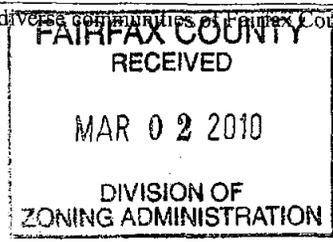




Street File

County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County.



NOTICE OF VIOLATION

DATE OF ISSUANCE: March 2, 2010

CERTIFIED MAIL #: 7009 0960 0001 1121 9387

CASE #: 201000632 **SR#:** 57870

SERVE: Theodora Mallick
1329 Connecticut Avenue NW
Washington, DC 20036

LOCATION OF VIOLATION 6627 Skyline Court
Alexandria, VA 22307-1351
Belle Haven Estates, Sec. 1, Blk. 4, Lot 10
Tax Map #: 93-1 ((25)) (4) 10
Zoning District: R-4

Dear Property Owner:

An inspection of the above referenced property on February 13, 2010 revealed the following violations of the Fairfax County Zoning Ordinance.

§ 2-302 (5) Use not permitted in Residential District:

You are allowing a commercial recreation use to operate from this property. Customers are arriving at the residence, paying an admission fee where food and alcohol are served.

This use on this property is not a permitted use in the R-4 District. Therefore, you are in violation of Par. 5 of Sect. 2-302 of the Zoning Ordinance that states:

No use shall be allowed in any district which is not permitted by regulations for the district.

You are hereby directed to clear this violation within thirty (30) days of the date of this Notice. Compliance can be accomplished by the following:

Excellence * Innovation * Stewardship
Integrity * Teamwork * Public Service

Department of Planning and Zoning
Zoning Administration Division
Zoning Enforcement Branch
12055 Government Center Parkway, Suite 829
Fairfax, Virginia 22035-5508
Phone 703-324-1300 FAX 703-324-1343
www.fairfaxcounty.gov/dpz/



Theodora Mallick

March 2, 2010

Page 2

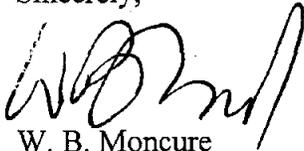
- Discontinuing the commercial recreational use on this property, to include cessation of fees, the removal of all related supplies, materials, and equipment associated with this business.

A follow-up inspection will be made at the expiration of the time period outlined in this Notice. Failure to comply with the Notice will result in the initiation of appropriate legal action to gain compliance with the Zoning Ordinance.

You may have the right to appeal this Notice of Zoning Violation within thirty (30) days of the date of this letter in accordance with Sec. 15.2-2311 of the Code of Virginia. This decision shall be final and unappealable if it is not appealed within such thirty (30) days. Should you choose to appeal, the appeal must be filed with the Zoning Administrator and the Board of Zoning Appeals (BZA) in accordance with Part 3 of Article 18 of the Fairfax County Zoning Ordinance. Those provisions require the submission of an application form, a written statement setting forth the decision being appealed, the date of decision, the grounds for the appeal, how the appellant is an aggrieved party and any other information that you may wish to submit and a \$2455.00 filing fee. Once an appeal application is accepted, it will be scheduled for public hearing and decision before the BZA.

Should you have any questions or need additional information, please do not hesitate to contact me at (703)324-1335 or 703-324-1300.

Sincerely,



W. B. Moncure
Senior Zoning Inspector

WBM/

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Theodora Mallick
1329 Connecticut Avenue NW
Washington, DC 20036

2. Article Number
(Transfer from service label)

7009 0960 0001 1121 9387

PS Form 3811, February 2004

Domestic Return Receipt

Monene 57870 02-25-2004 1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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Postage	\$	Postmark Here
Certified Fee		
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Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7009 0960 0001 1121 9387
 7009 0960 0001 1121 9387

Sent To **Theodora Mallick**
 Street, Apt. N **1329 Connecticut Avenue NW**
 or PO Box No **Washington, DC 20036**
 City, State, Z

PS Form 3811, February 2004