ATTACHMENT 1

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-MA-048
(Staff will assign)

RECEIVED
Department of Planning & Zoning
MAR 06 2014
Zoning Evaluation Division

APPLICATION FOR A SPECIAL PERMIT

(PLEASE TYPE or PRINT IN BLACK INK)

A.V.

APPLICANT	**NAME** Alicia Marlene Villagra/Marlene's Home Day Care
	MAILING ADDRESS 4102 Dakota CT, Alexandria VA, 22312
	PHONE HOME (703) 914-4923 **WORK** ( )
	PHONE MOBILE (571) 255-9417 **EMAIL** ALIMARVILLA@GMAIL.COM
PROPERTY INFORMATION	**PROPERTY ADDRESS** 4102 Dakota CT, Alexandria VA, 22312
	TAX MAP NO. 0613 16 0002 **SIZE (ACRES/SQ FT)** 10,622 SQ FT
	ZONING DISTRICT R-3 **MAGISTERIAL DISTRICT** Mason Dist. #1
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION: N/A
SPECIAL PERMIT REQUEST INFORMATION	**ZONING ORDINANCE SECTION** 8-305
	PROPOSED USE Home Child Care Facility
AGENT/CONTACT INFORMATION	**NAME** Alvaro Villagra
	MAILING ADDRESS 4102 Dakota CT, Alexandria VA, 22312
	PHONE HOME ( ) **WORK** ( )
	PHONE MOBILE (571) 276-4366 **EMAIL** Avillagr@GMU.EDU
MAILING	**Send all correspondence to (check one):** ☑ **Applicant** –or- ☐ **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.

Alvaro Villagra
TYPE/PRINT NAME OF APPLICANT/AGENT

SIGNATURE OF APPLICANT/AGENT

Deborah Leslie Burton SP 2014-0113 CVG 4/24/14

DO NOT WRITE IN THIS SPACE

Date Application accepted: 4/24/14 Application Fee Paid: $ 436.00