



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-052
 (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 Rosa Maria Castro Thomason
	MAILING ADDRESS 8233 Smithfield Avenue, Springfield, VA 22152
	PHONE HOME (703) 923-0398 WORK (703) 923-0398
	PHONE MOBILE (703) 862-3918
PROPERTY INFORMATION	PROPERTY ADDRESS 8233 Smithfield Avenue, Springfield, VA 22152
	TAX MAP NO. 089-1 ((4)) 0205 SIZE (ACRES/SQ FT) 11,030 sq. ft.
	ZONING DISTRICT R-3 MAGISTERIAL DISTRICT Springfield
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION Sect. 8-305
	PROPOSED USE Home Child Care Facility for 12 children
AGENT/CONTACT INFORMATION	NAME Jane Kelsey, Jane Kelsey & Associates, Inc.
	MAILING ADDRESS 4041 Autumn Court, Fairfax, VA 22030-5168
	PHONE HOME (703) WORK (703) 385-4687
	PHONE MOBILE (703) 623-1574
MAILING	Send all correspondence to (check one): <input type="checkbox"/> Applicant -or- <input checked="" 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>Jane Kelsey, Jane Kelsey & Associates, Inc.</p>	
TYPE/PRINT NAME OF APPLICANT/AGENT	SIGNATURE OF APPLICANT/AGENT

DO NOT WRITE IN THIS SPACE

Date Application accepted: 4/28/14

Application Fee Paid: \$ 435.⁰⁰

SP 2013-0182
 4/28/14
 LFB