

Administrative Special Use Permit Application

Department of Planning & Zoning 301 King Street, Room 2100, Alexandria, Virginia 22314 Phone: 703.746.4666 | www.alexandriava.gov/planning

PROPERTY LOCATION: 1003 N VAIL STREET ALEXANDRIA VA 22304

ZONE: RA/ Multi-Family TAX MAP REFERENCE: 029.04-03-09

APPLICANT'S INFORMATION:

Applicant: SHAZIA ASIM	Business/Trade Name:	BLOOMING BABIES DAYCARE

Address: 1003 N VAIL STREET ALEXANDRIA VA 22304

Phone: 571-236-6452 Email: Shaziaasim553@gmail.com

PROPOSED USE:

Acco Auto Cate ✓ Chilo Day Heal Light	Animal Care with Overnight	Massage Establishment	
	Accommodations Auto Trailer Rental or Sales	Outdoor Dining (Other than King Street Outdoor Dining Area)	
	Catering Operation	Outdoor Food and Crafts Market	
	Child and Elder Care Homes	Outdoor Garden Center	
	Day Care Center	Outdoor Display	
	Health and Athletic Club	Public School Trailers	
	Light Assembly, Service, and Craft	Valet Parking	
	Light Auto Repair	Vehicle Parking or Storage for More Than 20 Vehicles	
	Live Theater		

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 1003 N vail st Alexandria VA 22304 (property address), for the purposes of operating a Family Home Daycare (use) business as described in this application. I also grant permission to the City of Alexandria to visit, inspect, photograph and post placard notice on my property.

Name:	SHAZIA ASIM	Phone:	571-236-6452
Address:	1003 N Vail Street Alexandria VA 223	Email:	Shaziaasim553@gmail.com
Signature:		Date:	06-07-2023

1. The applicant is the (check one):

✓ Owner
Contract Purchaser Lessee or
Other:

of the subject property.

State the name, address and percent of ownership of any person or entity owning an interest in the applicant or owner, unless the entity is a corporation or partnership, in which case identify each owner and the percent of ownership.

N/A

If property owner or applicant is being represented by an authorized agent such as an attorney, realtor, or other person for which there is some form of compensation, does this agent or the business in which the agent is employed have a business license to operate in the City of Alexandria, Virginia?

N/A

- Yes. Provide proof of current City business license
- No. The agent shall obtain a business license prior to filing application, if required by the City Code.

USE CHARACTERISTICS

2. Please give a brief statement describing the use:

I want to operate a family home daycare for 9 children under virginia state daycare license

3. Please describe the proposed hours of operation:

Days	Hours

Daily

Or give hours for each day of the week

Monday	7:30am to 5:30pr
Tuesday	7:30am to 5:30pr
Wednesday	7:30am to 5:30pr
Thursday	7:30am to 5:30pr
Friday	7:30am to 5:30pr
Saturday	
Sunday	

- 4. Please describe the capacity of the proposed use:
 - A. How many patrons, clients, pupils and other such users do you expect? Specify time period (i.e., day, hour, or shift).

9 children on weekdays, dropped off and picked up by their parents

B. How many employees, staff and other personnel do you expect? Specify time period (i.e., day, hour, or shift).

Shazia Asim and Asim Khan Both are residents at the same address

- 5. A. How many parking spaces of each type are provided for the proposed use:
 - 2 Standard and compact spaces
 - 0 Handicapped accessible spaces
 - 0 Other

B. Please give the number of:

1 Parking spaces on-site

1 Parking spaces off-site

If the required parking will be located off-site, where will it be located?

There is street parking available on N Vail street

6. Please provide information regarding loading and unloading for the use:

A. How many loading spaces are available for the use?

0 spaces , N/A

B. Where are off-street loading spaces located?

0 spaces , N/A

C. During what hours of the day do you expect loading/unloading operations to occur?

N/A

D. How frequently are loading/unloading operations expected to occur per day or per week?

N/A

7. If any hazardous materials or organic compounds (for example paint, ink, lacquer thinner, or cleaning or degreasing solvent), as defined by the state or federal government, be handled, stored, or generated on the property, provide the name, monthly quantity, and specific disposal method below:

N/A

- 8. What is the square footage the use will be occupying?
 - 400 square feet

APPLICANT'S SIGNATURE

Please read and initial each statement:

THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 11-500 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

THE UNDERSIGNED, hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings or illustrations submitted in support of this application and any specific oral representations made to the Director of Planning and Zoning on this application will be binding on the applicant unless those materials or representations are clearly stated to be non-binding or illustrative of general plans and intentions, subject to substantial revision, pursuant to Article XI, Section 11-207(A)(10), of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

THE UNDERSIGNED, having obtained permission from the property owner, hereby grants permission to the City of Alexandria to post placard notice on the property for which this application is requested, pursuant to Article IV, Section 4-1404 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

THE UNDERSIGNED, having obtained permission from the property owner, hereby grants permission to the City of Alexandria staff to visit, inspect, and photograph the building premises, land etc., connected with the application.

Print Name of Applicant or Representative

Signature



Date

If this application is being filed by someone other than the business owner (such as an agent or attorney), please provide the information below:

Representative's Address:

Phone:

Email:

Fax:



Department of Planning & Zoning

Administrative Special Use Permit New Use Checklist

✓ Application form



Supplemental Worksheet for the following uses:

Catering Operation

Child or Elder Care Home

Day care Center

Light Automobile Repair, Auto & Trailer Rental or Sales, Vehicle Parking or Storage

Live Theater

Outdoor Dining

Outdoor Display

Outdoor Food and Crafts Market

Outdoor Garden Center

Valet Parking

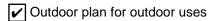
Interior floor plan

✓ Include labels to indicate the use of the space (doors, windows, seats, tables, counters, equipment)

Contextual site image

Show subject site, on-site parking area, surrounding buildings, cross streets

If applicable





Department of Planning & Zoning Administrative Special Use Permit New Use Child and Elder Care Home Supplemental

WORKSHEET - Answer each question. Attach a separate sheet of paper if necessary.

Describe area for the pick-up & drop-off of children?

Parents can park infront of the home in the 1 reserved parking spot or choose to park anywhere on the street parking at N Vail Street.

Parents will pick up and drop off children from front door at 1003 N Vail Street.

What are the hours for pick-up & drop-off?

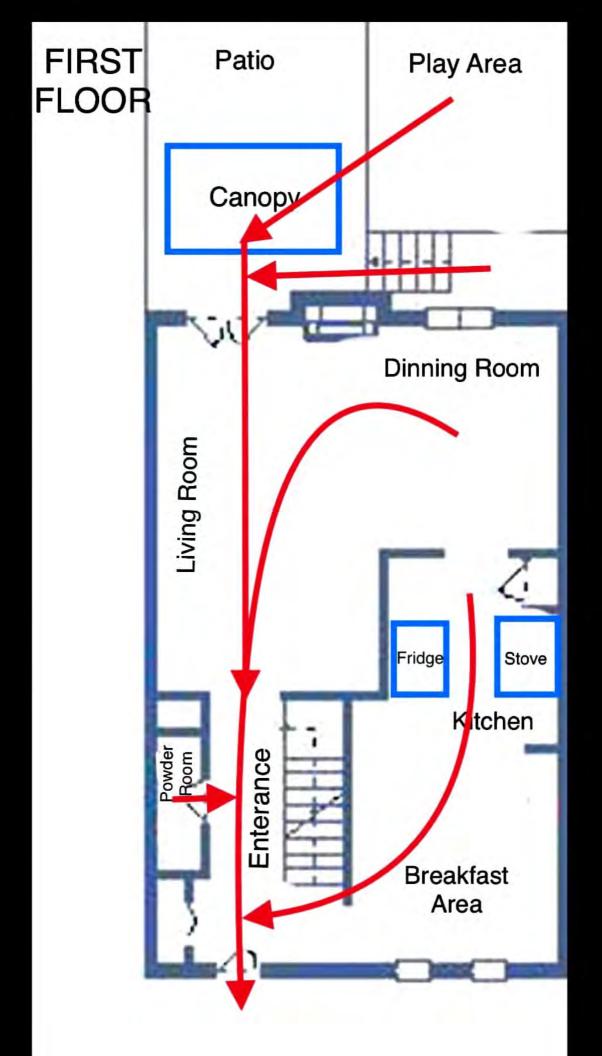
Drop off : 7:30 am to 9:00 am Pick up: 4:00 pm to 5:30pm

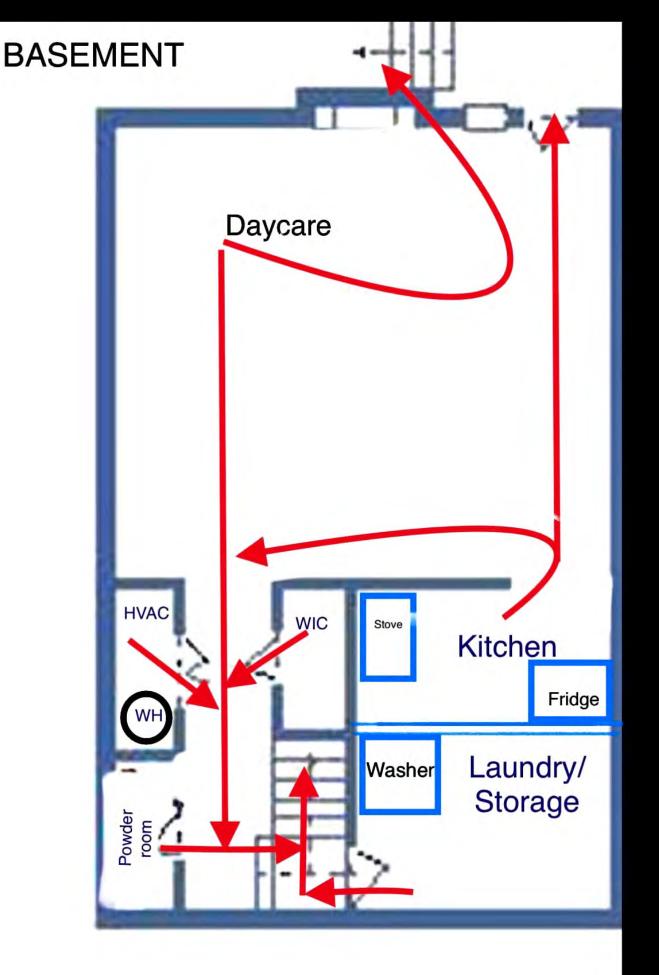
What is the area square footage for outdoor play area?

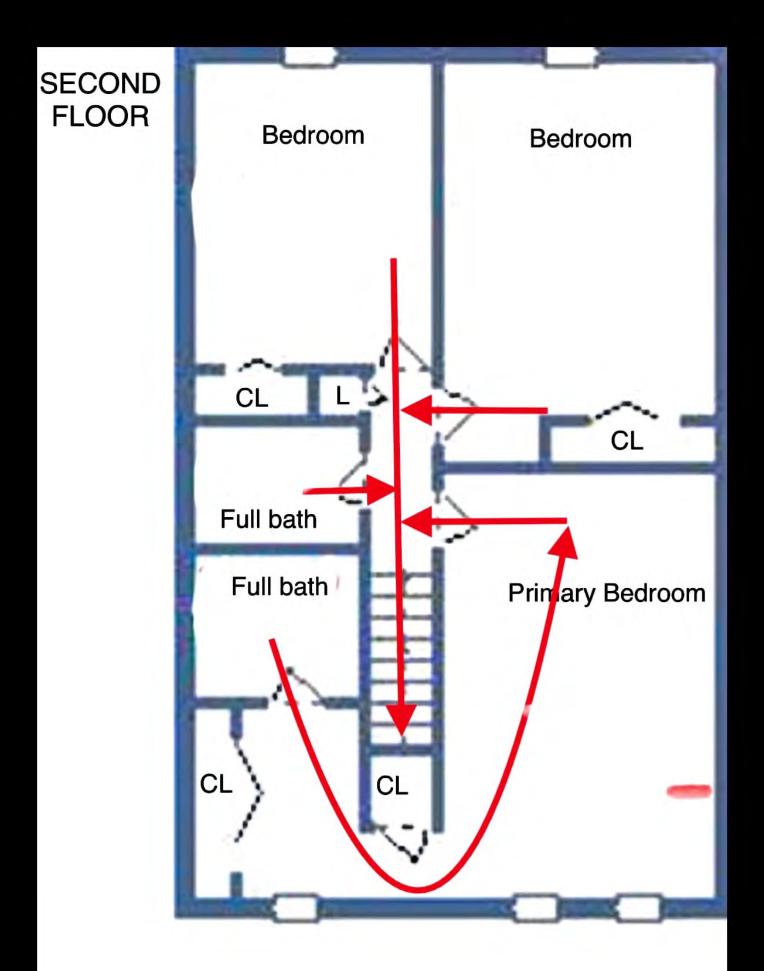
250 sqftt in the backyard for children to play at.

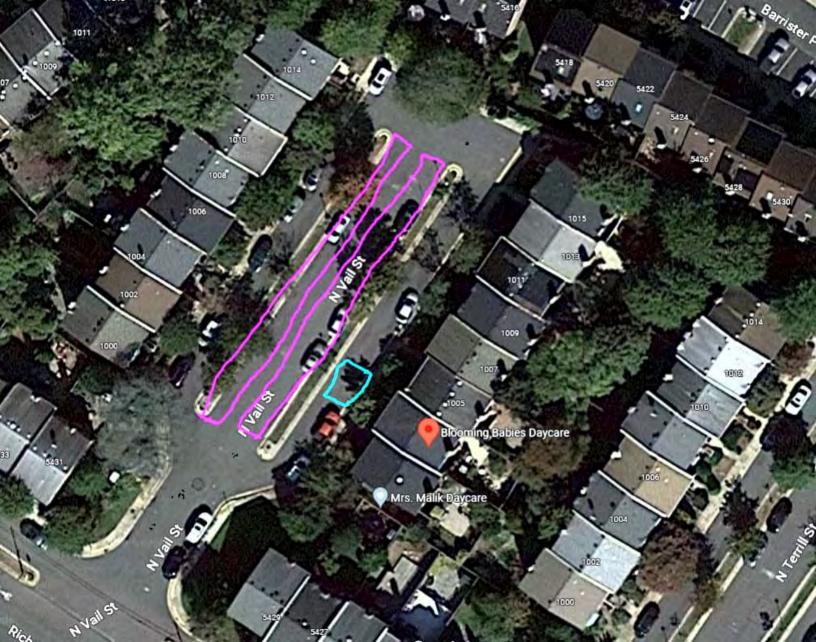
How many children over age 2 will you care for?

5 children estimated This may vary based on enrollment.











Blooming Babies Daycare

4.6 **** (8)

Day care center

