



**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](http://www.fairfaxcounty.gov/dpz/zoning/applications)

APPLICATION No: SP 2014-MA-049  
 (Staff will assign)  
**RECEIVED**  
 Department of Planning & Zoning

**FEB 10 2014**  
 Zoning Evaluation Division

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

APPLICANT	NAME	<u>Maria Fabiola Araujo, El Amanecer de Los Pitufos Inc.</u>	
	MAILING ADDRESS	<u>3221 Hallraw Rd Falls Church Va 22041</u>	
	PHONE HOME ( )	WORK (703)	<u>341-6326</u>
	PHONE MOBILE (703)	EMAIL	<u>577-9119 Fabigon1988@Hotmail.com.</u>
PROPERTY INFORMATION	PROPERTY ADDRESS	<u>3221 Hallraw Rd Falls Church Va 22041</u>	
	TAX MAP NO.	SIZE (ACRES/SQ FT)	<u>0612 04 0009 10.255 / SQ. F. Aprox</u>
	ZONING DISTRICT	MAGISTERIAL DISTRICT	<u>R/3 Mason Dist #1</u>
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:		
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION	<u>8-305</u>	
	PROPOSED USE	Proposed use: To Permit Addition based on error in building location and to remain 1.2 ft. from side to line. <u>Home Child Care facility.</u>	
AGENT/CONTACT INFORMATION	NAME		
	MAILING ADDRESS		
	PHONE HOME ( )	WORK ( )	
	PHONE MOBILE ( )	EMAIL	
MAILING	Send all correspondence to (check one): <input 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.

Maria Fabiola Araujo  
 TYPE/PRINT NAME OF APPLICANT/AGENT  
Walter Lebo Lubutin

[Signature]  
 SIGNATURE OF APPLICANT/AGENT

DO NOT WRITE IN THIS SPACE

Date Application accepted: 4/24/14 Application Fee Paid: \$ 910.00

SP 2013-0257  
4/24/14  
WLS

**SPECIAL PERMIT STATEMENT OF JUSTIFICATION**

A written statement from the applicant describing the proposed use, and other pertinent data, including specifically:

- A. Type of operation(s).
- B. Hours of operation.
- C. Estimated number of children and largest number present at any one time, excluding the provider's own children.
- D. Proposed number of employees/attendants/teachers/etc.
- E. Estimated drop off schedule and largest number of drop offs at any one time.
- F. Vicinity or general area to be served by the use.
- G. Describe the dwelling and how the use will operate within the dwelling, including square footage dedicated to the home child care facility. Include a floor plan to show how the use fits within the dwelling. Describe the outdoor play areas.
- H. A statement of how the proposed use conforms to the General Standards; Section 8-006 of the Zoning Ordinance (found on page 1 of Attachment 3).
- I. A statement of how the proposed use conforms to the Special Standards for Home Child Care Facilities; Section 8-305 of the Zoning Ordinance (found on page 2 of Attachment 3).