



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 2014-SP-030
 (Staff will assign)

RECEIVED
 Department of Planning & Zoning
 MAR 31 2014
 Zoning Evaluation Division

APPLICATION FOR A SPECIAL PERMIT
 (PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME <u>LAURA MARSHALL-NORRIS / LAURETTA'S PLACE CHILD DAY CARE</u>	
	MAILING ADDRESS <u>12541 BUNCHE ROAD FAIRFAX, VA 22030</u>	
	PHONE HOME () <u>703-222-3909</u>	WORK () <u>* 703-929-2625</u>
	PHONE MOBILE () <u>703-929-2625</u>	EMAIL <u>LAURANORRIS55@GMAIL.COM</u>
PROPERTY INFORMATION	PROPERTY ADDRESS <u>12541 BUNCHE ROAD FAIRFAX VA 22030</u>	
	TAX MAP NO. <u>066-2-04-0101</u>	SIZE (ACRES/SQ FT) <u>57205 sq ft or 1.31 ac</u>
	ZONING DISTRICT <u>R-2.05</u>	MAGISTERIAL DISTRICT <u>SPRINGFIELD</u>
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:	
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION <u>8-305</u>	
	PROPOSED USE <u>FAMILY CHILD DAY HOME Home Child Care</u>	
AGENT/CONTACT INFORMATION	NAME	
	MAILING ADDRESS	
	PHONE HOME ()	WORK ()
	PHONE MOBILE ()	EMAIL
MAILING	Send all correspondence to (check one): <input checked="" type="checkbox"/> Applicant -or- <input type="checkbox"/> Agent/Contact	

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.

LAURA MARSHALL-NORRIS
 TYPE/PRINT NAME OF APPLICANT/AGENT

[Signature]
 SIGNATURE OF APPLICANT/AGENT

DO NOT WRITE IN THIS SPACE

Date Application accepted: 04/02/14 Application Fee Paid: \$ 435.00