



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-MV-094
 (Staff will assign)

RECEIVED
 Department of Planning & Zoning

JAN 31 2014

Zoning Evaluation Division

APPLICATION FOR A SPECIAL PERMIT

(PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME <u>RITA DAVID, RITAS DAYCARE LLC</u>	
	MAILING ADDRESS <u>2607 STIRRUP LANE, ALEXANDRIA, VIRGINIA, 22308</u>	
	PHONE HOME (703) 360-5263 WORK () Same	
	PHONE MOBILE (703) 395-3115	EMAIL <u>ritadavid@gmail.com</u>
PROPERTY INFORMATION	PROPERTY ADDRESS <u>2607 STIRRUP LANE, ALEXANDRIA, VIRGINIA, 22308</u>	
	TAX MAP NO. <u>1023 11050012</u>	SIZE (ACRES/SQ FT) <u>10,691 sq'</u>
	ZONING DISTRICT <u>R-3</u>	MAGISTERIAL DISTRICT <u>Mt Vernon</u>
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION: <u>NA</u>	
	ZONING ORDINANCE SECTION <u>8-305</u>	
SPECIAL PERMIT REQUEST INFORMATION	PROPOSED USE <u>HOME CHILDCARE FACILITY</u>	
	ZONING ORDINANCE SECTION <u>8-305</u>	
AGENT/CONTACT INFORMATION	NAME	
	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>RITA DAVID</u>		<u>Rita David</u>
TYPE/PRINT NAME OF APPLICANT/AGENT		SIGNATURE OF APPLICANT/AGENT

Deborah Levesque

SP 2014-0043

CWB
10/16/14

DO NOT WRITE IN THIS SPACE

Date Application accepted: 10/16/14 Application Fee Paid: \$ 435.00