



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 - 060
 (Staff will assign)

RECEIVED
 Department of Planning & Zoning

JAN 15 2014

APPLICATION FOR A SPECIAL PERMIT Zoning Evaluation Division *VB/CV6*
 (PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME	Violeta Borgono / Children's Academy of Early Learning Inc.	
	MAILING ADDRESS	6332 Meetinghouse Way Alexandria, VA 22312	
	PHONE HOME (703)	658-0559	WORK (703) 658-0559
	PHONE MOBILE (703)	606-2546	EMAIL vborgono@yahoo.com
PROPERTY INFORMATION	PROPERTY ADDRESS	6332 Meetinghouse Way Alexandria, VA 22312	
	TAX MAP NO.	0722 13 0017	SIZE (ACRES/SQ FT) 1430
	ZONING DISTRICT	R-8 (Residential 8 DU/AC)	MAGISTERIAL DISTRICT Mason
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:	N/A	
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION	8-305	
	PROPOSED USE	Home Child Care Facility for up to 12 children	
AGENT/CONTACT INFORMATION	NAME	Susan Caicedo	
	MAILING ADDRESS	5521 Mitcham Ct. Springfield, VA 22151	
	PHONE HOME (703)	323-0359	WORK (202) 434-6053
	PHONE MOBILE (703)	901-4606	EMAIL susancaicedo@gmail.com
MAILING	Send all correspondence to (check one): <input type="checkbox"/> Applicant -or- <input checked="" 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.

Violeta Borgono

TYPE/PRINT NAME OF APPLICANT/AGENT

Violeta Borgono

SIGNATURE OF APPLICANT/AGENT

Debra Lesko-Kubacki

CV6
5/5/14

DO NOT WRITE IN THIS SPACE

SP 2014-0020

Date Application accepted: 05/05/14

Application Fee Paid: \$ 435.00