



Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 5420 WYCKLOW CT ALEXANDRIA VA 22304

ZONE: RB

TAX MAP REFERENCE: _____

APPLICANT'S INFORMATION:

Applicant: ALICIA CORLANDO Business/Trade Name: childcare home

Address: 5420 WYCKLOW CT ALEXANDRIA, VA 22304

Phone: (703) 2128479

Email: oscr_alicia@yahoo.com

PROPOSED USE:

- | | |
|--|--|
| <input type="checkbox"/> Animal Care Facility with Overnight Boarding | <input type="checkbox"/> Outdoor Display |
| <input type="checkbox"/> Automobile and Trailer Rental and Sales | <input type="checkbox"/> Outdoor Food and Crafts Market Center |
| <input type="checkbox"/> Catering Business | <input type="checkbox"/> Outdoor Garden Center |
| <input checked="" type="checkbox"/> Day Care | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Health and Athletic Club | <input type="checkbox"/> Valet Parking |
| <input type="checkbox"/> Light Auto Repair | |
| <input type="checkbox"/> Live Theater | |
| <input type="checkbox"/> Massage Establishment | |
| <input type="checkbox"/> Motor Vehicle Storage/Parking for 20 or more Vehicles | |
| <input type="checkbox"/> Outdoor Dining (exclude King Street Retail Overlay) | |

Please read and sign after the statement:

I have read and understand the general standards and the requirements for the use for which I am applying and have attached the Worksheet for the use.

Signature: [Signature]

Please submit the following with this application form:

Site Plan At a minimum, show and label the subject property, surrounding buildings, and streets. Show, label and give dimensions for all parking spaces, entrances and exits, and trees and shrubbery.

Floor Plan At a minimum, show and label all interior features inside and outside seats, tables, counters, equipment, etc. as appropriate to the use. Show, label and give dimensions for all entrance and exit doors and windows, rooms/areas, staircases, elevators and bathrooms.

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SUP # _____

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?

(2) Residents property owners of 5420 Wicklow Ct.
How many staff members will be on the job at any one time? (2) Alicia and Oscar

2. Where will staff and visiting parents park? Alicia and Oscar 1 car - In the garage
Parents standing in Driveway for no longer than 5 minutes

3. Please describe how and where parents will drop off and pick up children. A site plan detailing where the pickup & drop off area will be & how many cars will fit in the area at any moment is also required.

Parents will standing in driveway and go inside the facility for no longer than 5 minutes. All parents have different drop off and pickup time

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

Drop-off

Pick-up

7:30, 7:40, 7:50, 8: 8:30 9 AM

4:45, 4:30, 4:45, 5: 5:30 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?

None

6. Are play areas on the property fenced?

☒ Yes

☐ No

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

☐ Yes

☐ No

Please describe the existing or proposed fence.

6 feet wood fence

Worksheet for specific use from Checklist and Worksheet package.

Other materials, as required by specific use (see Guide to Administrative SUPs Checklist & Worksheets).

PROPERTY OWNER'S AUTHORIZATION	
As the property owner, I hereby grant the applicant use of <u>5420 Wycklow Ct.</u> (property address), for the purposes of operating a <u>child care home</u> (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: <u>OSCAR ORLANDO</u>	Phone: <u>703 212 8479</u>
Address: <u>5420 Wycklow Ct</u>	Email: <u>oscar.alicia@wycklow.com</u>
Signature: <u>[Signature]</u>	Date: <u>4/2/2018</u>

1. 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 and the percent of ownership.

ALICIA P. ORLANDO 5420 WYCKLOW CT. ALEXANDRIA VA 22304 50%
OSCAR N. ORLANDO 5420 WYCKLOW CT. ALEXANDRIA VA 22304 50%

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?

☐ 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.

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USE CHARACTERISTICS

2. Please give a brief statement describing the use:

We Alicia and Oscar CRANNO are going to provide Childcare Services to Infants and toddlers from the ages of 3 months to two and a half years from 7³⁰ AM to 5³⁰ PM from Monday to Friday

3. Please describe the proposed hours of operation:

Days	Hours
Daily	

Or give hours for each day of the week

Monday	7 ³⁰ AM to 5 ³⁰ PM
Tuesday	// //
Wednesday	// //
Thursday	// //
Friday	// //
Saturday	_____
Sunday	_____

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).

6 Children from the hours of 7³⁰ AM to 5³⁰ PM

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

Alicia and Oscar (2) from 7³⁰ AM to 5³⁰ PM (residents)

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

1 Standard and compact spaces
N/A Handicapped accessible spaces
N/A Other

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- B. Please give the number of:
Parking spaces on-site 1
Parking spaces off-site 0

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

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

- A. How many loading spaces are available for the use? N/A
- B. Where are off-street loading spaces located? N/A
- _____
- C. During what hours of the day do you expect loading/unloading operations to occur? N/A
- D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? N/A

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

APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: ACO 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.

Initial: ACO 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.

ALICIA CORLANDO

Print Name of Applicant or Representative



Signature

Date

4/02/2018

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: _____

Fax: _____



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

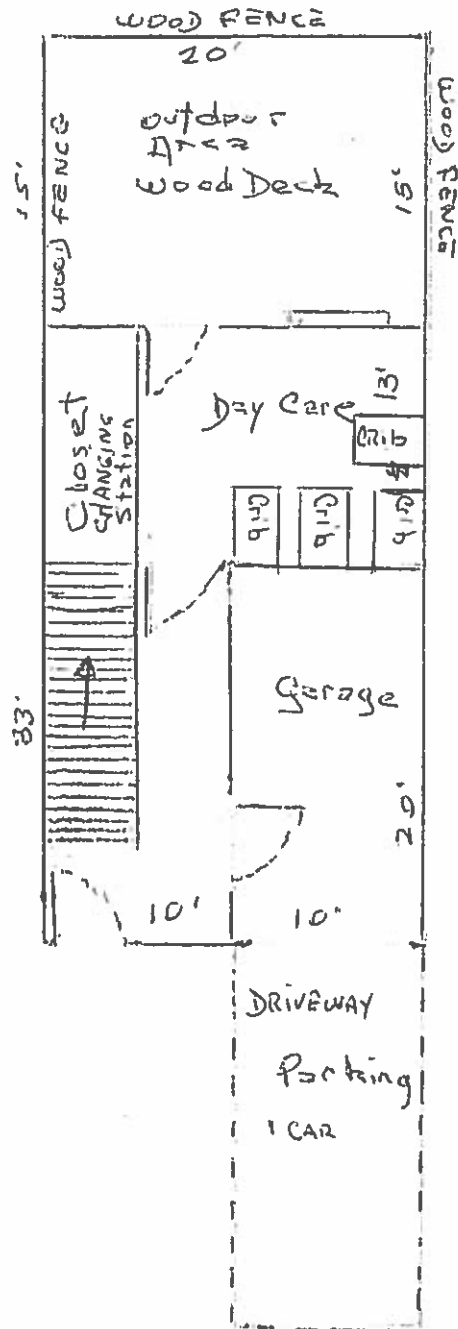
Applicants requesting special use permit approval of a child care home for six to nine children within a home shall complete this section.

1. Is the proposed facility the principal residence of the operator? X Yes No
2. Is the operator registered with the City of Alexandria Office of Early Childhood Development to provide child care in the home? X Yes No
3. How many children, including resident children, will be cared for? 6
4. How many children reside in the home? None
5. How old are the children? (List the ages of all children to be cared for)
 Resident:
 Non-resident: 3 months to 30 months
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: 2 x 75 square feet = 150 square feet
 Play area provided: 300 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

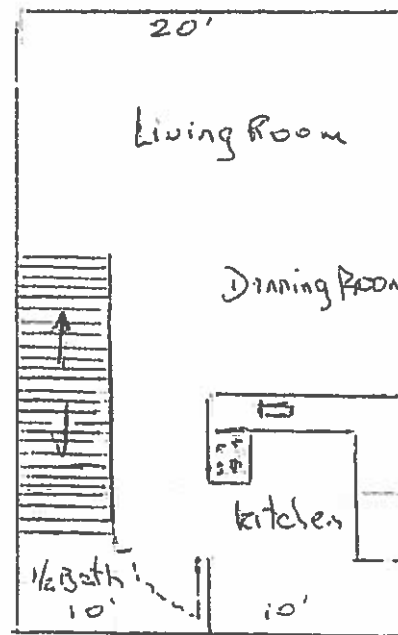
If yes, please describe the park's play area:

5420 WYCKLOW G. ALEXANDRIA, VA. 22304

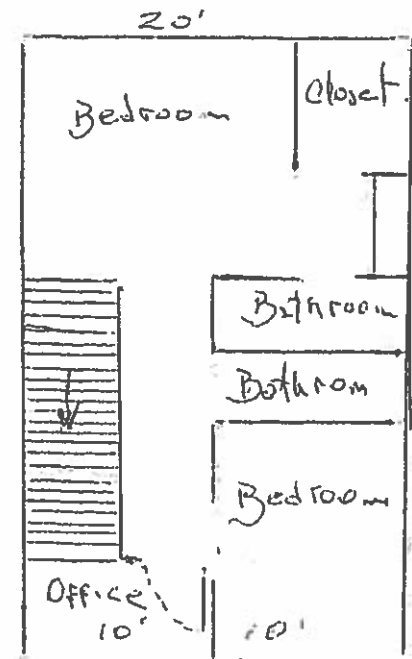
First Floor Plan



Second floor plan



Third floor plan



B&Bs Deals in Alexandria trivago.com/Hotels-B&Bs-Alexandria B&Bs in Alexandria from \$55. Compare over 200 Booking Sites!

Ad

YAHOO!
MAPS

5420 Wycklow Ct, Alexandria, VA 22304-1946

Enter notes here

255



When using any driving directions or map, it is a good idea to double check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning

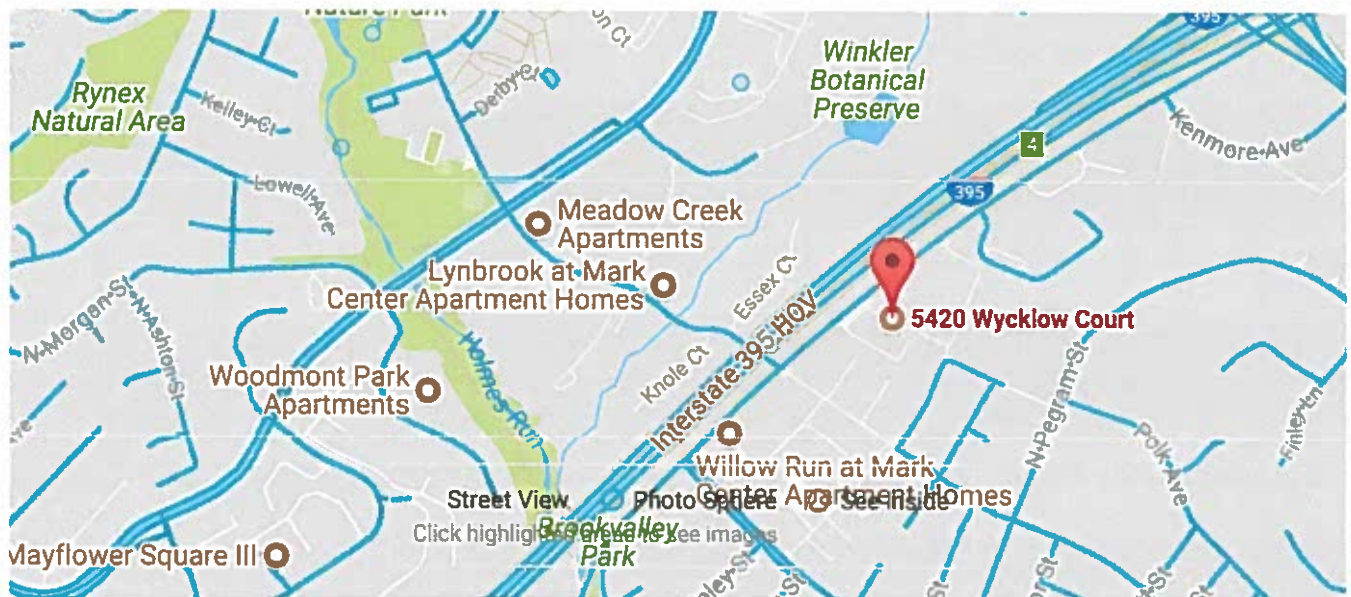


Image capture: Aug 2017 © 2018 Google

Alexandria, Virginia

Google, Inc.

Street View - Aug 2017



Google Maps 1308 N Van Dorn St

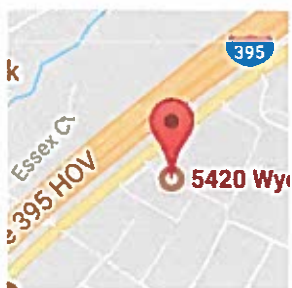


Image capture: Aug 2017 © 2018 Google

Alexandria, Virginia

Google, Inc.

Street View - Aug 2017



Google Maps 5420 Wycklow Ct



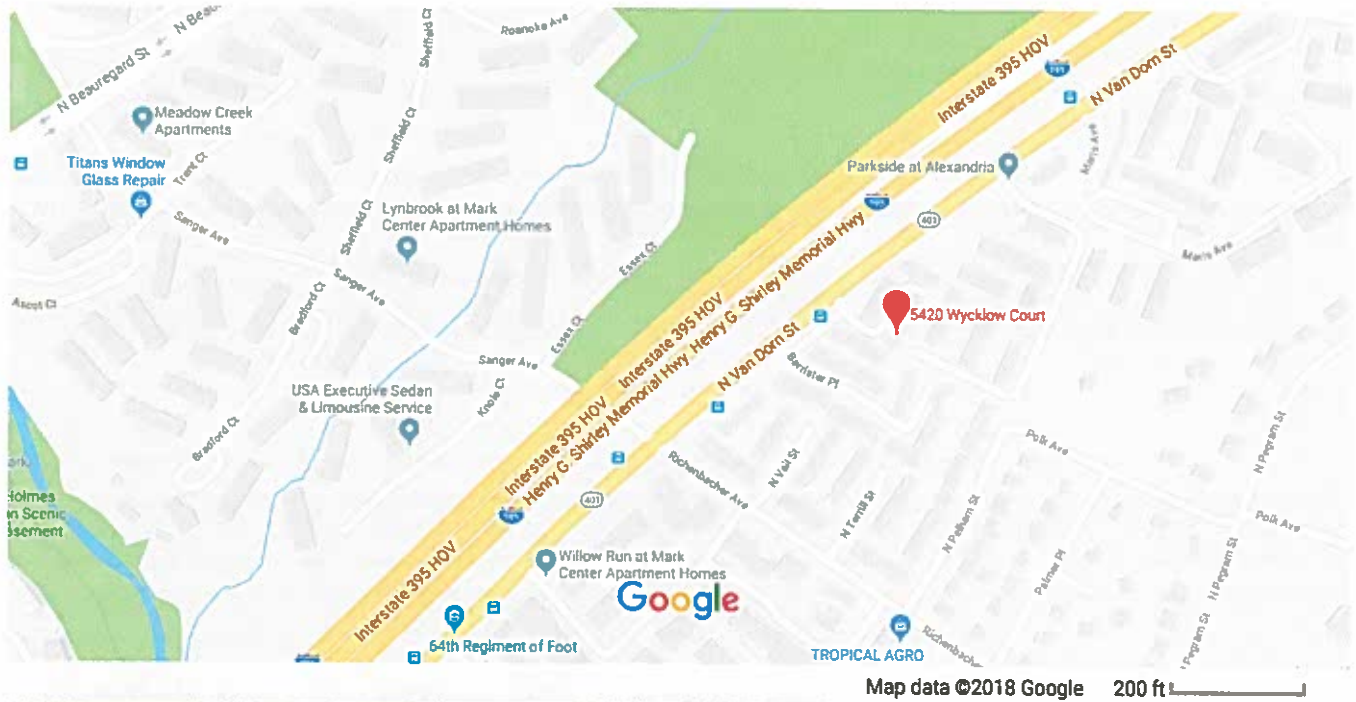
Imagery ©2018 Google, Map data ©2018 Google 500 ft



5420 Wycklow Ct
Alexandria, VA 22304



Google Maps 5420 Wycklow Ct



5420 Wycklow Ct
Alexandria, VA 22304

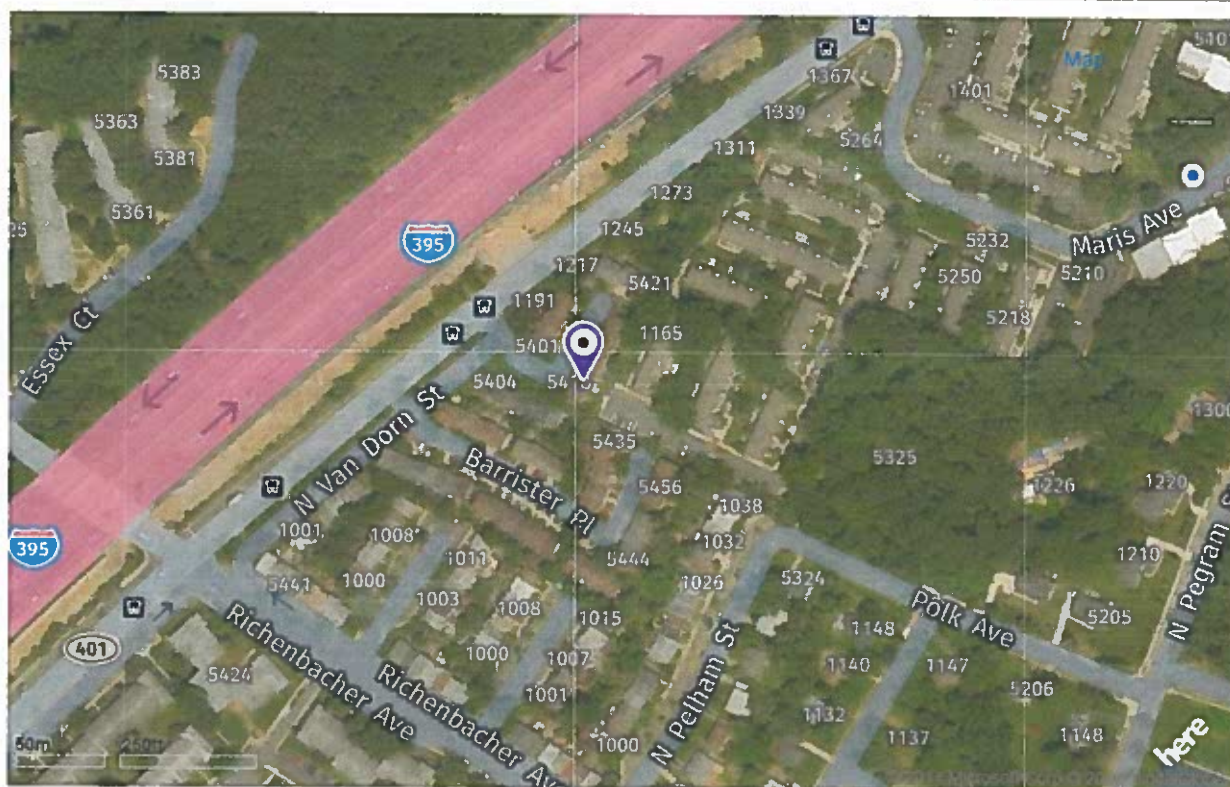


YAHOO!
MAPS

5420 Wycklow Ct, Alexandria, VA 22304-1946

Enter notes here

255



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Infant Toddler Family Day Care (ITFDC)

Approval under System License

Issued To: ***Alicia Orlando***

Address: ***5324 Taney Ave, Alexandria, VA 22304***

Effective: ***August 31, 2017 through August 31, 2018***

Capacity: ***6 children / 16 points***

****An assistant must be present if 16 points is exceeded.***

Children up to 16 months of age count as four points each.

Children from 16 months through 23 months of age count as three points each.

Children from 2 years through 4 years of age count as two points each.

Children from 5 years through 9 years of age count as one point each.

Children 10 years of age and older count as zero points.

Your own & resident children under the age of 8 years are included in the points maximum.

This approval is not transferable. Failure to comply with the regulations set forth by the Commonwealth of Virginia and the ITFDC policies will result in termination of this Approval. Early childcare educators must be in compliance with all zoning and community requirements. Children under the care of an ITFDC early childcare educator must be enrolled with ITFDC prior to the first day of care.

Issuing Agency:

Infant Toddler Family Day Care
11166 Fairfax Blvd., Suite 206

Fairfax, VA 22030

License Number FDS-94293-L-101

By: ***Wynne E. Busman***
Wynne Busman, Executive Director

Date: ***08/31/2017***

Date *February 1, 2018*

PERMIT#: 1575

FAMILY CHILD CARE PROVIDER REGISTRATION



This registration is issued to *Alicia Cristina Orlando* to operate a Child Care Home at

*5324 Taney Avenue
Alexandria, Virginia 22304*

effective through *January 31, 2019*

Serving no more than four (4) non-resident children at any one time.

The following individuals are authorized to provide or assist in the provision of child care services at the above address:

Oscar Orlando

The following individuals over 18 reside at the above address:

Oscar Orlando

Comments:

Renewal

This registration is issued in accordance with Title 12, Chapter 3, of the Code of the City of Alexandria, Virginia, and is subject to all provisions thereof. No change in the information covered by this registration may occur without prior approval of the Alexandria, Department of Community and Human Services, Center for Children and Families, Early Childhood Division.

This registration must be displayed conspicuously in the child care home. While this registration is a legal requirement for providing child care services in a family child care home operated in the City of Alexandria, this registration does not constitute official city approval of the actual child care services being provided by this registered child care provider.


Kate Garvey, Director



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: Alicia Cristina Orlando

Address: 5324 TANNEY AVENUE, ALEXANDRIA, VIRGINIA 22304

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 Early Childhood Division.

MAXIMUM CHILDREN	OTHER LIMITATIONS
Four (4)	Providers who have more than four 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 February 1, 2018 through January 31, 2019 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 Bobbi Crumley
(Department Representative)

DATE February 1, 2018

Title Chief, Early Childhood Division