



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-LE-222
 (Staff will assign)

RECEIVED
 Department of Planning & Zoning

SEP 03 2014

Zoning Evaluation Division

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

APPLICANT	NAME ADWOA ABRAFI
	MAILING ADDRESS 8105 FRYE RD ALEX VA 22309
	PHONE HOME () WORK () 703-862 6420 703-862 6420
	PHONE MOBILE () EMAIL 703-847-9407 N/A
PROPERTY INFORMATION	PROPERTY ADDRESS 8105 FRYE RD ALEX VA 22309
	TAX MAP NO. SIZE (ACRES/SQ FT) 10110506006 10560
	ZONING DISTRICT MAGISTERIAL DISTRICT R-3 LEE
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION: N/A
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION 8 305
	PROPOSED USE 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

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.

ADWOA ABRAFI
 TYPE/PRINT NAME OF APPLICANT/AGENT

Adina Abrate
 SIGNATURE OF APPLICANT/AGENT

DO NOT WRITE IN THIS SPACE

Date Application accepted: October 8, 2014 Application Fee Paid: \$ 435.00

10/8/14