



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-070
 (Staff will assign)

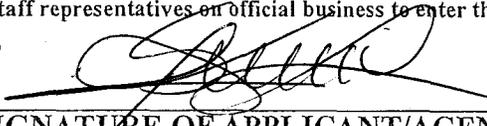
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 Department of Planning & Zoning

FEB 19 2014

Zoning Evaluation Division

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

K.S. 04/29/14

APPLICANT	NAME <u>KARINA I. SUAZNABAR MELODY DANCAIRE</u>	
	MAILING ADDRESS <u>6346 HILLCREST PL, Alexandria, VA 22312</u>	
	PHONE HOME (703) 750-0508	WORK (703) 474-6467
	PHONE MOBILE (703) 474-6467	EMAIL <u>ive142003@yahoo.com</u>
PROPERTY INFORMATION	PROPERTY ADDRESS <u>6346 HILLCREST PL, ALEXANDRIA, VA 22312</u>	
	TAX MAP NO. <u>0721070065</u>	SIZE (ACRES/SQ FT) <u>10,500 SQ FT</u>
	ZONING DISTRICT <u>R-3</u>	MAGISTERIAL DISTRICT <u>MASON DISTRICT #1</u>
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION: <u>N/A</u>	
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION <u>8-305</u>	
	PROPOSED USE <u>Home child Care Facility</u>	
AGENT/CONTACT INFORMATION	NAME <u>Same as above</u>	
	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.		
<u>KARINA I. SUAZNABAR</u> TYPE/PRINT NAME OF APPLICANT/AGENT		 SIGNATURE OF APPLICANT/AGENT

Liboral. Lesko Leubutan

MPC
5/16/14

DO NOT WRITE IN THIS SPACE

SP 2014-0078

Date Application accepted: May 16, 2014 Application Fee Paid: \$ 435.00