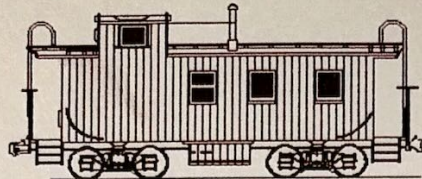


[Handwritten mark]



TOWN OF CLIFTON, VIRGINIA

Use Permit Application

Property Address: 12700 Chapel Rd. Clifton, VA 20124		Date: [Month / Year] Dec. 2025	
1. Type of Permit:	<input type="checkbox"/> Construction	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
	<input type="checkbox"/> Preliminary Site Plans Attached	<input type="checkbox"/> Office	<input checked="" type="checkbox"/> Home Business (Code 9-19.c1)
	<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"/> Restaurant		<input type="checkbox"/> Public Use
	<input type="checkbox"/> Bed & Breakfast		
	<input type="checkbox"/> Multi-Family		
2. Name of Applicant: Aurena Green			
Mailing Address: 12700 Chapel Rd. Clifton, VA 20124			
Phone: 571-218-6717			
Email Address: aurena.rachelle@gmail.com			
3. Name of Property Owner (if different): Marcus Silva - m.silva@villagiogroup.com			
Mailing Address: 7151 Pendleton Ave. Clifton, VA 20124			
4. Name of Business / Organization: Inner Compass Healing LLC			
5. Owner of Business / Organization: Aurena Green			
6. Tax Map Number:			
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 checked="" type="checkbox"/> Residential (Code 9-19) <input type="checkbox"/> Church, Park, Community Building	<input type="checkbox"/> Commercial (Code 9-21)	<input type="checkbox"/> Agricultural (Code 9-20)	<input type="checkbox"/> Industrial (Code 9-22)
	<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: permit to practice as a licensed mental health counselor providing virtual therapy services from my home office.				
10. If Commercial, Home Business, Agricultural or Industrial: " "				
11. Describe Operation: providing telehealth services to clients from my home office.				
11.a. If Non-Residential - Office Use: _____ SF or Retail/Restaurant Use: _____ SF				
11.b. Days & Hours of Operation (include special events): 9am - 5pm				
11.c. Number of Employees on Site at any One Time: 1 (myself)				
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: _____ 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: 0 (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): 0				
11.h. Gross Floor Area of Dwelling (Home Business Only): 2140.02 SF - 133.29 is used for home office.				
12. Application Fee Enclosed: (Fee schedule in Filing Instructions) \$ 250.00				

*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: Aurena R. Green DATE: Dec. 25, 2025

PROPERTY OWNER SIGNATURE: [Signature] DATE: December 25, 2025

FOR TOWN USE ONLY

RECEIPT DATE: _____ DATE APPLICATION ACCEPTED: _____

APPLICATION FEE PAID: \$ _____

☐ APPROVED ☐ DISAPPROVED

PLANNING COMMISSION: _____
SIGNATURE PRINT

CONDITIONS: _____

☐ APPROVED ☐ DISAPPROVED

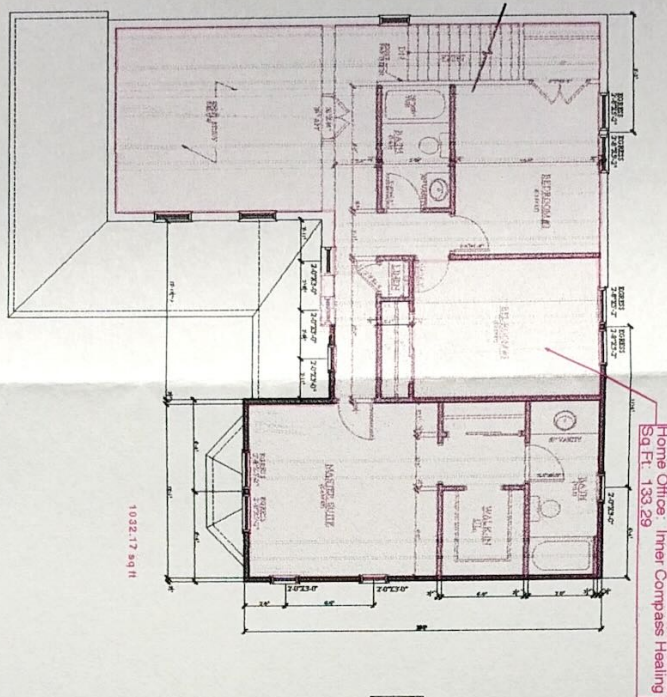
TOWN COUNCIL: _____
SIGNATURE PRINT

CONDITIONS: _____

Gross Sq. Ft. 2140.02 SF
 Home Office Sq. Ft. 133.29 SF

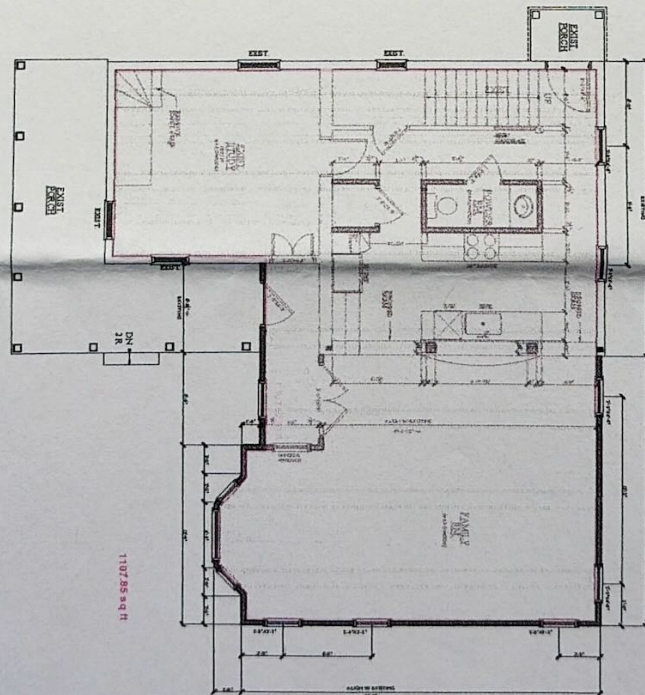
INNER COMPASS HEALING utilizes a small private office located on the second floor for administrative and remote work purposes only. No in-person client meetings are conducted at this location. The office is not open to the public and functions solely as a low-intensity, non-customer-facing workspace. As such, this use does not generate additional site traffic and will have no impact on parking demand beyond what is already required and provided."

2 NEW SECOND FLOOR PLAN
 SCALE 1/4" = 1'-0"



Home Office: Inner Compass Healing
 Sq Ft. 133.29

1 NEW FIRST FLOOR PLAN
 SCALE 1/4" = 1'-0"



12700 Chapel Road Clifton, VA 20124

The Lexington Group, LLC expressly reserves its common law copyright and other property rights in these plans. These plans are not to be reproduced, changed or copied in any form or manner whatsoever.

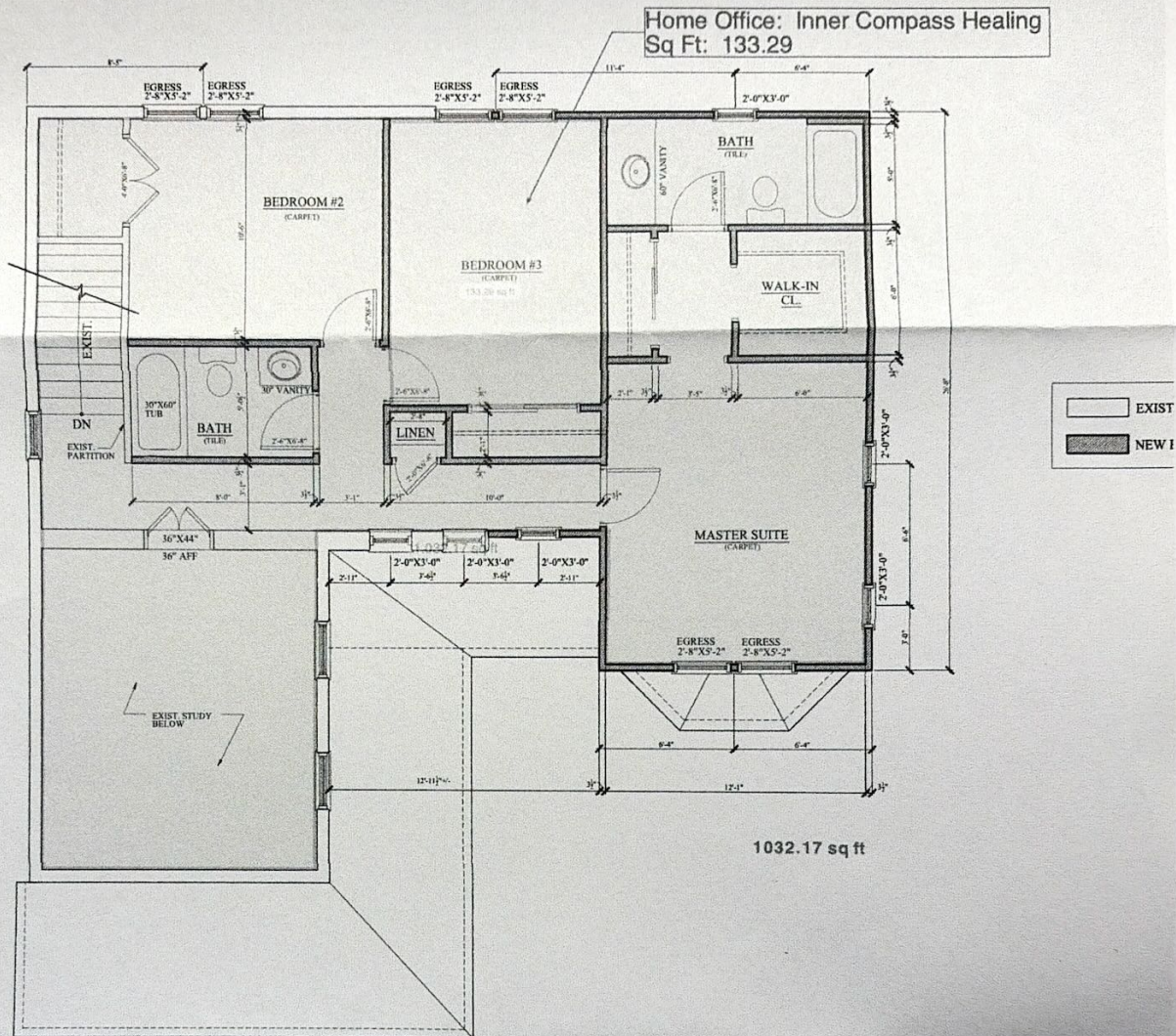
THE LEXINGTON GROUP, LLC



12642 8 Chapel Road

Clifton, Virginia 20124

703-266-8500



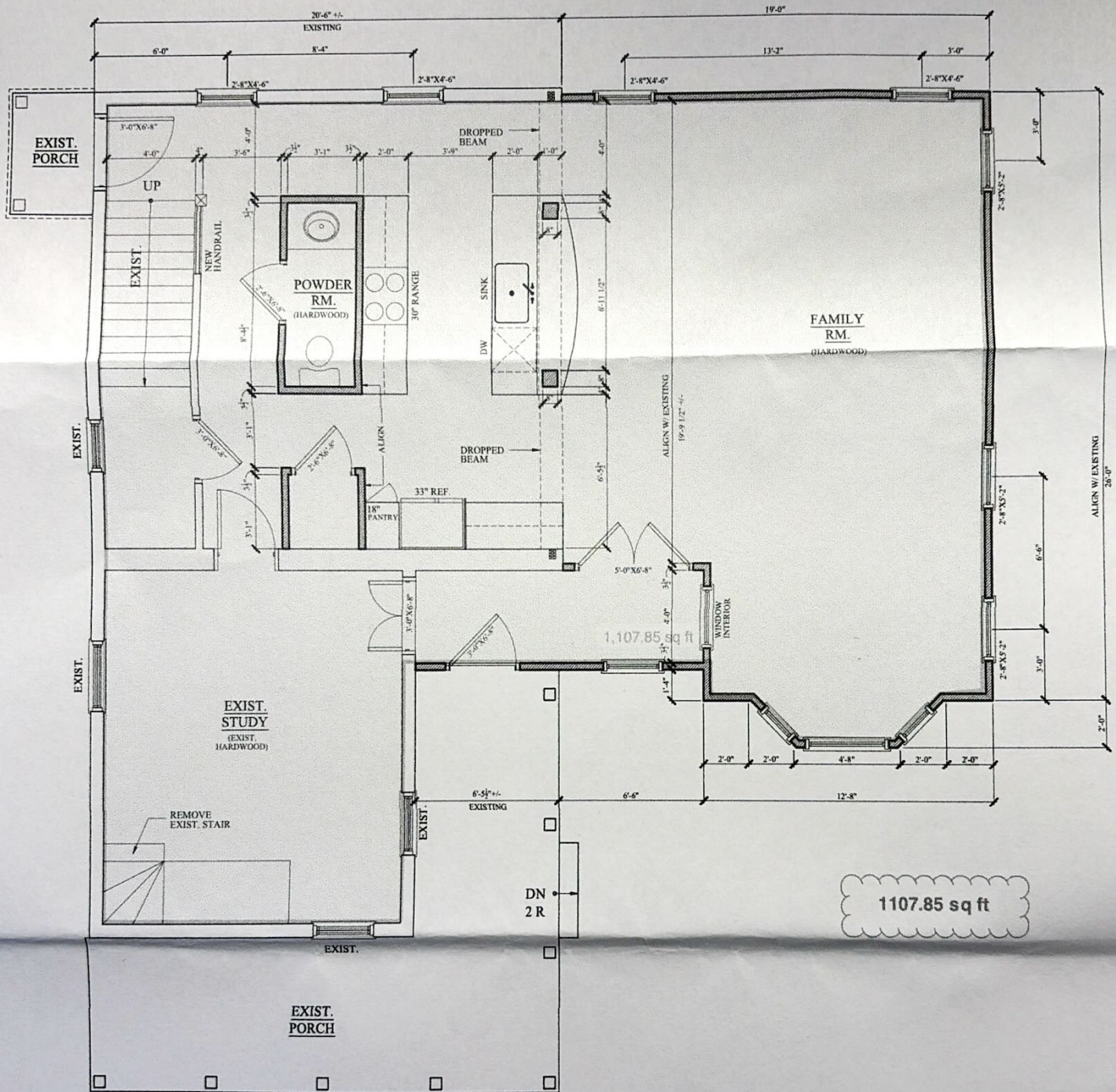
2 NEW SECOND FLOOR PLAN

A1.01

SCALE: 1/4" = 1'-0"

Gross Sq. Ft: 2140.02 SF
Home Office Sq. Ft: 133.29 SF

INNER COMPASS HEALING utilizes a small private office located on the second floor for administrative and remote work purposes only. No in-person client meetings are conducted at this location. The office is not open to the public and functions solely as a low-intensity, non-customer-facing workspace. As such, this use does not generate additional site traffic and will have no impact on parking demand beyond what is already required and provided."



1 NEW FIRST FLOOR PLAN
A1.01

SCALE: 1/4" = 1'-0"