

SPECIAL USE PERMIT APPLICATION

NOTE: This application must be filled out completely and all submission requirements must be met before the application can be accepted and scheduled for review/Public Hearing.

NAME OF BUSINESS/APPLICANT: Haymarket Isla	mic Center
SITE ADDRESS: 14600 Washington St, Haymark	et, VA 20169 (Suite 155 or Suite 160)
ZONING DISTRICT: □ R-1 □ R-2 ■ B-1 □ B-2 □ PROPOSED USE(S) : Religious Use	☐ I-1 ☐ C-1 SITE PLAN PROPOSED: ☐ Yes ☐ No CODE SECTION(S) #:
BRIEF DESCRIPTION OF ACTIVITY: In the space below activity including size and type of proposed/existing structures, to visit the site during an average workday and any other change	or in an attached narrative, please describe in detail the proposed hours of operation, type of clientele, number of vehicles anticipated as that will affect the nature or appearance of the structure(s) or site worship. There is a pressing need for a small space to facilitate
the five daily prayers for the local Muslim community.	We are aiming to lease one of the two Suites located at
14600 Washington St. for this purpose and further d	letails are provided in the attached document.
Supporting Documentation (attached): Narrative (a	addressing criteria of Section 58-9(d)) □ Plan/Plat
ADDITIONAL INFORMATION FOR HOME OCCUPA	TIONS (SUBJECT TO SECTION 58-16):
	AREA OF MAIN STRUCTURE:(sq. ft.)
FLOOR AREA DEVOTED TO HOME OCCUPATION:	
NUMBER / TYPE OF VEHICLES:	
NUMBER / TYPE OF EQUIPMENT AND METHOD OF ST	ORAGE (i.e. garage, accessory storage, etc.):
FEE: □ \$500 Residential □	NO. OF EMPLOYEES WORKING FROM SITE: See attached \$200 Residential In-Home Business ce) \$1,500 Commercial (land disturbance)
APPLICANT/PERMIT HOLDER INFORMATION	PROPERTY OWNER INFORMATION
Muhammad Qasim Gul	HAYMARKET PROPERTIES GROUP LLC
Name	Name
15082 Stepping Stone Dr Address	14600 WASHINGTON ST 137
Haymarket VA 20169	HAYMARKET VA ZOIG
City State Zip	City State Zip
202-368-2566	703 895 0677
Phone#(s)	Phone#(s)
qasim.gul@gmail.com	CONNOR. LEAKE @QBE. NET
Email Address	Email Address



APPLICANT / PROPERTY OWNER CONSENT	*****REQUIRED****
I, as owner or authorized agent for the above-referenced para foregoing application and that the information provided herein a activity and method of operation described. Construction of any plat, plan and/or specifications will comply with the ordinances conditions prescribed by the Planning Commission or the Town Co	or attached hereto is correct and a true representation of the improvements described herein and as shown on the attached of the Town of Haymarket, any additional restrictions and/or buncil, and all other applicable laws.
Applicant Signature	Property Owner Signature
October 21, 2024	
D	//-04 - 2024 Date
OFFICE USE ONLY	
DATE FILED: FEE AMOUNT:	DATE PAID:
DATE TO ZONING ADMINISTRATOR:	STAFE REVIEW COMPLETE:
APPLICABLE ZONING ORDINANCE SECTION(S) / RECOMMEN	
ZONING ADMINISTRATOR	DATE
DATE TO PLANNING COMMISSION:	PUBLIC HEARING DATE:
☐ RECOMMEND APPROVAL ☐ RECOMMEND DEN	IAL NO RECOMMENDATION
RECOMMENDED CONDITIONS:	
CHAIRMAN	DATE
DATE TO TOWN COUNCIL:	PUBLIC HEARING DATE:
☐ APPROVED ☐ DENIED	
CONDITIONS:	
CONDITIONS:	