwelling unit be located on the same lot with any other principal building....

You are hereby directed to clear this violation within thirty (30) days of the date of this notice. Compliance can be achieved as follows:

- Removing, on a permanent basis, all interior door locks that prevent the free and unfettered access to all common living areas or which may separate different levels of the structure; and
 - Removing, on a permanent basis, all but one kitchen located in the dwelling to include: the ovens, microwave, ranges, sinks, cabinets, countertops, refrigerators, and freezers or combinations thereof; all other appliances and accoutrements used or intended for use for cooking or eating, and all plumbing, electrical, and gas connections and piping; and
 - Applying for and obtaining approval from the Fairfax County Building Official (12055 Government Center Parkway, Second Floor, Permit Application Center) for a valid demolition permit for the removal of all electrical circuits, plumbing fixtures and piping and natural gas piping systems which were installed to establish the second kitchen in the dwelling unit at this property, and obtaining a passing final inspection of such demolition work; and
 - Ceasing, on a permanent basis, the use of all but one (1) dwelling unit, on the property, and restoring the structure such that it contains no more than one (1) dwelling unit.
-

Pamela J. Wright (FKA Pamela J. Bogdonoff)
Charles M. Bogdonoff
February 2, 2016
SR 123808
Page 3

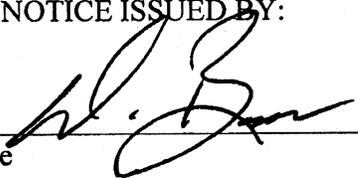
A follow-up inspection will be made at the expiration of the time period outlined in this Notice. Failure to comply with the notice will result in the initiation of appropriate legal action to gain compliance with the Zoning Ordinance which can result in court ordered sanctions or civil penalties. Civil penalties may be ordered in the amount of \$200.00 for each violation of the Zoning Ordinance cited herein for the first violation and \$500.00 for each violation of the Zoning ordinance cited herein for any subsequent violation, in accordance with Zoning Ordinance §18-903(1).

You may have the right to appeal this Notice of Zoning Violation within thirty (30) days of the date of this letter in accordance with Sec. 15.2-2311 of the Code of Virginia. This decision shall be final and unappealable if it is not appealed within such thirty (30) days. Should you choose to appeal, the appeal must be filed with the Zoning Administrator and the Board of Zoning Appeals (BZA) in accordance with Part 3 of Article 18 of the Fairfax County Zoning Ordinance. Those provisions require the submission of an application form, a written statement setting forth the decision being appealed, the date of decision, the grounds for the appeal, how the appellant is an aggrieved party, any other information that you may wish to submit and a \$600.00 filing fee. Once an appeal application is accepted, it will be scheduled for public hearing and decision before the BZA. For information regarding an appeal contact:

Zoning Administration Division
12055 Government Center Parkway, Suite 807
Fairfax, Virginia 22035
Office: (703) 324-1314
Information and forms can also be obtained at <http://www.fairfaxcounty.gov/dpz/bza/appeals/>.

If you have questions, would like to schedule an appointment to meet with an investigator, or schedule a follow up inspection, please contact me directly at (703) 324-1931. For any other questions, contact our main office at (703) 324-1300.

LEGAL NOTICE ISSUED BY:

Signature 

Wayne Bass
Code Compliance Investigator
(703) 324-1931
Wayne.Bass@fairfaxcounty.gov

PERSONAL SERVICE _____
 Being unable to make personal service a copy was delivered in the following manner:
 Delivered to a person found in charge of usual place of business or employment during business hours and giving information of its purport.
 Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode or party named above after giving information its purport. List name, age of recipient, and relation of recipient to party named above.

 Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above (Other authorized recipient not found).
 Served on a Secretary of the Commonwealth
 Not found.

2/2/16 J. Hernandez 773
DATE Stacey A. Kincaid, Sheriff
Fairfax County, VA

PERSONAL SERVICE _____
 Being unable to make personal service a copy was delivered in the following manner:
 Delivered to a person found in charge of usual place of business or employment during business hours and giving information of its purport.
 Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode or party named above after giving information its purport. List name, age of recipient, and relation of recipient to party named above.

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 Served on a Secretary of the Commonwealth
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DATE Stacey A. Kincaid, Sheriff
Fairfax County, VA

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 Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above (Other authorized recipient not found).
 Served on a Secretary of the Commonwealth
 Not found.

SERVING OFFICER _____
for _____
DATE _____

PERSONAL SERVICE _____
 Being unable to make personal service a copy was delivered in the following manner:
 Delivered to a person found in charge of usual place of business or employment during business hours and giving information of its purport.
 Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode or party named above after giving information its purport. List name, age of recipient, and relation of recipient to party named above.

 Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above (Other authorized recipient not found).
 Served on a Secretary of the Commonwealth
 Not found.

SERVING OFFICER _____
for _____
DATE _____

MAP REFERENCE			
Plot Number	Subd. Des.	Blk. or Sec.	Parcel or lot

COUNTY OF FAIRFAX, VIRGINIA
OFFICE OF THE BUILDING INSPECTOR
 Application for Building Permit
 and Certificate of Occupancy

APPLICATION NO. <u>44 4986</u>
DATE 19 <u>71</u> PERMIT NO. <u>242794</u>

To: BUILD ALTER OR REPAIR ADD TO DEMOLISH MOVE

JOB LOCATION	Street <u>607 CHAIN BRIDGE RD</u>
	Lot No. <u>13</u>
OWNER	Subdivision <u>WATMAN & WARD</u>
	Corp. Name <u>WATMAN & WARD INC</u>
ARCHITECT ENGINEER	Name <u>MICHAEL WATMAN</u>
	Address <u>2369 PADDOCK LA</u>
	City <u>ROSTON VA</u>
	Telephone Number <u>471-4264</u>
CONTRACTOR	Name <u>OWNER</u>
	Address
	City

DESCRIPTION

For: New Dwelling
Brentwood #2

No. of Bldgs. 1 Est. Const. Cost \$ 40,000.00
 No. of Units 1 No. of Stories 2
 No. of Kitchens 1 Penthouse _____
 No. of Baths 3 1/2 Ht. of Bldg. 21 ft.
 No. of Rooms 10 Bldg. Area 13300 sq. ft.

(Exclude Kit. & Bath)
 Basement Slab Crawl Soil: Solid Fill

Ftg: Concrete Pile Caisson
 Ext. Walls: Wood Metal Brick
 Int. Walls: Plast Drywall Panel
 Roof: Flat Pitch Shed
 Roofing: Built-up Shingle Roll

Heat: Oil Gas Electric
 Equipment: Boiler Furnace Heat Pump. Air Cond.

Sewage: Public Community Septic Tank None
 Water: Public Individual Well None

Remarks: _____

I hereby certify that I have the authority to make this application, that the information given is correct, and that the use and construction shall conform to the County Health Regulations, the Building and Zoning Ordinances, and private deed restrictions, if any, which are imposed on the property.

471-4264 6/4/71 [Signature]
 Phone No. Date Signature of Owner or Auth. Agent

APPLICANT: DO NOT WRITE BELOW THIS LINE

PLAN APPROVAL	Use Group of Building <u>L-3</u> Area of Bldg. _____ @ _____ per Sq. Ft. \$ _____
	Type of Construction <u>4-B</u> @ _____ \$ _____
	Fire District _____ @ _____ \$ _____
	Date Checked <u>6/11</u> 19 <u>71</u> By <u>[Signature]</u> TOTAL FEE \$ <u>48.00</u>

Approved by Building Inspector [Signature]

ROUTING	OFFICE	FLOOR	DATE	APPROVED BY	OFFICE	FLOOR	DATE	APPROVED BY
	Land Office	4th				Fire Marshall	B Level	
Zoning Administrator	6th	<u>6-11-71</u>	<u>[Signature]</u>		Design Review	7th	<u>6-11-71</u>	<u>[Signature]</u>
Sanitation	8th				Housing & License	6th		
Health Dept.	Annex	<u>4/11</u>	<u>[Signature]</u>					

I hereby certify to the following statement:

- All materials used for work performed under this permit will be paid directly to the supplier by the property owner.
- All compensation will be on an hourly basis and paid by the property owner directly to the person(s) performing work under this permit.

Date _____ 19 _____ By _____
 Property Owner Authorized Agent

Supervisor of Assessments

Property is listed in name of Watman and Ward Inc
 Magisterial District Ward Deed Book Reference 3376-117
 Supervisor: [Signature]

ZONING	Subdivision <u>Watman & Ward</u> Lot No. <u>3</u> Block _____ Section _____ Zone <u>R 17</u>
	Street Address <u>607 Chain Bridge Rd</u>
	Use of Bldg. <u>New - single family dwelling</u> No. Families <u>one</u>
	BZA _____ SITE PLAN <u>Plat attached</u>
	Set Back: Front <u>70</u> Rt. Side <u>45</u> Left Side <u>21</u> Rear <u>25</u> Zoning Administrator <u>[Signature]</u>

L191L001

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Approved for proposed
location of building as
shown.
subject to walls check.

Date **MAY 17 1974**

J. [Signature]
Zoning Administrator

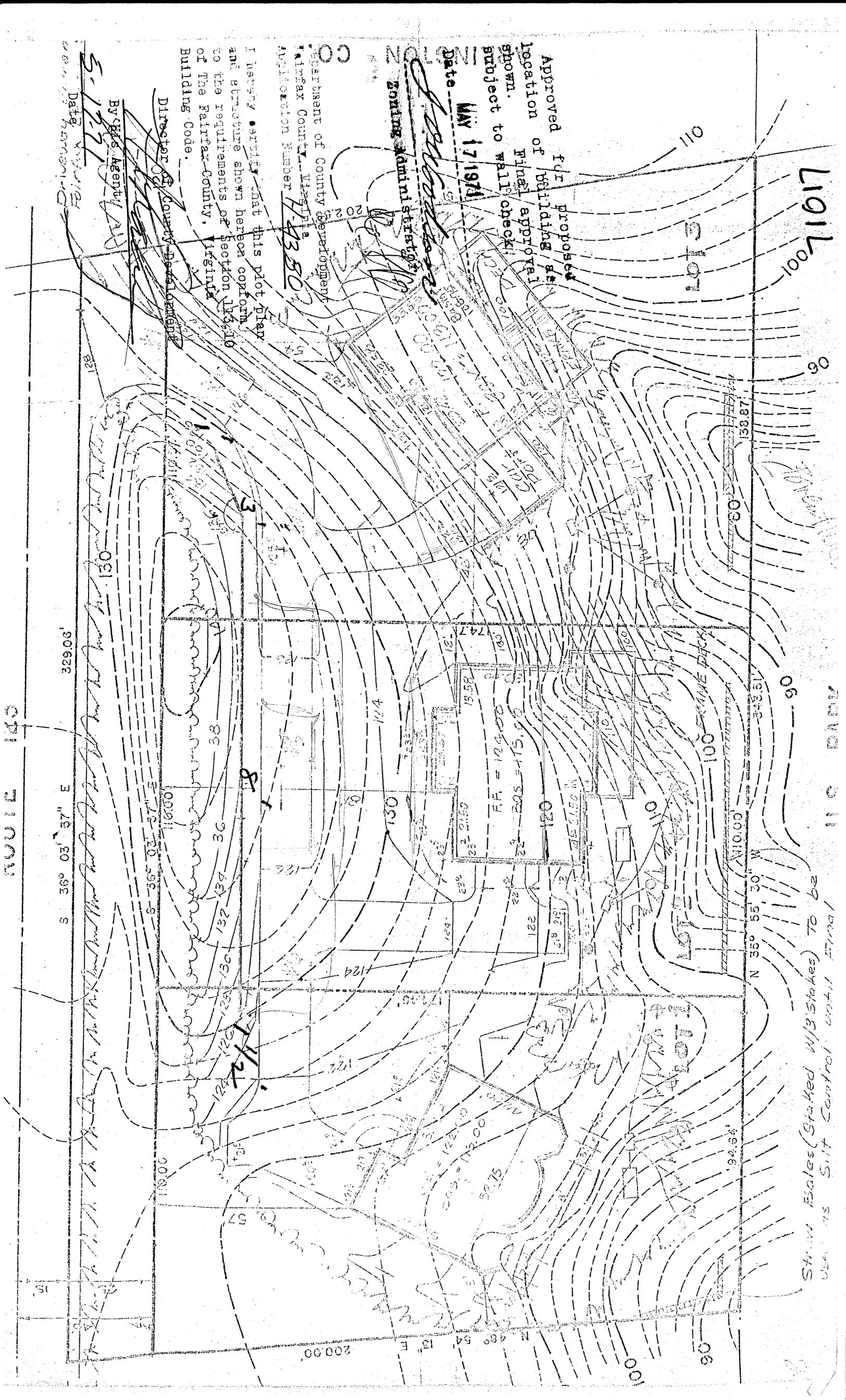
Department of County Development
Fairfax County, Virginia
Application Number **A-4380**

I hereby certify that this plot plan
and structure shown hereon conform
to the requirements of Section 13.3-10
of the Fairfax County, Virginia
Building Code.

Director of County Development

By: H.S. Agency

Date **5-17-74**



Stress Eales (Staked W/3 Stakes) to be
used as S/T Control until 5/17/74

CD1 71000

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200.00

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File *D941878*
 APPLICATION NO. *H 4350*
 DATE 19 *71* PERMIT NO.

MAP REFERENCE			
Plot Number	Subd. Des.	Blk. or Sec.	Parcel or lot
<i>321</i>	<i>1</i>	<i>13, 14, 15</i>	

COUNTY OF FAIRFAX, VIRGINIA
 OFFICE OF THE BUILDING INSPECTOR
 Application for Building Permit
 and Certificate of Occupancy

To: BUILD ALTER OR REPAIR ADD TO DEMOLISH MOVE

603 - 607 Chain Bridge Rd

JOB LOCATION
 Street *#123 AT ARLINGTON COUNTY LINE*
 Lot No. *1-2-3*
 Subdivision *WATMAN & WARD LEAS*

OWNER
 Corp. Name *WATMAN & WARD INC*
 Name *MICHAEL M. WATMAN*
 Address *2309 PADDOCK LA*
 City *RESTON*

ARCHITECT ENGINEER
 Name _____
 Address _____
 City _____

CONTRACTOR
 Name *Owner*
 Address _____
 City _____

DESCRIPTION
 For: *RETAINING WALL*

No. of Bldgs. _____ Est. Const. Cost \$ *400.00*
 No. of Units _____ No. of Stories _____
 No. of Kitchens _____ Penthouse _____
 No. of Baths _____ Ht. of Bldg. _____ ft.
 No. of Rooms _____ Bldg. Area _____ sq. ft.

(Exclude Kit. & Bath)
 Basement Slab Crawl Soil: Solid Fill

Ftg: Concrete Pile Caisson
 Ext. Walls: Wood Metal Brick
 Int. Walls: Plast Drywall Panel
 Roof: Flat Pitch Shed
 Roofing: Built-up Shingle Roll

Heat: Oil Gas Electric
 Equipment: Boiler Furnace Heat Pump Air Cond.

Sewage: Public Community Septic Tank None
 Water: Public Individual Well None

Remarks: _____

#1 615 Chain Bridge Rd
2 611
3 607

Retaining Wall

I hereby certify that I have the authority to make this application, that the information given is correct, and that the use and construction shall conform to the County Health Regulations, the Building and Zoning Ordinances, and private deed restrictions, if any, which are imposed on the property.

[Signature]
 Signature of Owner or Auth. Agent

Phone No. _____ Date _____

APPLICANT: DO NOT WRITE BELOW THIS LINE

PLAN APPROVAL
 Use Group of Building *M* Area of Bldg. _____ @ _____ per Sq. Ft. \$ _____
 Type of Construction _____ @ _____ \$ _____
 Fire District _____ @ _____ \$ _____
 Date Checked *5-17-71* By *[Signature]* TOTAL FEE \$ *5.00*
 Approved by Building Inspector *[Signature]*

ROUTING	OFFICE	FLOOR	DATE	APPROVED BY	OFFICE	FLOOR	DATE	APPROVED BY
	Land Office	4th	<i>5-17-71</i>	<i>MH</i>	Fire Marshall	B Level		
Zoning Administrator	8th	<i>5-17-71</i>	<i>[Signature]</i>	Design Review	7th	<i>11-71</i>	<i>[Signature]</i>	
Sanitation	8th			Housing & License	6th			
Health Dept.	Annex							

I hereby certify to the following statement:
 1. All materials used for work performed under this permit will be paid directly to the supplier by the property owner.
 2. All compensation will be on an hourly basis and paid by the property owner directly to the person(s) performing work under this permit.

Date _____ 19 _____ By _____
 Property Owner Authorized Agent

Supervisor of Assessments
 Property is listed in name of *Watman and Ward Inc*
 Magisterial District *Drumville* Deed Book Reference *3350-215*
 Supervisor: *[Signature]*

ZONING
 Subdivision *Watman & Ward* Lot No. _____ Block _____ Section _____ Zone *R 17*
 Street Address *607, 611, 615 Chain Bridge Rd*
 Use of Bldg. *Retaining wall* Use after Alteration _____ No. Families _____
 BZA _____ SITE PLAN *[Attached]*
 Set Back: Front _____ Rt. Side _____ Left Side _____ Rear _____
 Zoning Administrator *[Signature]*

Jan 16 1976

MAP REFERENCE			
Plot Number	Subd. Des.	Blk. or Sec.	Parcel or lot
21	1		15

COUNTY OF FAIRFAX, VIRGINIA
 DEPARTMENT OF
 ENVIRONMENTAL MANAGEMENT
 Application for Building Permit

APPLICATION NO.	160430992
DATE	19 76
PERMIT NO.	

To: BUILD ALTER OR REPAIR ADD TO DEMOLISH MOVE

JOB LOCATION
 St. set 607 Chain Bridge Rd
 Lot No. 3
 Subdivision Watman Ward, Inc

OWNER
 Corp. Name _____
 Name Dr. Mrs. Charles Bogdanoff
 (Reg. Agent)
 Address 607 Chain Bridge Rd.
 City 11810 527-4755
 Telephone Number

ARCHITECT ENGINEER
 Name _____
 Address _____
 City _____ State Reg. No. _____

CONTRACTOR
 Name Aquarius Pools
 Address 1235 Lee Hwy
 City Fairfax Va.
 County Reg. # 1521 State Reg. # _____

DESCRIPTION

For: 500 sq ft Inground Swimming Pool

No. of Bldgs. _____ Est. Const. Cost \$ 12,000.00
 No. of Units _____ No. of Stories _____
 No. of Kitchens _____ Penthouse _____
 No. of Baths _____ Ht. of Bldg. _____ ft.
 No. of Rooms _____ Bldg. Area _____ sq. ft.
 (Exclude Kit. & Bath)
 Basement Slab Crawl Soil: Solid
 Fill

Ftg: Concrete Pile Caisson
 Ext. Walls: Wood Metal Brick
 Int. Walls: Plast Drywall Panel
 Roof: Flat Pitch Shed
 Roofing: Built-up Shingle Roll

Heat: Oil Gas Electric
 Equipment: Boiler Furnace Heat Pump. Air Cond.

Sewage: Public Community Septic Tank None
 Water: Public Individual Well None

Remarks: _____

I hereby certify that I have the authority to make this application, that the information given is correct, and that the use and construction shall conform to the County Health Regulations, the Building and Zoning Ordinances, and private deed restrictions, if any, which are imposed on the property.

591-3590 4/26/76 Alan N. Bohling
 Phone No. Date Signature of Owner or Auth. Agent

APPLICANT: DO NOT WRITE BELOW THIS LINE

PLAN APPROVAL
 Use Group of Building 4B Area of Bldg. _____ @ _____ per Sq. Ft. \$ _____
 Type of Construction _____ @ _____ \$ _____
 Fire District _____ @ _____ \$ _____
 Date Checked 4/26/76 19 76 By J. H. H. **TOTAL FEE** \$ 1100
 Approved by Building Inspector Joseph D. ...

ROUTING	OFFICE	DATE	APPROVED BY	OFFICE	DATE	APPROVED BY
	Land Office	4/21/76	J. H.	Fire Marshall		
Zoning Administrator	4-23-76	J. H.	Design Review	4-23-76	J. H.	
Public Works			Housing & License	4/20/76	J. H.	
Health Dept.	4-23-76	J. H.	Assessments	4-23-76	J. H.	

I hereby certify to the following statement:
 1. All materials used for work performed under this permit will be paid directly to the supplier by the property owner.
 2. All compensation will be on an hourly basis and paid by the property owner directly to the person(s) performing work under this permit.

Date _____ 19 _____ By _____
 Property Owner Authorized Agent

Supervisor of Assessments
 Property is listed in name of Charles M. Bogdanoff
 Magisterial District Greenbelt Deed Book Reference 10 3707-428
 Supervisor: Samuel A. Patterson

ZONING
 Subdivision Watman Ward, Inc Lot No. 3 Block _____ Section _____ Zone R-17
 Street Address 607 Chain Bridge Rd
 Use of Bldg. add pool Use after Alteration not attached No. Families _____
 BZA _____ SITE PLAN _____
 Set Back: Front 10' Rt. Side 13' Left Side 36' Rear 39'
 Zoning Administrator

52-1-1001 20110

760415 0142

607 Chain Bridge Rd.

Dranerwill

pool

NOTE: THIS FIRM DOES NOT CERTIFY AS TO THE EXISTENCE OR LOCATION OF ANY UNDERGROUND UTILITIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR ALL EXISTING UTILITY CROSSINGS PRIOR TO CONSTRUCTION.

Approved for proposed location of building as shown. Final approval subject to wall check.

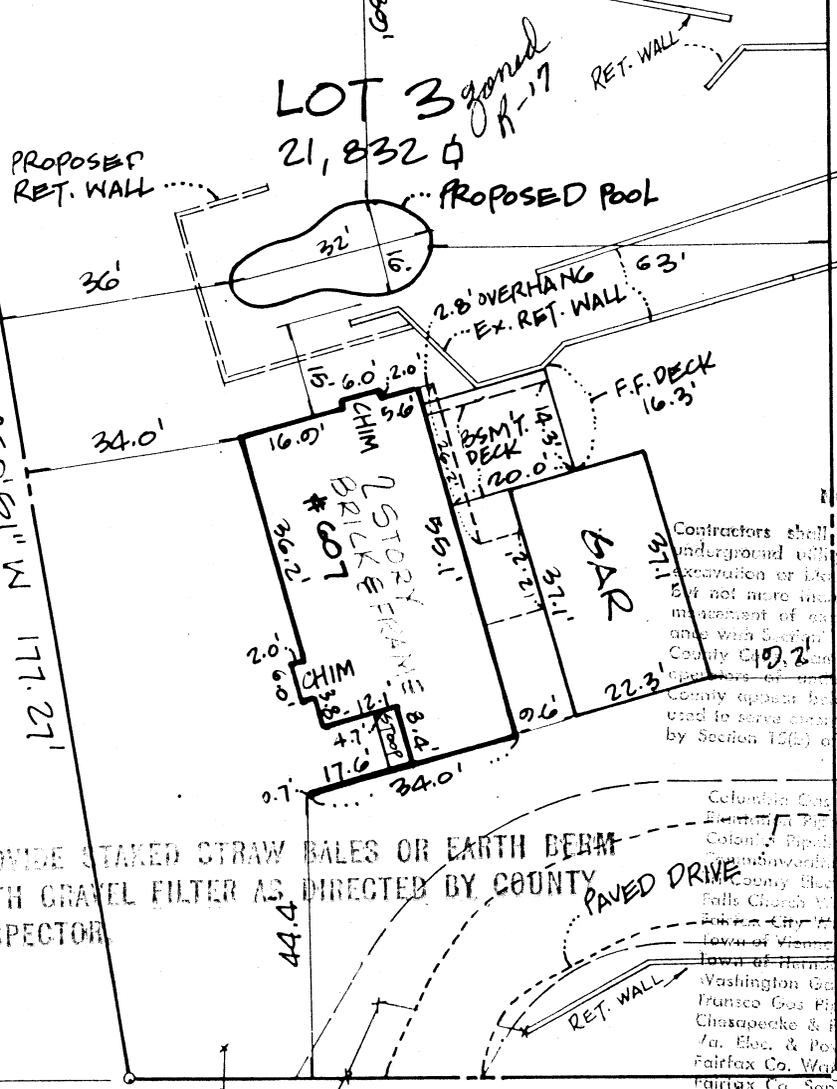
U.S. GOVERNMENT PROPERTY

Date APR 23 1976

5256

[Signature]
Zoning Administrator

N 35°55'30" W 138.97



DIVISION OF ENVIRONMENTAL HEALTH
 Emergency emptying of pool to be discharged to storm sewer. Filter backwash to be disposed of so that drainage does not enter onto an adjacent property.

PROVIDE STAKED STRAW BALES OR EARTH BERM WITH GRAVEL FILTER AS DIRECTED BY COUNTY INSPECTOR

Contractors shall notify operators who maintain underground utility lines in the area of proposed excavation or boring, at least two working days, but not more than ten working days prior to commencement of excavation or demolition in accordance with Section 12.2 of Chapter 25 of the Fairfax County Code. Operators and telephone numbers of the utility lines in Fairfax County appear below. These numbers may also be used to serve emergency condition notices as required by Section 12.2 of Chapter 25 of the Code.

- Columbia Gas of Va. (703) 438-1118
- Colonial Pipeline Co. (703) 438-1041
- County Electric Gas (703) 832-0800
- Falls Church Water Service (703) 790-2760
- Rockwell Electric Service (703) 8007 ex 241
- Town of Vienna Water Service (703) 8007 ex 241
- Washington Gas Light Co.
- Transco Gas Pipeline Co.
- Chesapeake & Pot. Tel. Co.
- Va. Elec. & Power Co.
- Fairfax Co. Water Authority
- Fairfax Co. San. Sewer Div.
- Wide William Elec. Co-op.
- Columbia Gas of Va.
- A.T.&T. Co.

25' INGRESS & EGRESS EASEMENT

MISS UTILITY (304) 559-0100

CHAIN BRIDGE ROAD (ROUTE 123)
 APPROVED
 DIVISION OF DESIGN REVIEW

PROPOSED POOL LOCATION
 LOT 3

4-23-76 BY *[Signature]*
 DATE DIV. DIRECTOR OR HIS AGENT

RESUBDIVISION OF THE PROPERTY OF
WATMAN WARD, INC.



FAIRFAX COUNTY VIRGINIA
 SCALE 1" = 30' APRIL 15-1976

BARTLETT & CHAVEZ, INC., P.C.
 ENGINEERING SURVEYING LAND PLANNING
 FAIRFAX, VIRGINIA 273-6632

NO TITLE REPORT FURNISHED

FOR: *BOGDENOFF*

CHECKED BY: *[Signature]*

dup OK - 10
DSL

7605 B 0531

COUNTY OF FAIRFAX, VIRGINIA
OFFICE OF THE BUILDING INSPECTOR

Application for Building Permit
and Certificate of Occupancy

APPLICATION NO. _____	
DATE _____ 19__	PERMIT NO. _____

MAP REFERENCE			
Plot Number	Subd. Des.	Blk. or Sec.	Parcel or lot
3211	1		15

To: BUILD ALTER OR REPAIR ADD TO DEMOLISH MOVE

JOB LOCATION	Street <u>607 Chain Bridge Rd.</u>
	Lot No. <u>2</u>
OWNER	Subdivision <u>Watman Ward, Inc</u>
	Corp. Name _____
ARCHITECT ENGINEER	Name <u>William D. Blackwell</u>
	Address <u>Conestoga Va.</u>
	City _____
	State Reg. No. _____
CONTRACTOR	Name <u>Agustus Proks</u>
	Address <u>11325 Lee Hwy</u>
	City <u>Lansing Va</u>
	County Reg. # <u>1521</u> State Reg. # _____

DESCRIPTION

For: Masonry Ret Wall

No. of Bldgs. _____ Est. Const. Cost \$ 1,500.00

No. of Units _____ No. of Stories _____

No. of Kitchens _____ Penthouse _____

No. of Baths _____ Ht. of Bldg. _____ ft.

No. of Rooms _____ Bldg. Area _____ sq. ft.

(Exclude Kit. & Bath)

Basement Slab Crawl Soil: Solid Fill

Ftg: Concrete Pile Caisson

Ext. Walls: Wood Metal Brick

Int. Walls: Plast Drywall Panel

Roof: Flat Pitch Shed

Roofing: Built-up Shingle Roll

Heat: Oil Gas Electric

Equipment: Boiler Furnace Heat Pump Air Cond.

Sewage: Public Community Septic Tank None

Water: Public Individual Well None

Remarks: _____

I hereby certify that I have the authority to make this application, that the information given is correct, and that the use and construction shall conform to the County Health Regulations, the Building and Zoning Ordinances, and private deed restrictions, if any, which are imposed on the property.

Phone No. 591-5590 Date 5/12/76 Signature of Owner or Auth. Agent Alan Volking

APPLICANT: DO NOT WRITE BELOW THIS LINE

PLAN APPROVAL	Use Group of Building <u>4B</u> Area of Bldg. _____ @ _____ per Sq. Ft. \$ <u>6/1000</u>
	Type of Construction _____ @ _____ \$ _____
	Fire District _____ @ _____ \$ _____
	Date Checked <u>5/12/76</u> 19__ By <u>[Signature]</u> TOTAL FEE \$ <u>27.00</u>

ROUTING	OFFICE	FLOOR	DATE	APPROVED BY	OFFICE	FLOOR	DATE	APPROVED BY
	Land Office			5/12/76	WH	Fire Marshall		
Zoning Administrator			5/12/76	BL	Design Review		5-12-76	[Signature]
Sanitation					Housing & License		5/12/76	[Signature]
Health Dept.					Assessments	3rd	5/12/76	BW

I hereby certify to the following statement:

- All materials used for work performed under this permit will be paid directly to the supplier by the property owner.
- All compensation will be on an hourly basis and paid by the property owner directly to the person(s) performing work under this permit.

Date _____ 19__ By _____

Property Owner _____ Authorized Agent _____

Supervisor of Assessments

Property is listed in name of Charles M. Seaborn

Magisterial District Conestoga Deed Book Reference 3765-428

Supervisor: Samuel G. Patterson

Subdivision _____ Lot No. _____ Block _____ Section _____ Zone R-17

Street Address 607 Chain Bridge Rd

Use of Bldg. retaining wall Use after Alteration old street No. Families _____

BZA _____ SITE PLAN [Signature]

Set Back: Front [Signature] Rt. Side _____ Left Side _____ Rear _____

Zoning Administrator _____

32-1 DC1 LOT 15
607 Chain Bridge Rd.
wall

7605150531
D. Rawenell

NOTE: THIS FIRM DOES NOT CERTIFY AS TO THE EXISTENCE OR LOCATION OF ANY UNDERGROUND UTILITIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR ALL EXISTING UTILITY CROSSINGS PRIOR TO CONSTRUCTION.

NOTICE REQUIRED

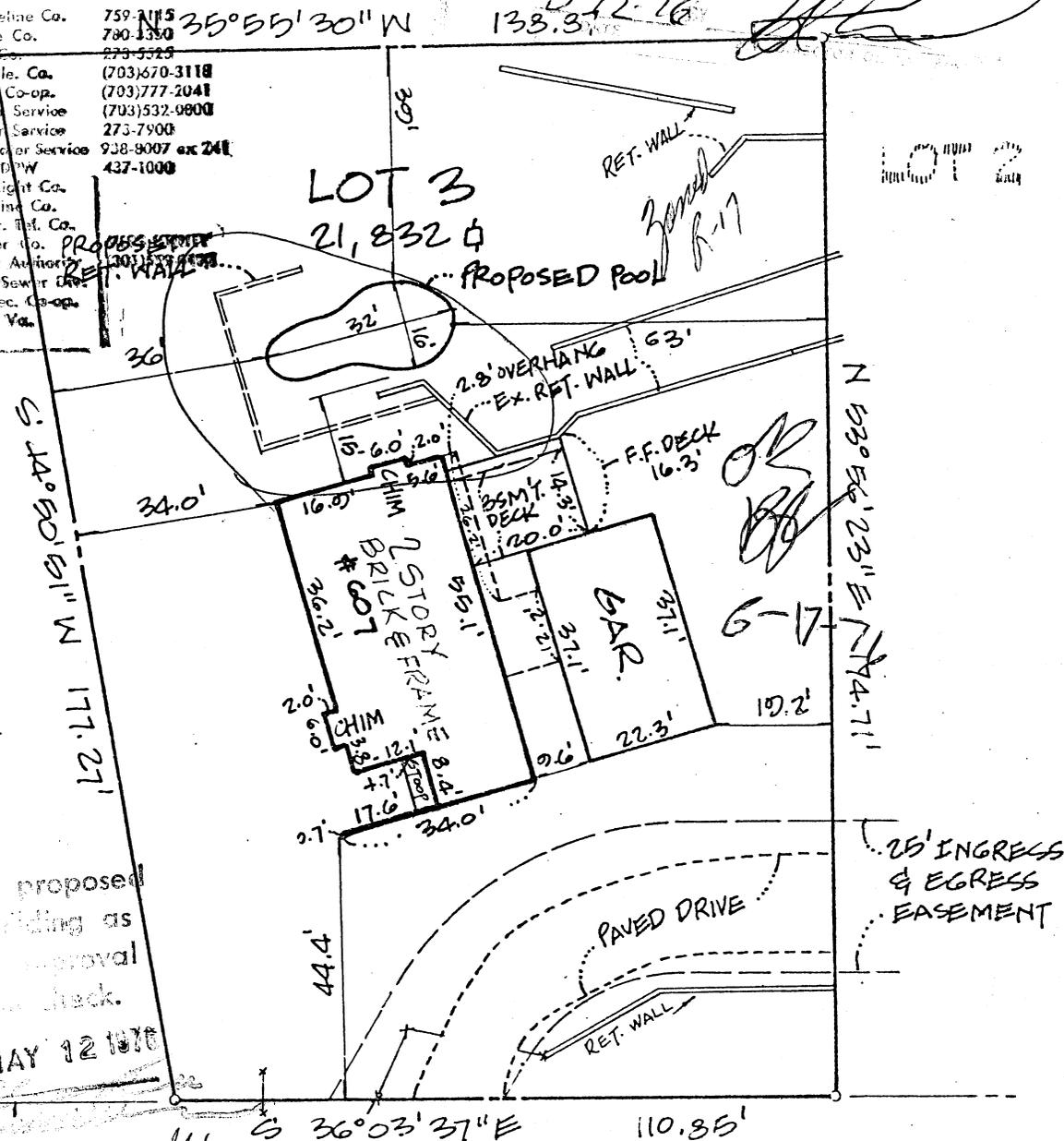
Contractors shall notify operators who maintain underground utility lines in the area of proposed excavation or blasting, at least two working days, but not more than ten working days prior to commencement of excavation or demolition in accordance with Section 10(a) of Chapter 6B of the Fairfax County Code. Names and telephone numbers of the operators of underground utility lines in Fairfax County appear below. These numbers may also be used to serve emergency condition notice as required by Section 15(b) of Chapter 6B of the Code.

U.S. GOVERNMENT
PROPERTY

APPROVED
DIVISION OF DESIGN

5-12-76
138.3'

- Columbia Gas Pipeline Co. 759-3115
- Plantation Pipeline Co. 790-1350
- Colonial Pipeline Co. 273-5325
- Commonwealth Tile Co. (703)670-3118
- Tri-County Electric Co-op. (703)777-2041
- Fells Church Water Service (703)532-0800
- Fairfax City Water Service 273-7900
- Town of Vienna Water Service 938-9007 ex 241
- Town of Herndon DW 437-1000
- Washington Gas Light Co.
- Transco Gas Pipeline Co.
- Chesapeake & Pot. Tel. Co.
- Va. Elec. & Power Co. 301-577-4331
- Fairfax Co. Water Authority
- Fairfax Co. San. Sewer Div.
- Prince William Elec. Co-op.
- Columbia Gas of Va.
- A.T.&T. Co.



Approved for proposed location of building as shown on approval of zoning check.

MAY 12 1976

Planning Administrator

CHAIN BRIDGE ROAD (ROUTE 123)

PROPOSED POOL LOCATION
LOT 3
RESUBDIVISION OF THE PROPERTY OF
WATMAN WARD, INC.

FAIRFAX COUNTY VIRGINIA
SCALE 1" = 30' APRIL 15 - 1976

BARTLETT & CHAVEZ, INC., P.C.
ENGINEERING SURVEYING LAND PLANNING
FAIRFAX, VIRGINIA 273-6632

NO TITLE REPORT
FURNISHED



FOR: BOGDENOFF

CHECKED BY: [Signature]

Zoning Ordinance Provisions

8-006 General Standards

In addition to the specific standards set forth hereinafter with regard to particular special permit uses, all special permit uses shall satisfy the following general standards:

1. The proposed use at the specified location shall be in harmony with the adopted comprehensive plan.
2. The proposed use shall be in harmony with the general purpose and intent of the applicable zoning district regulations.
3. The proposed use shall be such that it will be harmonious with and will not adversely affect the use or development of neighboring properties in accordance with the applicable zoning district regulations and the adopted comprehensive plan. The location, size and height of buildings, structures, walls and fences, and the nature and extent of screening, buffering and landscaping shall be such that the use will not hinder or discourage the appropriate development and use of adjacent or nearby land and/or buildings or impair the value thereof.
4. The proposed use shall be such that pedestrian and vehicular traffic associated with such use will not be hazardous or conflict with the existing and anticipated traffic in the neighborhood.
5. In addition to the standards which may be set forth in this Article for a particular group or use, the BZA shall require landscaping and screening in accordance with the provisions of Article 13.
6. Open space shall be provided in an amount equivalent to that specified for the zoning district in which the proposed use is located.
7. Adequate utility, drainage, parking, loading and other necessary facilities to serve the proposed use shall be provided. Parking and loading requirements shall be in accordance with the provisions of Article 11.
8. Signs shall be regulated by the provisions of Article 12; however, the BZA, under the authority presented in Sect. 007 below, may impose more strict requirements for a given use than those set forth in this Ordinance.

8-903 Standards for All Group 9 Uses

In addition to the general standards set forth in Sect. 006 above, all Group 9 special permit uses shall satisfy the following standards:

1. All uses shall comply with the lot size and bulk regulations of the zoning district in which located, except as may be qualified below.
2. All uses shall comply with the performance standards specified for the zoning district in which located.
3. Before establishment, all uses, including modifications or alterations to existing uses, shall be subject to the provisions of Article 17, Site Plans, or other appropriate submission as determined by the Director.

8-918 Additional Standards for Accessory Dwelling Units

As established by the Fairfax County Board of Supervisors' Policy on Accessory Dwelling Units (Appendix 5), the BZA may approve a special permit for the establishment of an accessory dwelling unit with a single family detached dwelling unit but only in accordance with the following conditions:

1. Accessory dwelling units shall only be permitted in association with a single family detached dwelling unit and there shall be no more than one accessory dwelling unit per single family detached dwelling unit.
2. Except on lots two (2) acres or larger, an accessory dwelling unit shall be located within the structure of a single family detached dwelling unit. Any added external entrances for the accessory dwelling unit shall be located on the side or rear of the structure.

On lots two (2) acres or greater in area, an accessory dwelling unit may be located within the structure of a single family detached dwelling unit or within a freestanding accessory structure.

3. The gross floor area of the accessory dwelling unit shall not exceed thirty-five (35) percent of the total gross floor area of the principal dwelling unit. When the accessory dwelling unit is located in a freestanding accessory structure, the gross floor area of the accessory dwelling unit shall not exceed thirty-five (35) percent of the gross floor area of the accessory freestanding structure and the principal dwelling unit.
4. The accessory dwelling unit shall contain not more than two (2) bedrooms.

5. The occupancy of the accessory dwelling unit and the principal dwelling unit shall be in accordance with the following:
 - A. One of the dwelling units shall be owner occupied.
 - B. One of the dwelling units shall be occupied by a person or persons who qualify as elderly and/or disabled as specified below:
 - (1) Any person fifty-five (55) years of age or over and/or
 - (2) Any person permanently and totally disabled. If the application is made in reference to a person because of permanent and total disability, the application shall be accompanied by a certification by the Social Security Administration, the Veterans Administration or the Railroad Retirement Board. If such person is not eligible for certification by any of these agencies, there shall be submitted a written declaration signed by two (2) medical doctors licensed to practice medicine, to the effect that such person is permanently and totally disabled. The written statement of at least one of the doctors shall be based upon a physical examination of the person by the doctor. One of the doctors may submit a written statement based upon medical information contained in the records of the Civil Service Commission which is relevant to the standards for determining permanent and total disability.

For purposes of this Section, a person shall be considered permanently and totally disabled if such person is certified as required by this Section as unable to engage in any substantial gainful activity by reasons of any medically determinable physical or mental impairment or deformity which can be expected to result in death or can be expected to last for the duration of the person's life.
 - C. The accessory dwelling unit may be occupied by not more than two (2) persons not necessarily related by blood or marriage. The principal single family dwelling unit may be occupied by not more than one (1) of the following:
 - (1) One (1) family, which consists of one (1) person or two (2) or more persons related by blood or marriage and with any number of natural children, foster children, step children or adopted children.
 - (2) A group of not more than four (4) persons not necessarily related by blood or marriage.
6. Any accessory dwelling unit established for occupancy by a disabled person shall provide for reasonable access and mobility as required for the disabled person. The measures for reasonable access and mobility shall be specified

- in the application for special permit. Generally, reasonable access and mobility for physically disabled persons shall include:
- A. Uninterrupted access to one (1) entrance; and
 - B. Accessibility and usability of one (1) toilet room.
7. The BZA shall review all existing and/or proposed parking to determine if such parking is sufficient to meet the needs of the principal and accessory dwelling units. If it is determined that such parking is insufficient, the BZA may require the provision of one (1) or more off-street parking spaces. Such parking shall be in addition to the requirements specified in Article 11 for a single family dwelling unit.
 8. The BZA shall determine that the proposed accessory dwelling unit together with any other accessory dwelling unit(s) within the area will not constitute sufficient change to modify or disrupt the predominant character of the neighborhood. In no instance shall the approval of a special permit for an accessory dwelling unit be deemed a subdivision of the principal dwelling unit or lot.
 9. Any accessory dwelling unit shall meet the applicable regulations for building, safety, health and sanitation.
 10. Upon the approval of a special permit, the Clerk to the Board of Zoning Appeals shall cause to be recorded among the land records of Fairfax County a copy of the BZA's approval, including all accompanying conditions. Said resolution shall contain a description of the subject property and shall be indexed in the Grantor Index in the name of the property owners.
 11. The owner shall make provisions to allow inspections of the property by County personnel during reasonable hours upon prior notice.
 12. Special permits for accessory dwelling units shall be approved for a period not to exceed five (5) years from the date of approval; provided, however, that such special permits may be extended for succeeding five (5) year periods in accordance with the provisions of Sect. 012 above.
 13. Notwithstanding Par. 5 of Sect. 9-012, any accessory dwelling unit approved prior to July 27, 1987 and currently valid may be extended in accordance with the provisions of this Section and Sect. 012 above.