



**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](http://www.fairfaxcounty.gov/dpz/zoning/applications)

APPLICATION No: SP 2014-MV-190  
 (Staff will assign)

RECEIVED  
 Department of Planning & Zoning  
 MAR 28 2014  
 Zoning Evaluation Division

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

APPLICANT	NAME	Tereena Jones dba Pre-School House <sup>dlp</sup> 8/26/14	
	MAILING ADDRESS	2207 Arlington Ter. Alexandria, VA 22303	
	PHONE HOME (703) 329-0893	WORK (703) 329-0893	
	PHONE MOBILE ( )	EMAIL	tfordjones1@yahoo.com
PROPERTY INFORMATION	PROPERTY ADDRESS	Same 2207 Arlington Ter. Alexandria, VA 22303	
	TAX MAP NO.	0831-14B-0067A	SIZE (ACRES/0 FT) 3375
	ZONING DISTRICT	R-8 (Residential 8 DU/Ac)	MAGISTERIAL DISTRICT Mt. Vernon, # 2A
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:		
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION	Sect. 8-305 + 8-004	
	PROPOSED USE	Home Child Care Facility	
AGENT/CONTACT INFORMATION	NAME	self	
	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.

Tereena Jones  
 TYPE/PRINT NAME OF APPLICANT/AGENT

[Signature]  
 SIGNATURE OF APPLICANT/AGENT

DO NOT WRITE IN THIS SPACE

Date Application accepted: August 27, 2014 Application Fee Paid: \$ 435.00

SP 2014-0202 <sup>npc</sup> 8/27/14