



TOWN OF CLIFTON, VIRGINIA

Use Permit Application

Property Address: 12644 Chapel St. Suite 200		Date: [Month / Year] October 2020	
1. Type of Permit:	<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Residential
	<input type="checkbox"/> Preliminary Site Plans Attached	<input type="checkbox"/> Office	<input type="checkbox"/> Home Business (Code 9-19.c1)
	<input type="checkbox"/> Special Use	<input type="checkbox"/> Retail	
	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Subdivision (Code Chapter 10)	<input type="checkbox"/> Boundary Line Adjustment/Lot Consolidation (Code 10-57 to Code 10-59)
	<input type="checkbox"/> Bed & Breakfast		<input type="checkbox"/> Public Use
	<input type="checkbox"/> Multi-Family		
2. Name of Applicant: Tamara Crean			
Mailing Address: 11125 Henderson Rd. Fairfax Station 22039			
Phone: 703 987 0377			
Email Address: tamara@wheelhousepilates.com			
3. Name of Property <del>NER</del> NCH Partners II, LLC			
Owner (if different): 365 HENDERSON PARKWAY #106			
Mailing Address: HENDERSON VA 20170			
4. Name of Business / Organization: Wheelhouse Pilates			
5. Owner of Business / Organization: Tamara Crean			
6. Tax Map Number: 0754-02-0023A			
7. Attach a plat or plan drawn to scale showing the proposed construction, certified by an engineer, surveyor, architect, authorized to practice as such by VA, together with a surveyed plat of the property indicating all building and structure setbacks and height.			<input checked="" type="checkbox"/> Plat Attached

8. Attach Floor Plan to Scale (non-residential & home business):		<input checked="" type="checkbox"/> Floor Plan Attached		
9. Zoning District of Premises:	<input type="checkbox"/> Residential (Code 9-19)	<input checked="" type="checkbox"/> Commercial (Code 9-21)	<input type="checkbox"/> Agricultural (Code 9-20)	<input type="checkbox"/> Industrial (Code 9-22)
	<input type="checkbox"/> Church, Park, Community Building			
	<input type="checkbox"/> Community Open Space & Recreation (COSR) (Code 9-23A)		<input type="checkbox"/> Low Impact Commercial (Code 9-23B)	
10. Describe Purpose of Application:				
10. If Commercial, Home Business, Agricultural or Industrial:				
11. Describe Operation: <i>Commercial service offering fitness instruction</i>				
11.a. If Non-Residential - Office Use: _____ SF or Retail/Restaurant Use: <u>885</u> SF				
11.b. Days & Hours of Operation (include special events): <u>7 AM - 9 PM</u> <u>Sunday - Saturday</u>				
11.c. Number of Employees on Site at any One Time: <u>2</u>				
11.d. Number of Seats (Restaurant/Church): Total: <u>0</u> . If applicable, provide number of seats located inside: _____ and; Outside: _____				
11.e. Gross Floor Area (GFA) of Building or /Premises: <u>11,897</u> SF (Code 9-13) Net Gross Floor Area if more than one use in building: _____ SF If applicable, GFA devoted to carry-out service within restaurant: _____ SF				
11.f. Number of Off-street Parking Spaces Required: _____ (Code 9-13)				
11.g. Number of Off-street Parking Spaces Provided* (attach parking plan to scale with dimensions identifying existing and proposed parking spaces): _____				
11.h. Gross Floor Area of Dwelling (Home Business Only): _____ SF				
12. Application Fee Enclosed: (Fee schedule in Filing Instructions)      \$ <u>7500</u>				

\*PLEASE INCLUDE A PARKING TABULATION FORM FOR BUILDINGS THAT HAVE MORE THAN ONE USER IN THE BUILDING.

Is the applicant or owner a member of a homeowners association (HOA)?  Yes  No If yes, please obtain the approval of the HOA prior to submission of the application.

HOA REPRESENTATIVE (NAME/SIGNATURE) \_\_\_\_\_ DATE OF HOA APPROVAL: \_\_\_\_\_

The undersigned hereby applies for a Use Permit pursuant to Article 2, Section 9-10 of the Zoning Ordinance of the Code of Town of Clifton, Virginia.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: Oct. 2020

PROPERTY OWNER SIGNATURE: \_\_\_\_\_

DATE: 11/16/2020

**FOR TOWN USE ONLY**

RECEIPT DATE: \_\_\_\_\_

DATE APPLICATION ACCEPTED: \_\_\_\_\_

APPLICATION FEE PAID: \$ \_\_\_\_\_

APPROVED  DISAPPROVED

PLANNING COMMISSION: \_\_\_\_\_  
SIGNATURE

PRINT

CONDITIONS: \_\_\_\_\_

APPROVED  DISAPPROVED

TOWN COUNCIL: \_\_\_\_\_  
SIGNATURE

PRINT

CONDITIONS: \_\_\_\_\_

