



**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: \_\_\_\_\_  
 (Staff will assign)

**APPLICATION FOR A SPECIAL EXCEPTION**

(PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME	CONNIE COOPER / CONNIE'S HOME CHILD CARE, LLC	
	MAILING ADDRESS	19 YON WAY, FAIRFAX, VA. 22035	
	PHONE HOME ( )	703 324-1110	WORK ( )
	PHONE MOBILE ( )	703 324-1210	EMAIL
PROPERTY INFORMATION	PROPERTY ADDRESS	19 YON WAY, FAIRFAX, VA. 22035	
	TAX MAP NO. (Map #)	028-3-10-0005	SIZE (ACRES/SQ FT) (Land Area)
	ZONING DISTRICT (Zoning Description)	PDH-4	MAGISTERIAL DISTRICT (District Name)
			HUNTER MILL
SPECIAL EXCEPTION REQUEST INFORMATION	ZONING ORDINANCE SECTION	8-305	
	PROPOSED USE	HOME CHILD CARE FACILITY	
AGENT/CONTACT INFORMATION	NAME	N/A	
	MAILING ADDRESS		
	PHONE HOME ( )		WORK ( )
	PHONE MOBILE ( )		EMAIL
MAILING	Send all correspondence to (check one): <input 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.			
CONNIE COOPER TYPE/PRINT NAME OF APPLICANT/AGENT		 SIGNATURE OF APPLICANT/AGENT	

DO NOT WRITE IN THIS SPACE

Date Application accepted: \_\_\_\_\_ Application Fee Paid: \$ \_\_\_\_\_