

**TOWN OF CLIFTON, VIRGINIA**

**Use Permit Application**

<b>Property Address:</b> 12700 Chapel Rd. Clifton, VA 20124		<b>Date: [Month / Year]</b> Dec. 2025		
<b>1. Type of Permit:</b>	<input type="checkbox"/> Construction <input type="checkbox"/> Preliminary Site Plans Attached	<input type="checkbox"/> Commercial <input type="checkbox"/> Office <input type="checkbox"/> Retail	<input type="checkbox"/> Residential	<input checked="" type="checkbox"/> Home Business (Code 9-19.c1)
	<input type="checkbox"/> Special Use <input type="checkbox"/> Restaurant <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Multi-Family	<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
<b>2. Name of Applicant:</b> Aurena Green <b>Mailing Address:</b> 12700 Chapel Rd. Clifton, VA 20124 <b>Phone:</b> 571-218-6717 <b>Email Address:</b> aurena.rachelle@gmail.com				
<b>3. Name of Property Owner (if different):</b> Marcus Silva - m.silva@villagiogroup.com <b>Mailing Address:</b> 7151 Pendleton Ave. Clifton, VA 20124				
<b>4. Name of Business / Organization:</b> Inner Compass Healing LLC				
<b>5. Owner of Business / Organization:</b> Aurena Green				
<b>6. Tax Map Number:</b>				
<b>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.</b>				
<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: <i>Permit to practice as a licensed Mental health counselor providing virtual therapy services from my home office.</i>				
10. If Commercial, Home Business, Agricultural or Industrial: <i>"</i>				
11. Describe Operation: <i>providing telehealth services to clients from my home office.</i>				
11.a. If Non-Residential - Office Use: _____ SF or Retail/Restaurant Use: _____ SF				
11.b. Days & Hours of Operation (include special events): <i>9am - 5pm</i>				
11.c. Number of Employees on Site at any One Time: <i>1 (my self)</i>				
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: <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>0</i>				
11.h. Gross Floor Area of Dwelling (Home Business Only): <i>2140.02 SF - 133.29 is used for home office.</i>				
12. Application Fee Enclosed: (Fee schedule in Filing Instructions) <i>\$ 250.00</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: Aurenya R. Green DATE: Dec. 25, 2025

PROPERTY OWNER SIGNATURE: Ken B. Green DATE: December 25, 2025

### FOR TOWN USE ONLY

RECEIPT DATE: \_\_\_\_\_ DATE APPLICATION ACCEPTED: \_\_\_\_\_

APPLICATION FEE PAID: \$ \_\_\_\_\_

APPROVED  DISAPPROVED

PLANNING COMMISSION: \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ PRINT \_\_\_\_\_

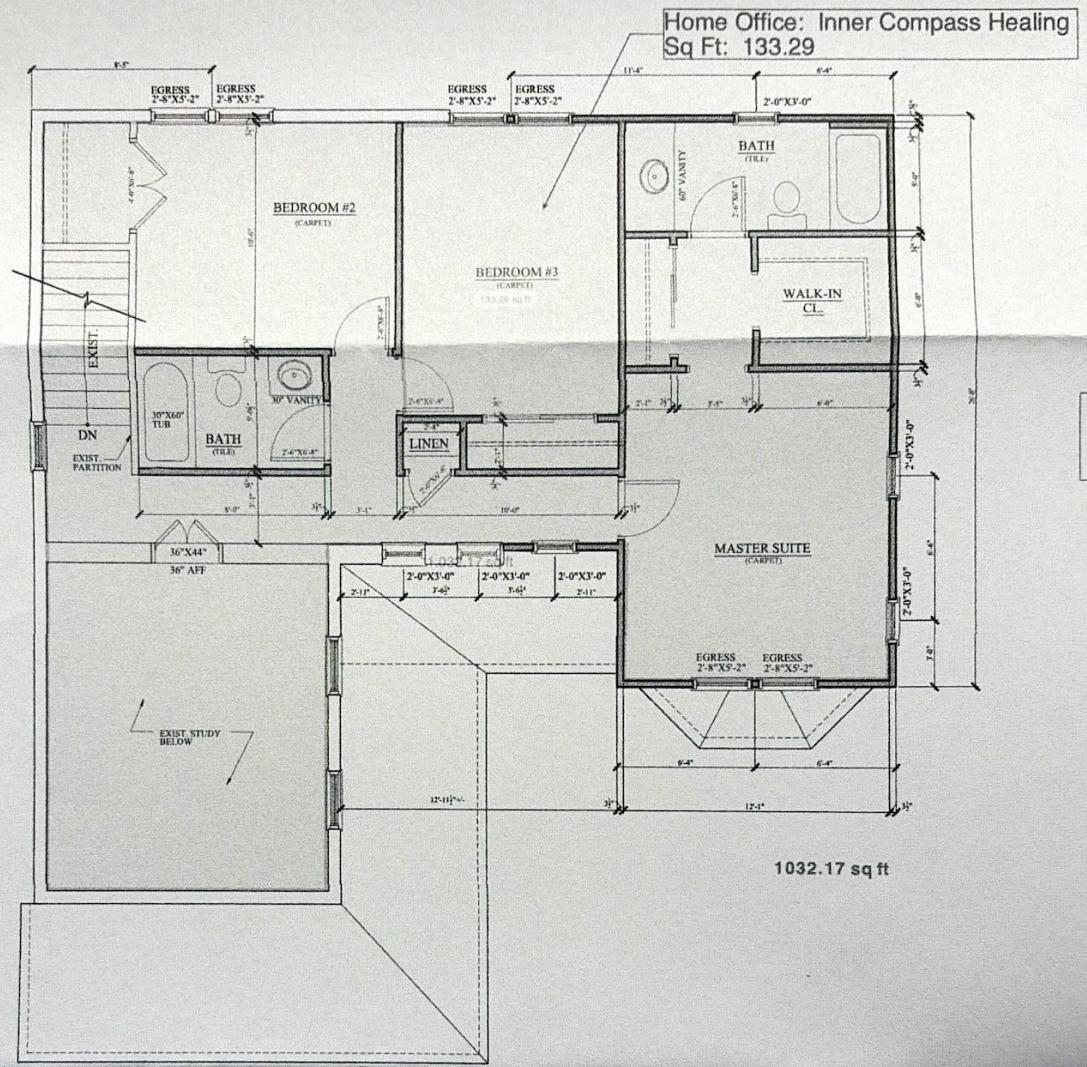
CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_

APPROVED  DISAPPROVED

TOWN COUNCIL: \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ PRINT \_\_\_\_\_

CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_

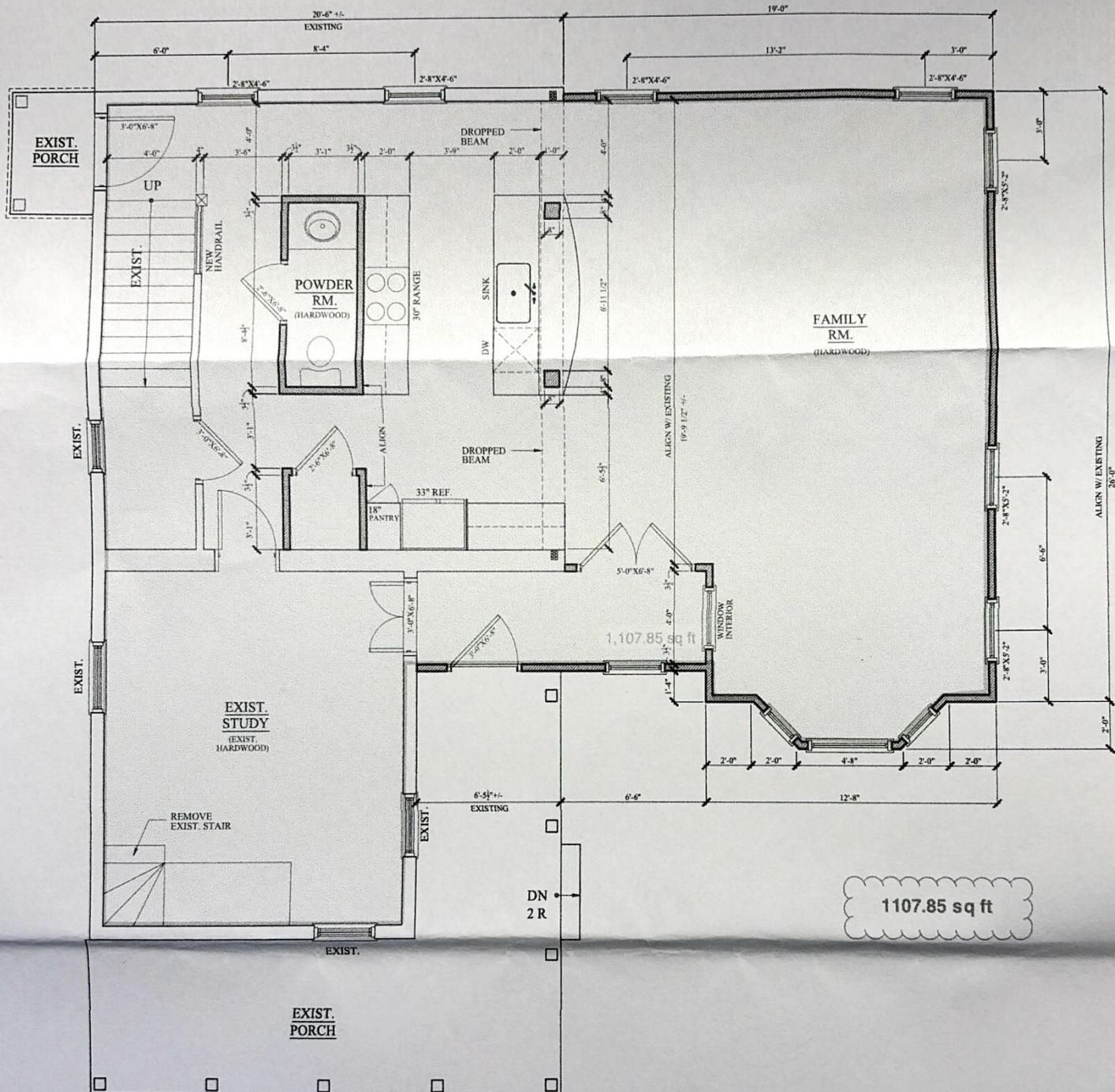




2  
A1.01  
NEW SECOND FLOOR PLAN  
SCALE: 1/4" = 1'-0"

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  
A1.01

1 NEW FIRST FLOOR PLAN

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