



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-142
 (Staff will assign)

RECEIVED
 Department of Planning & Zoning

JUN 23 2014

Zoning Evaluation Division

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

APPLICANT	NAME <u>HARNINDER K. SAINI LOVELY DAY CARE</u>
	MAILING ADDRESS <u>3136 ANNANDALE RD. FALLS CHURCH, VA, 22042</u>
	PHONE HOME () WORK () <u>703 - 534-0889</u>
	PHONE MOBILE () EMAIL <u>HARNINDER SAINI 62 @G.MAIL.COM</u>
PROPERTY INFORMATION	PROPERTY ADDRESS <u>3136 Annandale Rd. FALLS CHURCH, VA-22042</u>
	TAX MAP NO. SIZE (ACRES/SQ FT) <u>05-04-01-0004B 19,059</u>
	ZONING DISTRICT MAGISTERIAL DISTRICT <u>R-4 MASON</u>
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:
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 <u>SAME AS ABOVE</u>
	PHONE HOME () WORK () <u>703-534-0889</u>
	PHONE MOBILE () EMAIL <u>HARNINDER SAINI 62 @G.MAIL.COM</u>
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.

HARNINDER SAINI
 TYPE/PRINT NAME OF APPLICANT/AGENT

Harinder Saini
 SIGNATURE OF APPLICANT/AGENT

DO NOT WRITE IN THIS SPACE

Date Application accepted: July 15, 2014 Application Fee Paid: \$ 435.00