



APPLICATION

SPECIAL USE PERMIT

SPECIAL USE PERMIT # 2012-0033

PROPERTY LOCATION: 1327 N. Chambliss Street

Legal Description Lot 81 Sect 1-

TAX MAP REFERENCE: map Block # 028.01-03-18 **ZONE:** _____

APPLICANT:

Name: Vigdonia Guzman

Address: 1327 N. Chambliss St. Alexandria, VA 22312

PROPOSED USE: Home day Care

THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 4-11-500 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 and Commission Members to visit, inspect, and photograph the building premises, land etc., connected with the application.

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(D)(7) 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.

Vigdonia Guzman
Print Name of Applicant or Agent

[Signature] 9-13-12
Signature Date

1327 N. Chambliss St
Mailing/Street Address

(703) 354-4158
Telephone # Fax #

Alexandria VA 22312
City and State Zip Code

0
Email address

ACTION-PLANNING COMMISSION: _____	DATE: _____
ACTION-CITY COUNCIL: _____	DATE: _____

Special Use Permit Application Submission Checklist

WARNING: If any required portion of the application is not submitted, the application may not be accepted.

Completed and signed Special Use Permit application. All questions must be answered fully and legibly.

Supplemental Application for the following uses:

<input type="checkbox"/> Automobile Oriented	<input checked="" type="checkbox"/> Child Care Homes and Daycare Centers
<input type="checkbox"/> Parking Reductions	<input type="checkbox"/> Freestanding Signs
<input type="checkbox"/> Restaurants	

Interior Floor Plan

- Submit one copy no larger than 11 x 17
- Show and label all entrance and exit doors and windows;
- Show and label all rooms/areas, staircases, elevators, bathrooms;
- Show all seats, tables, counters, equipment, etc., as appropriate to the use;
- Show outdoor seating areas, if applicable;
- Title block showing the address, name of the business, name of applicant(s) and square footage of the interior space

Note: Please provide drawings to scale if possible. Drawings must be legible and a clear representation of the proposed use.

Site Plan

- Submit one copy no larger than 11 x 17
- Show the subject site and surrounding buildings;
- Show cross streets;
- Show all points of ingress and egress on the property (include curbcuts, entrance gates and doors, etc.);
- If use is contained in a multi use building, show the exact location of the proposed use;
- Show and label any landscaping, trees or open space on the property. Indicate caliper of trees if available;
- Show and label all parking available to the use on-site and/or within 300 feet of the site;
- Show dimensions of each on-site parking space.

Note: Please provide drawings to scale if possible. Drawings must be legible and a clear representation of the proposed use.

Application fee. Check the current fee schedule.

Other pictures or exhibits that explain the nature of the use and the site. (Not required but recommended)

Letters of support from the community (Not required but recommended)

PROPERTY OWNER'S AUTHORIZATION

As the property owner of 1327 N. Chambliss St, Alexandria, VA 22312 I hereby
 (Property Address)
 grant the applicant authorization to apply for the Family Daycare use as
 (use)
 described in this application.

Name: David & Deborah Myers

Phone: 703-537-3327

Please Print

Address: 3805 Shepherd St.
Cherry Chase, MD 20815

Email: ddever@mcenearney.com

Signature: Daniel Dever property manager
and agent for owner.

Date: 3-21-12

1. Floor Plan and Plot Plan. As a part of this application, the applicant is required to submit a floor plan and plot or site plan with the parking layout of the proposed use. The SUP application checklist lists the requirements of the floor and site plans. The Planning Director may waive requirements for plan submission upon receipt of a written request which adequately justifies a waiver.

Required floor plan and plot/site plan attached.

Requesting a waiver. See attached written request.

2. 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 of more than ten percent.

OWNERSHIP AND DISCLOSURE STATEMENT

Use additional sheets if necessary

1. Applicant. State the name, address and percent of ownership of any person or entity owning an interest in the applicant, unless the entity is a corporation or partnership, in which case identify each owner of more than ten percent. The term ownership interest shall include any legal or equitable interest held at the time of the application in the real property which is the subject of the application.

Name	Address	Percent of Ownership
1.		
2.		
3.		

2. Property. State the name, address and percent of ownership of any person or entity owning an interest in the property located at 1327N Chambliss St Alex, VA (address), unless the entity is a corporation or partnership, in which case identify each owner of more than ten percent. The term ownership interest shall include any legal or equitable interest held at the time of the application in the real property which is the subject of the application.

Name	Address	Percent of Ownership
1. David & Deborah Myers	3805 Shepherd St Cherry Chase MD, 20815	Owners of property 100/100
2.		
3.		

3. Business or Financial Relationships. Each person or entity indicated above in sections 1 and 2, with an ownership interest in the applicant or in the subject property are require to disclose any business or financial relationship, as defined by Section 11-350 of the Zoning Ordinance, existing at the time of this application, or within the 12-month period prior to the submission of this application with any member of the Alexandria City Council, Planning Commission, Board of Zoning Appeals or either Boards of Architectural Review. **All fields must be filled out completely. Do not leave blank. (If there are no relationships please indicated each person or entity below and "None" in the corresponding fields)**

Name of person or entity	Relationship as defined by Section 11-350 of the Zoning Ordinance	Member of the Approving Body (i.e. City Council, Planning Commission, etc.)
1.		
2.		
3.		

NOTE: Business or financial relationships of the type described in Sec. 11-350 that arise after the filing of this application and before each public hearing must be disclosed prior to the public hearings.

As the applicant or the applicant's authorized agent, I hereby attest to the best of my ability that the information provided above is true and correct.

Date
Printed Name
Signature

USE CHARACTERISTICS

4. The proposed special use permit request is for (check one):

- a new use requiring a special use permit,
- an expansion or change to an existing use without a special use permit,
- an expansion or change to an existing use with a special use permit,
- other. Please describe: _____

5. 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 from Monday - Friday 6:00am to 6:00pm

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

2 Employees from 6:00am to 6:00pm Monday-Friday

6. Please describe the proposed hours and days of operation of the proposed use:

Day:

Hours:

Monday - Friday

6:00am to 6:00pm

7. Please describe any potential noise emanating from the proposed use.

A. Describe the noise levels anticipated from all mechanical equipment and patrons.

None.

B. How will the noise be controlled?

I have never had problems in this issue
Children are always educated to use their indoor
voices. The provider will make sure that noise
doesn't become a problem.

8. Describe any potential odors emanating from the proposed use and plans to control them:

I take trash outside on a daily basis.
The truck picks up trash

*
D. Dixon

9. Please provide information regarding trash and litter generated by the use.

A. What type of trash and garbage will be generated by the use? (i.e. office paper, food wrappers)

I recycle paper and bottles. Besides food wrappers and leftover materials, there is no other trash. Diapers are also discarded.

B. How much trash and garbage will be generated by the use? (i.e. # of bags or pounds per day or per week)

Trash will be taken out twice per day after lunch and end of the day

C. How often will trash be collected?

* County's trash truck is collected twice per week.

D. How will you prevent littering on the property, streets and nearby properties?

There will be rules established as to where trash belongs.

10. Will any hazardous materials, as defined by the state or federal government, be handled, stored, or generated on the property?

[] Yes. No.

If yes, provide the name, monthly quantity, and specific disposal method below:

11. Will any organic compounds, for example paint, ink, lacquer thinner, or cleaning or degreasing solvent, be handled, stored, or generated on the property?

[] Yes. No.

If yes, provide the name, monthly quantity, and specific disposal method below:

12. What methods are proposed to ensure the safety of nearby residents, employees and patrons?

Doors and cabinets have secure locks.
Cleaning supplies are out of reach of children.
Children will always be under supervision.

ALCOHOL SALES

13.

A. Will the proposed use include the sale of beer, wine, or mixed drinks?

[] Yes No

If yes, describe existing (if applicable) and proposed alcohol sales below, including if the ABC license will include on-premises and/or off-premises sales.

PARKING AND ACCESS REQUIREMENTS

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

- 2 Standard spaces
- Compact spaces
- Handicapped accessible spaces.
- Street parking Other.

Planning and Zoning Staff Only

Required number of spaces for use per Zoning Ordinance Section 8-200A _____

Does the application meet the requirement?
 Yes No

B. Where is required parking located? (check one)

- on-site
- off-site

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

PLEASE NOTE: Pursuant to Section 8-200 (C) of the Zoning Ordinance, commercial and industrial uses may provide off-site parking within 500 feet of the proposed use, provided that the off-site parking is located on land zoned for commercial or industrial uses. All other uses must provide parking on-site, except that off-street parking may be provided within 300 feet of the use with a special use permit.

C. If a reduction in the required parking is requested, pursuant to Section 8-100 (A) (4) or (5) of the Zoning Ordinance, complete the PARKING REDUCTION SUPPLEMENTAL APPLICATION.

Parking reduction requested; see attached supplemental form

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

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

Planning and Zoning Staff Only

Required number of loading spaces for use per Zoning Ordinance Section 8-200 _____

Does the application meet the requirement?
 Yes No

B. Where are off-street loading facilities located? In front of the house.

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

Parents will drop off children between 6:00 am to 8:00 am
Parents will pick up children between 4:00 pm to 6:00 pm.

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

Daily - 2 times per day.

16. Is street access to the subject property adequate or are any street improvements, such as a new turning lane, necessary to minimize impacts on traffic flow?

None.

SITE CHARACTERISTICS

17. Will the proposed uses be located in an existing building?

Yes No

Do you propose to construct an addition to the building?

Yes No

How large will the addition be? _____ square feet.

18. What will the total area occupied by the proposed use be?

1,170 sq. ft. (existing) + _____ sq. ft. (addition if any) = 1,170 sq. ft. (total)

19. The proposed use is located in: (check one)

a stand alone building

a house located in a residential zone

a warehouse

a shopping center. Please provide name of the center: _____

an office building. Please provide name of the building: _____

other. Please describe: _____

End of Application



APPLICATION - SUPPLEMENTAL

CHILD CARE

This Supplemental information is to be filed by applicants requesting special use permit approval of a child care home or child care center. All applicants must submit a plot plan of the property, showing play areas and parking, and an interior floor plan. If a play area that is not owned or leased by the operator is to be used by the children, written permission from the owner must be obtained and a copy submitted with this application.

CHILD CARE HOMES

Applicants requesting special use permit approval of a child care home for six to nine children within a home shall complete this section.

1. Is the proposed facility the principal residence of the operator? Yes No

2. Is the operator registered with the City of Alexandria Office of Early Childhood Development to provide child care in the home? Yes No

3. How many children, including resident children, will be cared for? 9 (nine)

4. How many children reside in the home? None, only ^{one} 17 years old

5. How old are the children? (List the ages of all children to be cared for)
Resident: 17 years old
Non-resident: 6 weeks - 13 yrs old.

6. A minimum of 75 square feet of outdoor play area on the lot must be provided for each child above age two.
Play area required:
Number of children above age two: 7 x 75 square feet = 525 square feet
Play area provided: 1500 square feet

7. If the lot does not have room for on-site play area, is the child care home within 500 feet of a park or playground available for the children to play in? Yes No

If yes, please describe the park's play area:
The house has a fenced play area, and the park is 200 feet from the house.

NOTE: Child care homes are not permitted to display signs.

CHILD CARE HOMES and CHILD CARE CENTERS

Applicants for both child care homes and child care centers (day care center, day nursery and nursery schools) shall complete this section.

1. How many employees will staff the child care facility, including the operator?

3

How many staff members will be on the job at any one time? 2

2. Where will staff and visiting parents park? They will park on the driveway and there are spaces on the street in front of the house.

3. Please describe how and where parents will drop off and pick up children.

The parents will drop children in the morning and park in the driveway, of the house and on the street in front of the house, same procedure will be in the afternoon for pick-up time.

4. At what time will children usually be dropped-off and picked-up?

Drop-off

Pick-up

6:00 am - 8:00 am

4:00 pm - 6:00 pm.

5. What type of outdoor play equipment is proposed for the child care facility, if any? Where will it be located on the property?

I will provide table, swing, sand box, etc and there is a park within 200 feet from my house. There is plenty of equipment for children use.

6. Are play areas on the property fenced?

Yes No
 Yes No

If no, do you plan to fence any portion of the property?

Please describe the existing or proposed fence.

The backyard of the house is completely fenced and has two door for access.

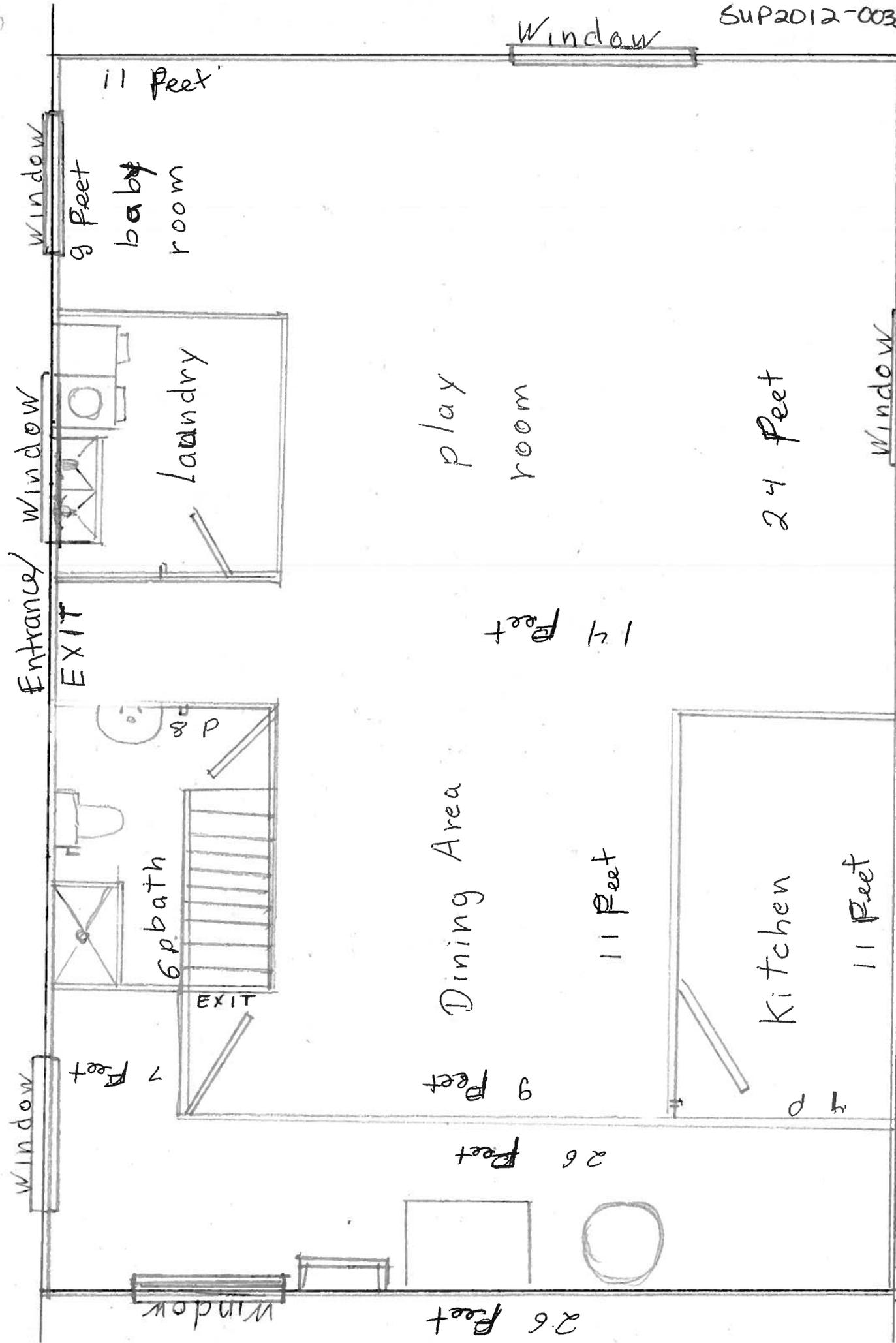
CHILD CARE CENTERS ONLY

Applicants for child care centers (day care center, day nursery and nursery schools) shall complete this section.

- 1. How many children will be cared for during one day? 9 (nine)
- 2. What age children do you anticipate caring for? From birth through 13 years old.
(6 wks)

3. Does the operation have a license from the State of Virginia for a child care facility?
 Yes No
 If yes, provide a copy of the license.

- only through
city of Alexandria -
- copy included.



1170 sq. feet total

Vigdonia Guzman
 1327 N. Chamblis ST.
 Alexandria VA 22312

42 Feet

SUP 2012-0033

Window

Window

Bedroom

13X11P.

Bedroom

13X11P

closet

Closet

Closet

Bath

8X5P.

Bedroom

11X9 P.

3X11P.

Kitchen

13X8P.

EXIT

EXIT

Living Area

18 X 15

Dining Area

12X11P.

1170
Total Feet
Sq. Feet

Window

Window

Window

Window

Window

Window

Window

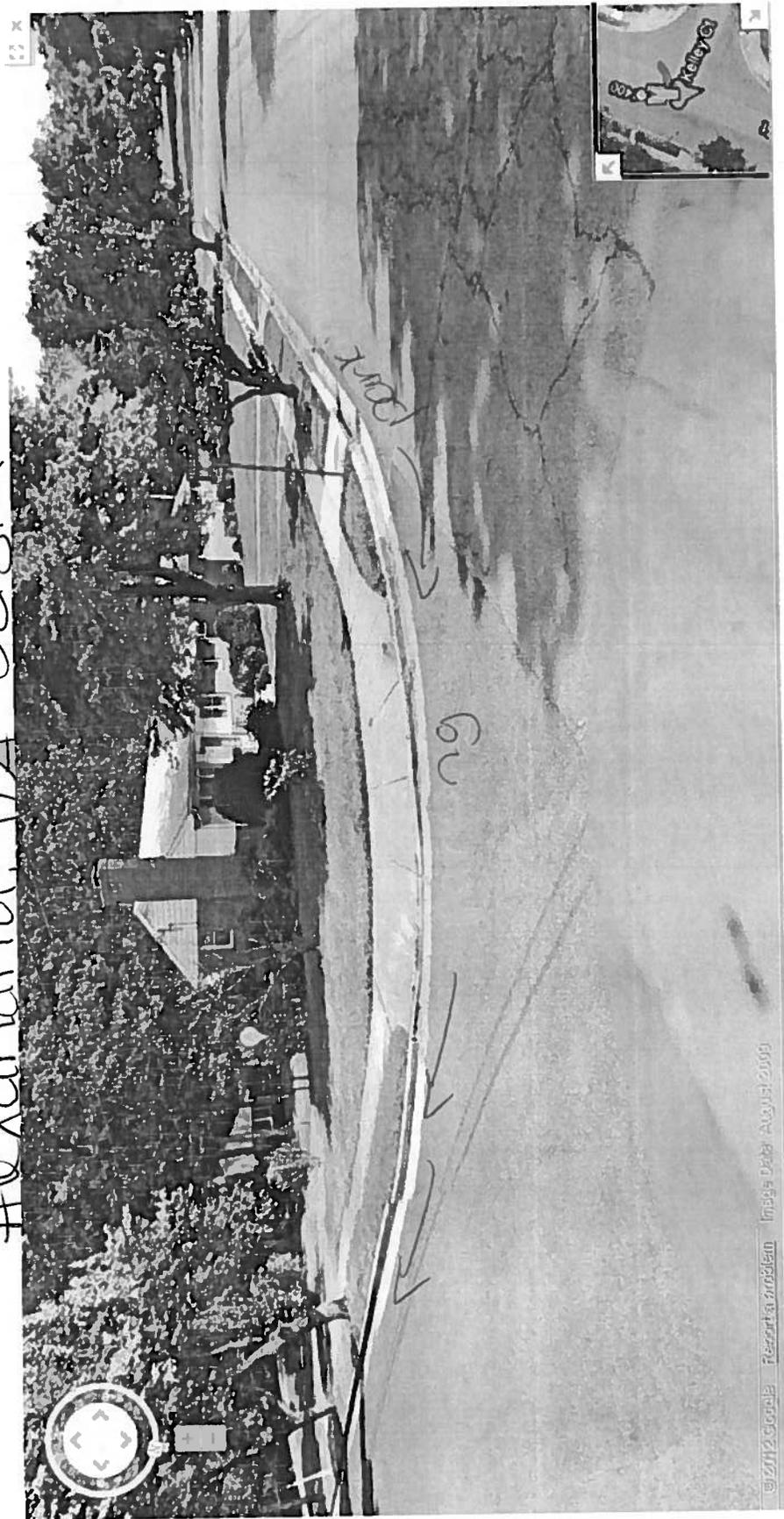
Window

Window

1327 N. Chambliss ST.
Alexandria, VA 22312

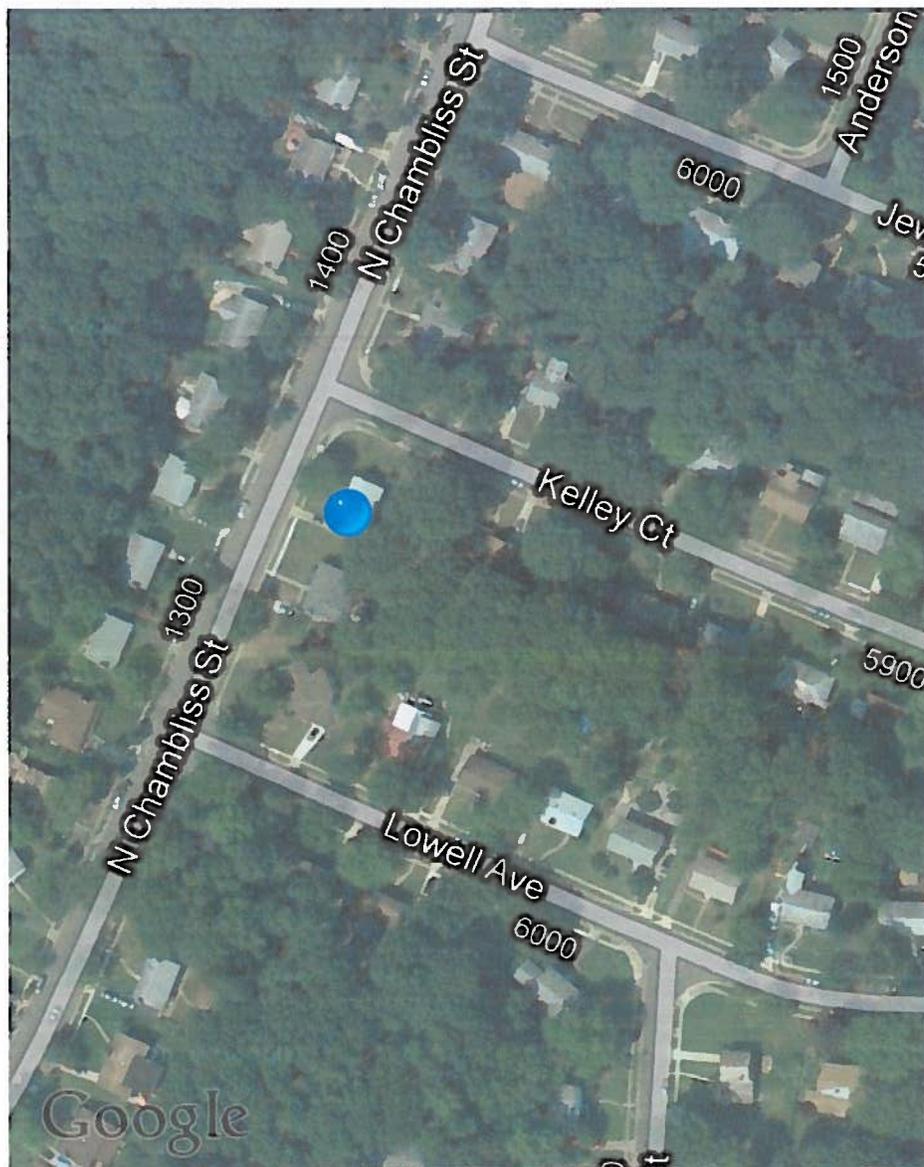
Google

To see all the details that are visible on the screen, use the "Print" link next to the map.



Super Kids Child Care

1327 N Chambliss St
Alexandria, VA 22312





City of Alexandria



DEPARTMENT OF COMMUNITY AND HUMAN SERVICES
CENTER FOR CHILDREN AND FAMILIES
EARLY CHILDHOOD DIVISION
CERTIFICATE OF APPROVAL

Family Child Care Provider

Issued to: SUPER KIDS CHILD CARE INC.

Address: 5580 ASCOT COURT, #123, ALEXANDRIA, VIRGINIA 22311

This Certificate is issued in accordance with the established standards and regulations of the City of Alexandria Code and with the limitations specified by the Office for Early Childhood Development.

MAXIMUM CHILDREN	OTHER LIMITATIONS
Five (5) Change to business name	Providers who have more than five children in care at any one time, or more than four children when all four are under the age of two, must have a state license and an assistant.

This certificate is not transferable and will be effect August 8, 2011 through March 30, 2012 unless revoked for non-compliance with regulations or failure to comply with the limitations stated above. It is issued upon inspection and approval of:

Early Childhood
(Division)

By Carol M. Starnell
(Department Representative)

DATE August 8, 2011

Title Director, Early Childhood Division



City of Alexandria
 DEPARTMENT OF COMMUNITY AND HUMAN SERVICES
 CENTER FOR CHILDREN AND FAMILIES
 EARLY CHILDHOOD DIVISION
 CERTIFICATE OF APPROVAL

Family Child Care Provider

Issued to: _____
Vigdonia Guzman

Address: _____
5580 ASCOT COURT, #123, ALEXANDRIA, VIRGINIA 22311

This Certificate is issued in accordance with the established standards and regulations of the City of Alexandria Code and with the limitations specified by the Office for Early Childhood Development.

MAXIMUM CHILDREN Five (5)	OTHER LIMITATIONS Providers who have more than five children in care at any one time, or more than four children when all four are under the age of two, must have a state license and an assistant.
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This certificate is not transferable and will be effect April 1, 2011 through March 31, 2012 unless revoked for non-compliance with regulations or failure to comply with the limitations stated above. It is issued upon inspection and approval of:

 Early Childhood
 (Division)

By *Carol M. Janel*
 (Department Representative)

DATE March 28, 2011

Title Director, Early Childhood Division



Child Development Associate®

Having satisfactorily demonstrated competence in working with young children through an assessment by the CDA National Credentialing Program

VIGDONIA GUZMAN

is hereby awarded this
CDA Credential
by the

Council for Professional Recognition

Richard C. Gardner

Deputy Director

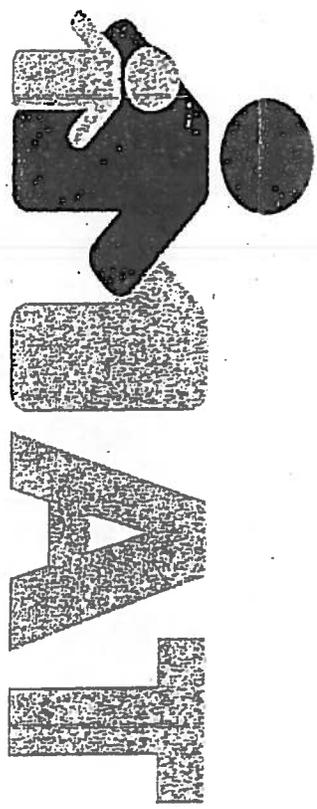
James C. Cunniff, Jr.

President/CEO

April 01, 2010

Valid for three years from date of issue





Virginia Department of Social Services Medication Administration Training Program

I hereby certify that

Nigelene Bluzman
(Participant Name)

has successfully completed the VDSS approved Medication Administration Training (MAT) course and has demonstrated competency in the administration of medication in child day programs and is hereby awarded the VDSS Medication Administration Training (MAT) Certificate

8-25-11
(Date Received)

- The above named has successfully completed a total of eight (8) hours of training in Medication Administration.
- This certificate is valid for three years from the issue date listed above; however, interim refresher training practice demonstrations are required annually. The date of attendance and result of each interim training demonstration must be documented.
- The above named is only certified to administer medication where instructions and consent information have been provided in English.

Susan Liddle 0127
Certified Trainer's Signature and Seal Number

This certificate is valid only with embossed seal

Playroom and Learning Center/Music



Kids Table and Dining Room



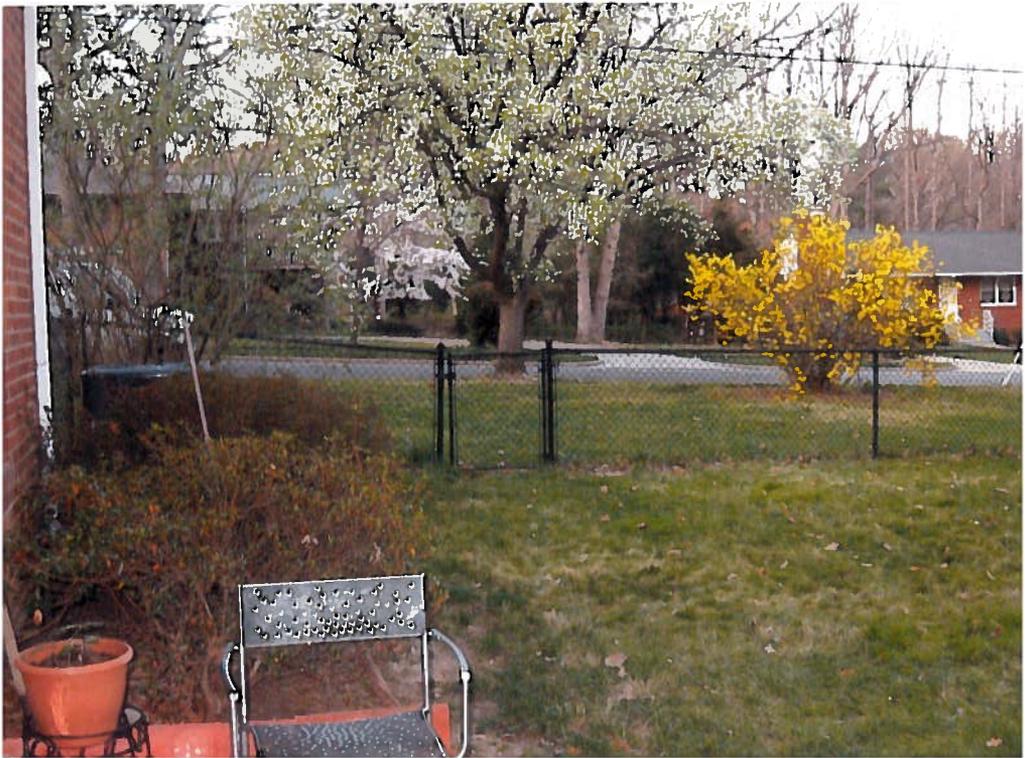
Kitchen (for daycare use only) and Baby Room



Play Room and
Children's Bathroom



Children's Changing/
Bathroom and Backyard



Backyard

