



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-151
 (Staff will assign)

RECEIVED
 Department of Planning & Zoning

JUL 24 2014

Zoning Evaluation Division

APPLICATION FOR A SPECIAL PERMIT

(PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME	Keila Coraspe (My SECRET PLACE)	
	MAILING ADDRESS	2827 Joseph MAKELL CT Alexandria VA 22306	
	PHONE HOME (703) 765 0262	WORK (703) 765 0262	
	PHONE MOBILE (403) 725 1739	EMAIL keilacoraspe@hotmail.com	
PROPERTY INFORMATION	PROPERTY ADDRESS	2827 Joseph MAKELL CT Alexandria VA 22306	
	TAX MAP NO.	SIZE (ACRES/SQ FT)	
	1021-34-0010	6,613	
	ZONING DISTRICT <i>of 7/24/14</i>	MAGISTERIAL DISTRICT	
	R-5 HC	MT VERNON Dist #1	
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION: N/A		
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION	8-305	
	PROPOSED USE	HOME CHILDCARE	
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.

Keila Coraspe
 TYPE/PRINT NAME OF APPLICANT/AGENT

[Signature]
 SIGNATURE OF APPLICANT/AGENT

Deborah Lesko-Paubert

SP 2014-0187

DO NOT WRITE IN THIS SPACE

Date Application accepted: July 24, 2014 Application Fee Paid: \$ 435.00