



**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

APPLICATION No: SP 2014-DR-090  
 RECEIVED  
 Department of Planning & Zoning  
 MAY 06 2014  
 Zoning Evaluation Division

(Staff will assign)  
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 Department of Planning & Zoning  
 JAN 30 2014

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

Zoning Evaluation Division

<b>APPLICANT</b>	<b>NAME</b> Zari Noshad-Just Like Your Home
	<b>MAILING ADDRESS</b> 1414 Claves Ct. Vienna-VA 22188
	<b>PHONE HOME</b> (703) 255 7277 <b>WORK</b> ( )
	<b>PHONE MOBILE</b> (703) 255 0101 <b>EMAIL</b> znoshad@verizon.net
<b>PROPERTY INFORMATION</b>	<b>PROPERTY ADDRESS</b> 1414 Claves Ct. Vienna-VA 22188
	<b>TAX MAP NO.</b> 0193 04 0358 <b>SIZE (ACRES/SQ FT)</b> 26,433
	<b>ZONING DISTRICT</b> R-2c <b>MAGISTERIAL DISTRICT</b> Dransville
	<b>PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:</b> N/A
<b>SPECIAL PERMIT REQUEST INFORMATION</b>	<b>ZONING ORDINANCE SECTION</b> 8-305
	<b>PROPOSED USE</b> Home child care
<b>AGENT/CONTACT INFORMATION</b>	<b>NAME</b>
	<b>MAILING ADDRESS</b> N/A
	<b>PHONE HOME</b> ( ) <b>WORK</b> ( )
	<b>PHONE MOBILE</b> ( ) <b>EMAIL</b>
<b>MAILING</b>	Send all correspondence to (check one): <input checked="" type="checkbox"/> Applicant -or- <input 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>	
<b>TYPE/PRINT NAME OF APPLICANT/AGENT</b> Zari Noshad	<b>SIGNATURE OF APPLICANT/AGENT</b> <i>Zari Noshad</i>

*Deborah Lesko Subitor*

SP2014-004 CV6  
6/6/14

DO NOT WRITE IN THIS SPACE

Date Application accepted: 6/6/14 Application Fee Paid: \$ \$435.00

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**MAY 06 2014**

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