



## 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](http://www.alexandriava.gov/planning)

### PROPERTY LOCATION:

ZONE: **RB**

### TAX MAP REFERENCE:

**063.04.05-12**

### APPLICANT'S INFORMATION:

Applicant: **Karen Hernandez**  
Address: **1739 Cameron St.**  
Phone: **Alexandria VA 22314**  
**(571) 901 5478**

### Business/Trade Name:

**Karen Hernandez**

### Email:

**hernandezkaren171717@gmail.com**

### PROPOSED USE:

Animal Care with Overnight Accommodations

Auto Trailer Rental or Sales

Catering Operation

(Child and Elder Care Homes)

Day Care Center

Health and Athletic Club

Light Assembly, Service, and Craft

Light Auto Repair

Live Theater

Massage Establishment

Outdoor Dining (Other than King Street Outdoor Dining Area)

Outdoor Food and Crafts Market

Outdoor Garden Center

Outdoor Display

Public School Trailers

Valet Parking

Vehicle Parking or Storage for More Than 20 Vehicles



# PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of (property address), for the purposes of operating a (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: Yolanda Acho

Phone: (703) 475-3675

Address: 106 Mount Vernon Ave  
Alexandria VA 22301

Email: 123yolanda123@gmail.com

Signature: 

Date: June 11, 2025

1. The applicant is the (check one):

Owner

Contract Purchaser Lessee or

Other: Rent

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.

Yolanda Acho  
100% Ownership

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 plan to open a Family In-Home Daycare.  
Providing Child Care Services to our  
Community and their family needs.

3. Please describe the proposed hours of operation:

Days <sup>Daily</sup> Monday-Friday Hours 7:30am - 5:30pm

Or give hours for each day of the week

✓ Monday  
✓ Tuesday  
✓ Wednesday  
✓ Thursday  
✓ Friday  
✗ Saturday  
✗ Sunday

7:30am - 5:30pm

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).

• 2 assistants and nine children estimate

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

my self, along with 2 assistants  
working from Open to Closing  
mon - Fri - 7:30am - 5:30pm

5. A. How many parking spaces of each type are provided for the proposed use:

Standard and compact spaces

Handicapped accessible spaces

Other

street Parking



B. Please give the number of:

Parking spaces on-site

Parking spaces off-site - street parking

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

- Street Parking
- ★ Most of the children will be drop off/pick up by walking/stroller

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

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

Zero

B. Where are off-street loading spaces located?

- There aren't any

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

- 7:00am - 8:00am
- Mostly on Weekends

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

- Occasionally Bring Small Supplies

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?

square feet

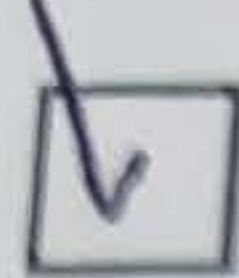
253

House guard fl.  
1,966



# 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.

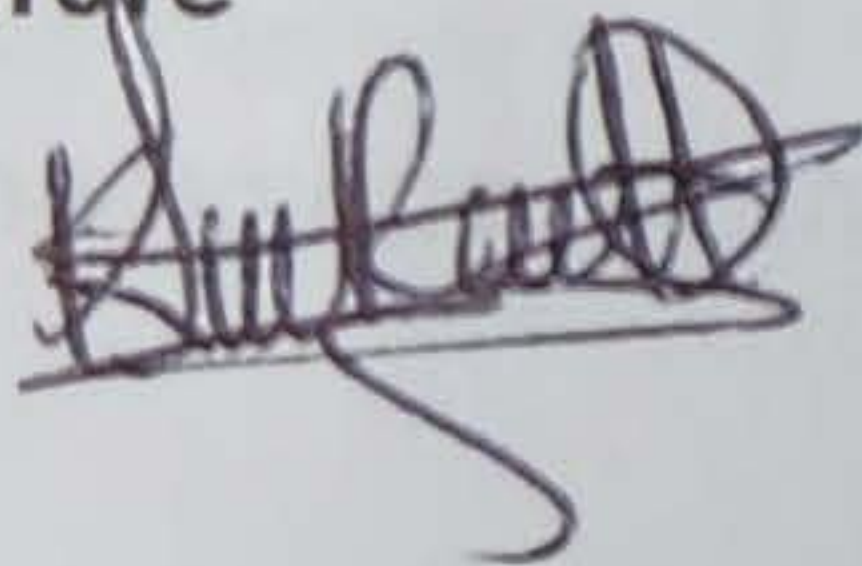


THE UNDERSIGNED, having obtained permission from the property owner, hereby grants permission to the City of Alexandria staff to visit, inspect, and photograph the building premises, land etc., connected with the application.

Print Name of Applicant or Representative

Karen Hernandez

Signature



Date

July 17, 2025

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:

N/A

Fax:





**Department of Planning & Zoning**  
**Administrative Special Use Permit New Use Checklist**

- ☐ Application form
- ☐ Application fee

**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**

- ☒ Outdoor plan for outdoor uses





**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?

- Pick up and drop off is through the front door.
- Drop off of the children will be between 7:30am – 9:30am
- Pick up will be between 3pm to 5:30pm
- Most children will be pick up/drop off by stroller/walking.

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

- Drop off 7:30am – 9:30am
- Pick up 3:00pm – 5:30pm

What is the area square footage for outdoor play area?

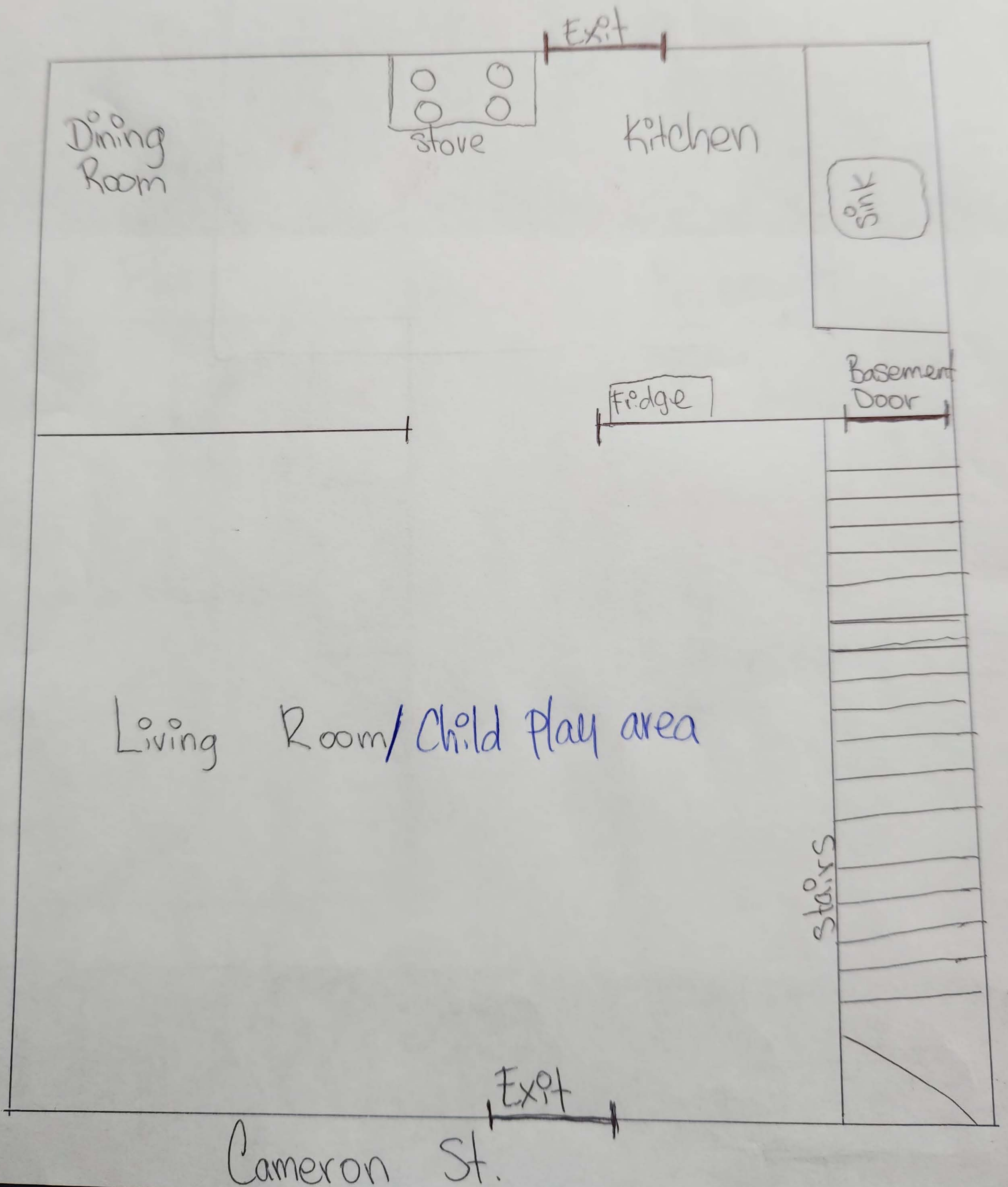
The Backyard is 2200 sf

How many children over age 2 will you care for?

Approximately 7 kids

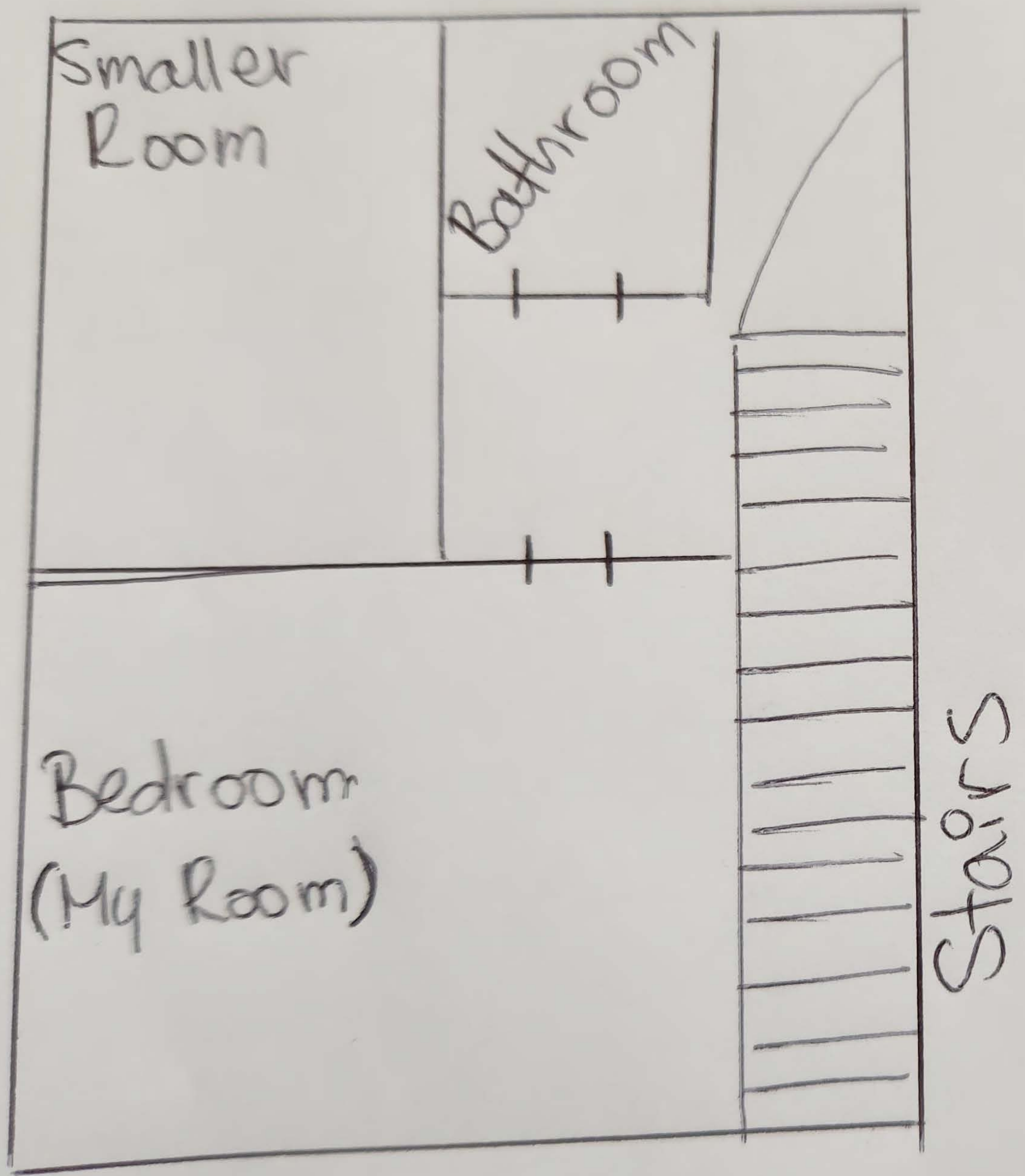


Out Door Patio





# 2nd Floor



# Basement

