



**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-SP-226  
 (Staff will assign)

RECEIVED  
 Department of Planning & Zoning

MAR 27 2014 10/20/14

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

APPLICANT	NAME	SHASHI NEGI / Shining Star	
	MAILING ADDRESS	4969 COLLIN CHASE PL, FAIRFAX, VA - 22030	
	PHONE HOME (703) 543-2288	WORK ( )	
	PHONE MOBILE (703) 459-4212	EMAIL	Shashinegi@yahoo.com
PROPERTY INFORMATION	PROPERTY ADDRESS	4969 COLLIN CHASE PL, FAIRFAX, VA - 22030	
	TAX MAP NO.	0552-11-0015	SIZE (ACRES/SQ FT) 10,474
	ZONING DISTRICT	R-2 CLUSTER WS	MAGISTERIAL DISTRICT SPRINGFIELD
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:	N/A	
	ZONING ORDINANCE SECTION	S-305	
SPECIAL PERMIT REQUEST INFORMATION	PROPOSED USE	HOME CHILD CARE FACILITY	
	NAME	SEE ABOVE	
AGENT/CONTACT INFORMATION	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.			
SHASHI NEGI		[Signature]	
TYPE/PRINT NAME OF APPLICANT/AGENT		SIGNATURE OF APPLICANT/AGENT	

Deborah Leiko Peniston

SP 2014-0197 10/22/14

DO NOT WRITE IN THIS SPACE

Date Application accepted: 10/22/2014 Application Fee Paid: \$ 435.00