

TOWN OF CLIFTON, VIRGINIA

Use Permit Application

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|--|--|---|--|---|
| Property Address: <i>12700 CHAPEL RD, CLIFTON, VA 20124</i> | | Date: [Month / Year] <i>10/21</i> | | |
| 1. Type of Permit: | <input type="checkbox"/> Construction <input type="checkbox"/> Preliminary Site Plans Attached | <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Office <input type="checkbox"/> Retail | <input type="checkbox"/> Residential | <input type="checkbox"/> Home Business <small>(Code 9-19.c1)</small> |
| | <input type="checkbox"/> Special Use <input type="checkbox"/> Restaurant <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Subdivision <small>(Code Chapter 10)</small> | <input type="checkbox"/> Boundary Line Adjustment/Lot Consolidation <small>(Code 10-57 to Code 10-59)</small> | <input type="checkbox"/> Public Use |
| 2. Name of Applicant: <i>SHERRI FRANCESCONE, CHIEF OF STAFF</i> | | | | |
| Mailing Address: <i>12700 CHAPEL RD, CLIFTON, VA 20124</i> | | | | |
| Phone: <i>(910) 459-9644</i> | | | | |
| Email Address: <i>sherri@foramerica.org</i> | | | | |
| 3. Name of Property Owner (if different): <i>MARCUS SILVA</i> | | | | |
| Mailing Address: <i>7151 PEWALETOWN AVE., CLIFTON, VA 20124</i> | | | | |
| 4. Name of Business / Organization: <i>AMERICA, INC., DBA FOR AMERICA</i> | | | | |
| 5. Owner of Business / Organization: <i>DAVID BOZELL, PRESIDENT</i> | | | | |
| 6. Tax Map Number: <i>075-4-02 - 0026</i> | | | | |
| 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 type="checkbox"/> Plat Attached <i>N/A</i> |

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|--|---|--|--|--|
| 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: <i>TO INFORM THAT THE ADDRESS, 12700 CHAPEL RD, CLIFTON, VA 20124, IS BEING USED FOR AN OFFICE BY AMERICA, INC., DBA FORAMERICA, A VIRGINIA NON-STOCK CORPORATION QUALIFIED AS A TAX EXEMPT UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE.</i> | | | | |
| 10. If Commercial, Home Business, Agricultural or Industrial: <i>COMMERCIAL OFFICE</i> | | | | |
| 11. Describe Operation: <i>AMERICA, INC., DBA FORAMERICA, IS A 501(C)(4) ISSUE ADVOCACY ORGANIZATION.</i> | | | | |
| 11.a. If Non-Residential - Office Use: <i>2,054</i> SF or Retail/Restaurant Use: _____ SF | | | | |
| 11.b. Days & Hours of Operation (include special events): <i>MONDAY - FRIDAY; 9:00 AM - 5:30 PM</i> | | | | |
| 11.c. Number of Employees on Site at any One Time: <i>4</i> | | | | |
| 11.d. Number of Seats (Restaurant/Church): Total: <i>N/A</i> . If applicable, provide number of seats located inside: _____ and; Outside: _____ | | | | |
| 11.e. Gross Floor Area (GFA) of Building or /Premises: <i>2,054</i> SF (Code 9-13) Net Gross Floor Area if more than one use in building: <i>N/A</i> SF If applicable, GFA devoted to carry-out service within restaurant: <i>N/A</i> SF | | | | |
| 11.f. Number of Off-street Parking Spaces Required: <i>0</i> (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): <i>N/A</i> | | | | |
| 11.h. Gross Floor Area of Dwelling (Home Business Only): <i>N/A</i> SF | | | | |
| 12. Application Fee Enclosed: (Fee schedule in Filing Instructions) <i>\$ 75.00</i> | | | | |

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

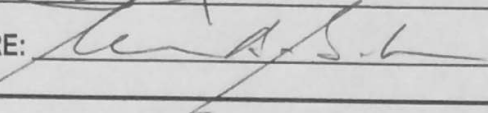
Is the applicant or owner a member of a homeowners association (HOA)? Yes No If yes, please obtain the approval of the HOA prior to submission of the application.

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: 10-12-21

PROPERTY OWNER SIGNATURE:  _____

DATE: 09-23-21

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: _____

EXHIBIT A

DESCRIPTION OF LEASED PREMISES

(SEE ATTACHED FLOOR PLAN)

