



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-127
 (Staff will assign)
RECEIVED
 Department of Planning & Zoning
MAR 14 2014
 Zoning Evaluation Division

APPLICATION FOR A SPECIAL PERMIT

(PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME Luz M. Rodriguez
	MAILING ADDRESS 3070 Hazelton St. falls church VA 22044
	PHONE HOME (703) 462-9256 WORK (703) 462-9256 cell (703) 625-8056
	PHONE MOBILE (703) 625-8056 EMAIL LMRodriguez1218@gmail.com.
PROPERTY INFORMATION	PROPERTY ADDRESS 3070 HAZELTON ST. falls church VA 22044
	TAX MAP NO. 0513 11 0071 SIZE (ACRES/SQ FT) 11,293
	ZONING DISTRICT R-3 MAGISTERIAL DISTRICT MASON
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION 8-305
	PROPOSED USE Home child care facility
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
<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>	
<u>Luz Rodriguez</u>	<u>[Signature]</u>
TYPE/PRINT NAME OF APPLICANT/AGENT	SIGNATURE OF APPLICANT/AGENT

DO NOT WRITE IN THIS SPACE

Date Application accepted: June 25, 2014 Application Fee Paid: \$ 435.00

mpc
6/25/14

SPECIAL PERMIT STATEMENT OF JUSTIFICATION

In order for the Board of Zoning Appeals to assess the proposed home child care against the Zoning Ordinance's standards for home child care facilities (which are provided in Attachment 3), you will need to provide a written statement describing the proposed home child care, and other necessary information, including specifically:

- A. Hours of operation (*for example – 7AM to 6PM, Monday through Friday*).
- B. Estimated number of children and largest number present at any one time, excluding the provider's own children.
- C. Proposed number of employees/attendants/teachers/etc. Indicate whether the employees work part-time or full-time (if part-time, please include their hours).
- D. Estimated drop-off and pick-up schedule and largest number of drop-offs and pick-ups at any one time (*for example, three children arrive at 7:15 AM while one child arrives at 8:00 AM*).
- E. Describe the general area or neighborhood which will be served by your child care (*do they live in your neighborhood, or come from outside areas?*).
- F. Describe how parents get to the child care (do they drive, walk or take a bus?) and where they may park (if they drive).
- G. Describe the dwelling and how the use will operate within the dwelling, including square footage dedicated to the home child care facility. Include a floor plan to show what areas of the dwelling will be used for the child care.
- H. Describe the outdoor play areas in order to supplement the information provided on the plat. If outdoor play areas are not located on the property, provide information about where the outdoor play will be provided and how the children will get to those playgrounds.
- I. If your neighborhood has a homeowners' association and you have received approval from them for your use, please include a copy of that approval.

Please be sure to read the General Standards; Sections 8-006 of the Zoning Ordinance (found on page 1 of Attachment 3) and the Special Standards for Home Child Care Facilities; Section 8-305 of the Zoning Ordinance (found on page 2 of Attachment 3). Take special care to ensure your statement addresses these standards. *Remember your statement of justification is your first impression to the Board of Zoning Appeals.*