



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-SU-128
 (Staff will assign)

RECEIVED
 Department of Planning & Zoning

FEB 05 2014

Zoning Evaluation Division

APPLICATION FOR A SPECIAL PERMIT

(PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME Mahera Noori Wakilpoor (Saphire Day Care Inc.)
	MAILING ADDRESS 3601 West ox Rd, Fairfax VA, 22033
	PHONE HOME (703) 620-0012 WORK ()
	PHONE MOBILE (703) 577-5752 EMAIL Wakilpoor@yahoo.com
PROPERTY INFORMATION	PROPERTY ADDRESS 3601 West ox Rd, Fairfax VA 22033
	TAX MAP NO. 0452 010015 SIZE (ACRES/SQ FT) 1.3764
	ZONING DISTRICT R-1 (Residential(DV/AC) MAGISTERIAL DISTRICT Sully
	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 Mahera Noori Wakilpoor
	MAILING ADDRESS 3601 West ox Rd, Fairfax VA 22033
	PHONE HOME (703) 620-0012 WORK ()
	PHONE MOBILE (703) 577-5752 EMAIL Wakilpoor@yahoo.com
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>	
TYPE/PRINT NAME OF APPLICANT/AGENT Mahera Noori Wakilpoor	SIGNATURE OF APPLICANT/AGENT

DO NOT WRITE IN THIS SPACE

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

SP 2014-0049
 mpc
 6/25/14