

TOWN OF CLIFTON, VIRGINIA

Use Permit Application

Property Address: 12644 CHAPEL ROAD, CLIFTON, VA		Date: [Month / Year] 11 / 15 / 21		
1. Type of Permit:	<input type="checkbox"/> Construction	<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Residential	<input type="checkbox"/> Home Business (Code 9-19.c1)
	<input type="checkbox"/> Preliminary Site Plans Attached	<input checked="" type="checkbox"/> Office <input type="checkbox"/> Retail		
	<input type="checkbox"/> Special Use	<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"/> Public Use
	<input type="checkbox"/> Restaurant			
	<input type="checkbox"/> Bed & Breakfast			
	<input type="checkbox"/> Multi-Family			
2. Name of Applicant: CRAIG DURASKO; SUN DESIGN REMODELING SPEC, INC.				
Mailing Address: 5745-B BURKE CENTRE PKWY, BURKE, VA 22015				
Phone: 703-425-5588 x104 Cell 703-906-6652				
Email Address: CRAIG@SUNDESIGNINC.COM				
3. Name of Property Owner (if different): ANITA PROFFERS, LLC; CRAIG DURASKO				
Mailing Address: 5745-B BURKE CENTRE PKWY, BURKE, VA 22015				
4. Name of Business / Organization: SUN DESIGN				
5. Owner of Business / Organization: CRAIG DURASKO; BOB GAUSCHER -				
6. Tax Map Number: 75-4(12) - 23A				
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				

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: USE PERMIT FOR OFFICE				
10. If Commercial, Home Business, Agricultural or Industrial:				
11. Describe Operation: OFFICES				
11.a. If Non-Residential - Office Use: <u>1075</u> SF or Retail/Restaurant Use: _____ SF				
11.b. Days & Hours of Operation (include special events):				
11.c. Number of Employees on Site at any One Time: <u>6</u>				
11.d. Number of Seats (Restaurant/Church): Total: _____. If applicable, provide number of seats located inside: _____ and; Outside: _____				
11.e. Gross Floor Area (GFA) of Building or /Premises: <u>1075</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) <u>NO CHANGE</u>				
11.g. Number of Off-street Parking Spaces Provided* (attach parking plan to scale with dimensions identifying existing and proposed parking spaces): _____ <u>NO CHANGE</u>				
11.h. Gross Floor Area of Dwelling (Home Business Only): _____ SF				
12. Application Fee Enclosed: (Fee schedule in Filing Instructions) \$ <u>75.00</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: [Signature] DATE: 11/15/21

PROPERTY OWNER SIGNATURE: [Signature] DATE: 11/15/21

FOR TOWN USE ONLY

RECEIPT DATE: _____ DATE APPLICATION ACCEPTED: _____

APPLICATION FEE PAID: \$ _____

APPROVED DISAPPROVED

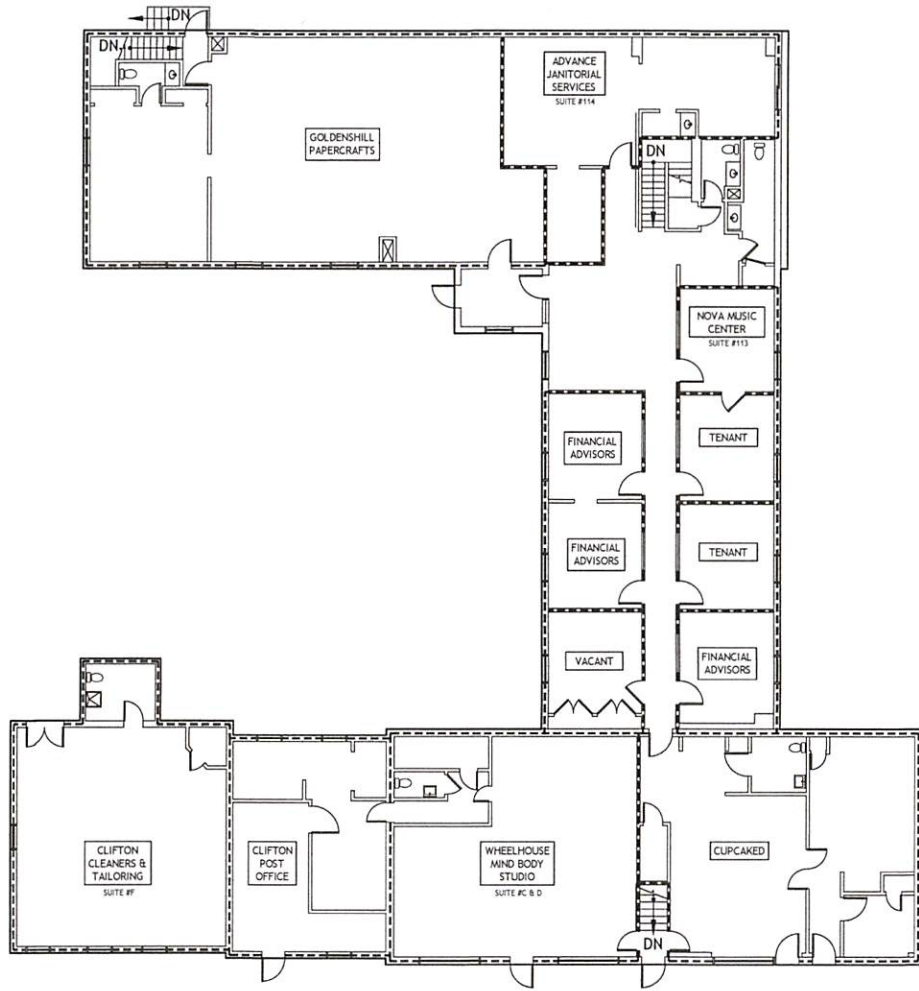
PLANNING COMMISSION: _____
SIGNATURE PRINT

CONDITIONS: _____

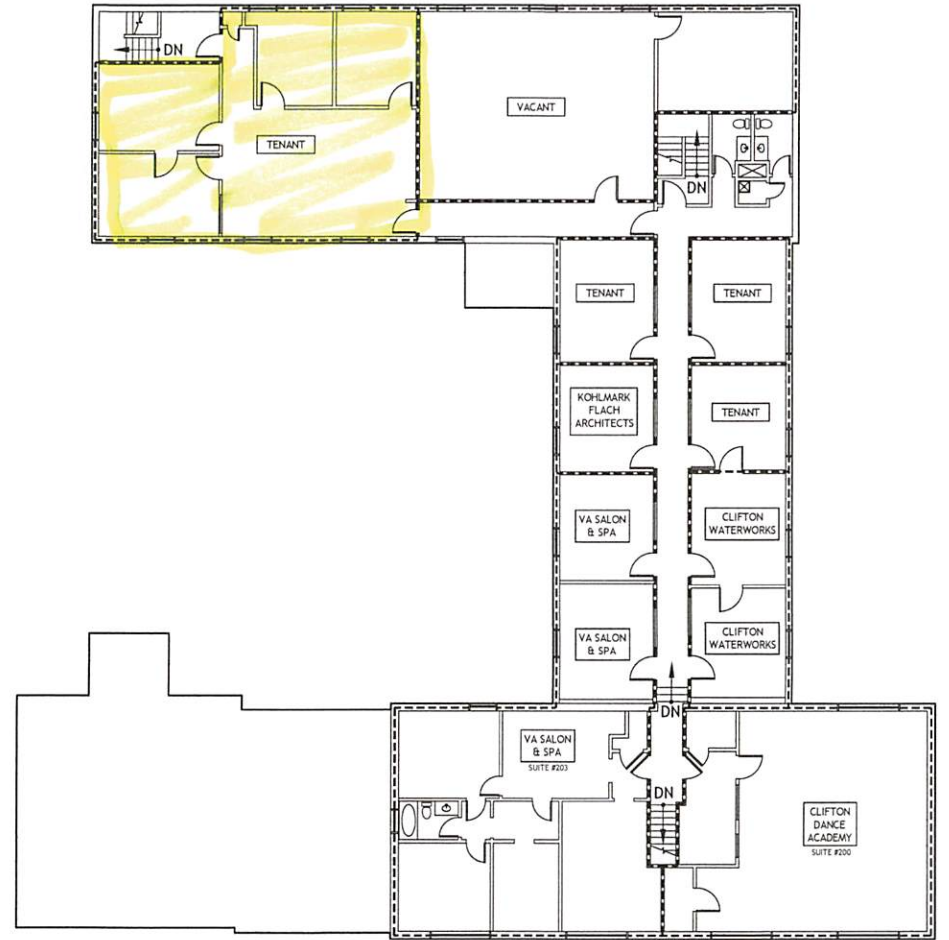
APPROVED DISAPPROVED

TOWN COUNCIL: _____
SIGNATURE PRINT

CONDITIONS: _____



GROUND FLOOR



SECOND FLOOR



JCA ARCHITECTS
1801 ROBERT FULTON DR. SUITE 410
RESTON, VIRGINIA

CLIFTON HOUSE

12644 CHAPEL ROAD,
CLIFTON, VIRGINIA 20124
DATE (06/27/2016)

SCALE: 1/16" = 1'-0"

