TOWN OF Herndon VIRGINIA

FOR OFFICE USE	
Date Received:	
Date & Time of Meeting:	
Pre-Application #:	

PRE-APPLICATION CONFERENCE REQUEST FORM

Department of Community Development

Submission Date: 03/30/2026
Project Name: Barbara Lopez Otero
Project Address: 310 Missouri Ave Herndon VA 20170
Project Contact: (571) 707 1324
Mailing Address: 310 Missouri Ave Herndon VA 20170
Phone: (571) 707-1324 Email: Barbylopez25673@gmail.com
Current Zoning:
Current or Previous Land Use:
Proposed Land Use: On the First level of the house's entrance.

Applications to be submitted (check all that may apply):

- ☐ Special Exception
- ☐ HTOC Development Plan
- ☐ Zoning Map Amendment
- ☑ Other
- ☐ Proffer Condition Amendment

*Note: If planning to submit a **by-right site or subdivision plan or plat**, there is a separate pre-application conference form that must be submitted. Those conferences are administered by the Department of Public Works and the conference form is available online.*

Brief description of project to be discussed at pre-application conference:

I would like to obtain a permit For a home-based daycare.
I have a permit For seven children, but I would like to obtain a permit For twelve Children.

Specific issues or questions related to the project you would like discussed at the conference:

About Home daycare.

**In addition to this form, pre-application requests should include conceptual plans, drawings, and any other supporting documents that will help the town best understand the project and provide the best possible feedback.

****Completed forms with all supporting materials must be submitted electronically and list all expected pre-application attendees' name, titles, relation and email to the project must be provided at the time of pre-application request submission.** ***(See form on next page)***

For questions, further information, and to submit the request, contact Lisa Webster at lisa.webster@herndon-va.gov or 703.787.7380.

Commonwealth of Virginia

DEPARTMENT OF EDUCATION

CONDITIONAL LICENSE
FAMILY DAY HOME

Issued to: Barbara Lopez Otero, d.b.a. Kemberly's Home Daycare LLC

Address: 310 Missouri Avenue, Herndon, Virginia 20170

This CONDITIONAL license is issued in accordance with provisions of Chapter 14.1, Title 22.1, Code of Virginia and other relevant laws, the regulations of the State Board of Education, and the specific limitations prescribed by the Superintendent of Public Instruction, as follows:

CAPACITY	
7	
AGE	
2 months through 12 years	

☒ **This conditional license is issued to allow for the licensee to demonstrate compliance with sections of the standards, which could not be determined, because the facility is not yet fully operational.**

☒ **This conditional license is issued because the licensee is temporarily unable to comply with the following section(s) of standards: 8VAC20-800-(11)-760-A**

This license is not transferable and will be in effect 03/23/2026 through 09/22/2026 unless revoked for violations of the provisions of law or failure to comply with the limitations stated above.

ISSUING OFFICE:

Virginia Department of Education
Office of Child Care Health and Safety (Region)
PO Box 2120
Richmond, Virginia 23218

Email Address: fairfax.cclicensing@ doe.virginia.gov

FDH-1111099
LICENSE NUMBER

JENNA CONWAY
SUPERINTENDENT OF PUBLIC INSTRUCTION

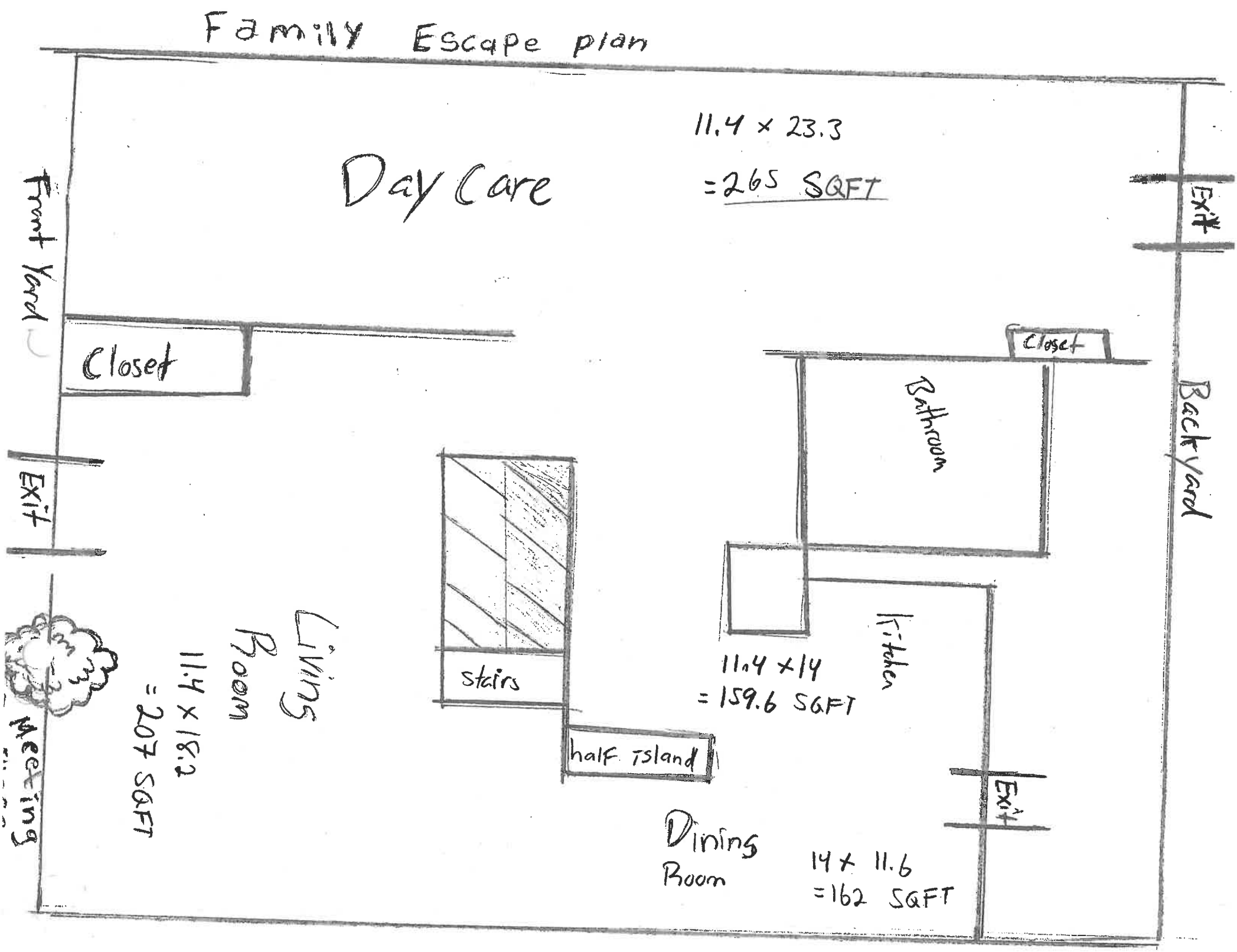
By Nancy Radcliffe Digitally signed by Nancy Radcliffe Date: 2026.03.24 20:37:16 -04'00'

NANCY RADCLIFFE

Title LICENSING ADMINISTRATOR

Date March 24, 2026

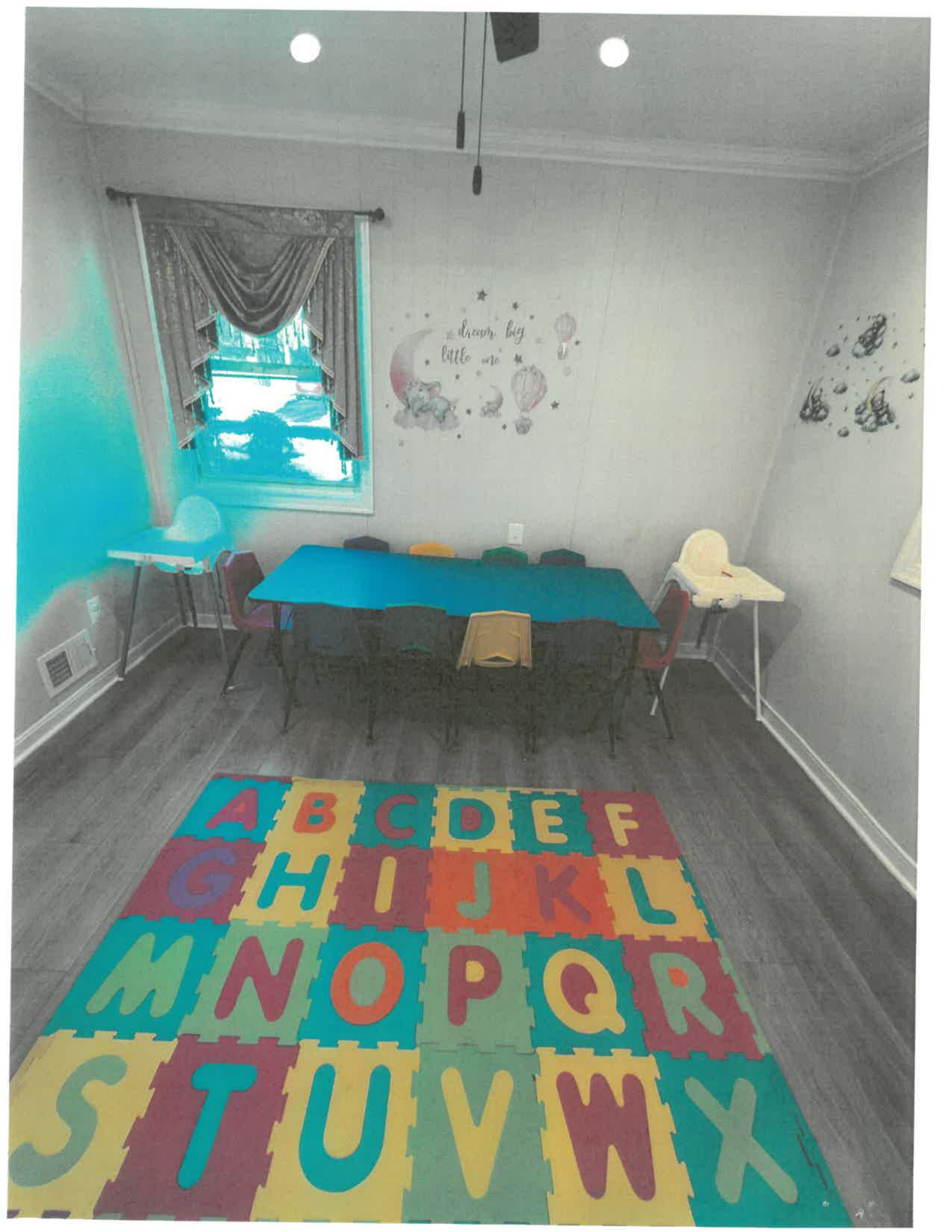
Family Escape plan




CYAN
B C D E F
H I J K L




P
Q
R
S
T
U
V
W
X
Y
9
10
11
12
1


dream big
little one
A B C D E F
G H I J K L
M N O P Q R
S T U V W X


EXIT

TOWN OF

Department of Community Development

ZIP26-013

www.herndon-va.gov

APPLICATION FORM

Zoning Inspection Permit

Home-Based Businesses

***Instructions**: Complete this form and submit to community.development@herndon-va.gov or in person at 777 Lynn Street, 2nd Floor, Herndon, VA 20170. Typed signatures will be accepted. Please also submit the application fee in accordance with the fee schedule on our forms and fees page or TABLE 78-152.2(b)(3): FEES FOR DEVELOPMENT APPLICATIONS in the Town Code.*

The undersigned certifies that all information in this application is true and correct and that the requirements of this application have been read and are understood.

Home Based Business Information

Name of Home-Based Business: Kemberly' Home Daycare LLC

Name of Business Owner: Barbara Lopez Otero

Business Street Address: 310 Missouri Ave Herndon VA 20170

Business Phone Number: 571 707 1324 **Business Email:** Barbylopez5673@gmail.com

Business Website: **Total floor area used by this business:** **SF**

Business Description

Describe: The type of products, merchandise, or services the business will provide.
Attach: Pictures or catalog representations of the product or merchandise for sale.

Are client visits scheduled by appointment? ☑ No ☐ Yes

Is this a home-based daycare? ☐ No ☑ Yes* *If yes, number of children 4

Do you have any company vehicles? ☑ No ☐ Yes* *If yes, list quantity and type below:

Will you receive deliveries after normal business hours? ☑ No ☐ Yes **If yes, please explain below

**Restrictions occur between 10PM--7AM*

Applicant Signature

I hereby certify that I have authority of the owner or agent to make this application, that the information is complete, and that if a permit is issued the construction and/or use will conform to the Zoning Ordinance, the Building Code, applicable laws and regulations including private building restrictions, if any, which relate to the property. I further certify that I have received and read the prohibited sign regulations.

Applicant Signature (REQUIRED) Barbara Lopez Otero
***A Typed Signature is acceptable**

Applicant Name (PRINTED) Barbara Lopez Otero

Phone 571-707-1324 **Email** Barbylopez5673@gmail.com

Please see reverse side for Property Owner's Consent Certifications

Property Owner or Owner Agent Signature

I hereby authorize the home-based business as presented by the applicant to be conducted in conformance to the Section 78-80.5 of the Zoning Ordinance.

☐ **In lieu of having property owner sign, I as the applicant, have provided the front page and signature page of a legally executed lease.**

Property Owner Signature (REQUIRED) Barbara Lopez Otero
*A Typed Signature is acceptable

Property Owner Name (PRINTED) Barbara Lopez Otero

Phone (571) 707 1324 **Email** Barbylopez5673@gmail.com

Note:
An approved inspection is required before a business license will be issued for the home-based business. Submission of photos or a videoconference may be allowed in lieu of an in-person visit, at the discretion of the Community Inspector.

Please contact the office for details at 703-787-7380

List of Prohibited Businesses

The on-site storage of explosives, hazardous and/or toxic materials; on-site services to clients other than by appointment; on-site sales of any goods other than by appointment; on -site restaurant or carry-out service; on-site repair or painting of motor or other vehicles; animal hospitals, kennels or any other business involving the on-site care or feeding of animals; boarding house or similar; mortuary or funeral home; a delivery service by which goods or other property to be delivered are stored or brought on-site; welding, machine shop, pipe fitting operation, or similar; rental of on-site equipment, goods or property; nursing home; small -scale alcohol production facility; similar uses to those above. The above businesses are a summary of Section 78-80.5(a)(2) and not a comprehensive list.

Zoning Administrator Decision

☑ **APPROVED** ○ **DENIED**

Comments:

Signature of Zoning Administrator: [signature] **Date:** 03/13/2026

Intake Notes—Office Use Only

Application Received By: KW Date: 3/13/26 Fee Paid: $50.00

Case Number: ZP #26-013 Zoning District: R-10 Tax Map Number: 0162181100 09

Your EIN

https://sa.www4.irs.gov/applyein/einAssignment

Your EIN Details

EIN assigned	**41-4663936**
Legal name	**KEMBERLYS HOME DAYCARE LLC**
Name control	**KEMB**
Confirmation letter	This confirmation letter is your official IRS notice and contains important information regarding your EIN: Download EIN confirmation Letter [PDF]

Summary of your information

Legal Structure

Organization Type	SINGLE MEMBER LIMITED LIABILITY COMPANY (LLC)

Limited Liability Company (LLC) Information

Legal name	KEMBERLYS HOME DAYCARE LLC
Trade name/doing business as	KEMBERLYS HOME DAYCARE
County	FAIRFAX
State/Territory	VA

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF EDUCATION

CONTACT WITH LOCAL ZONING ADMINISTRATOR

THE FOLLOWING INDIVIDUAL PLANS TO SUBMIT AN APPLICATION FOR A LICENSE TO OPERATE A FAMILY DAY HOME PURSUANT TO §§ 22.1-289.02 and 22.1-289.011 OF THE CODE OF VIRGINIA

To Be Completed by Operator of Family Day Home

NAME OF APPLICANT Barbara Lopez Otero

PHYSICAL ADDRESS 310 Missouri Ave Herndon VA 20170
STREET OR ROUTE NO. CITY STATE ZIP

APPLICANT'S PHONE NO.: 707-1324 (571) EMAIL ADDRESS: Barbylopez5673@gmail.com

THE HOME IS LOCATED IN THE COUNTY OR CITY OF Fairfax

APPLICANT IS REQUESTING A LICENSE TO CARE FOR THE FOLLOWING NUMBER OF CHILDREN (NOT INCLUDING CHILDREN WHO RESIDE IN THE HOME): 7

To Be Completed by Local Zoning Administrator

THE ZONING ADMINISTRATOR'S SIGNATURE ON THIS FORM VERIFIES THAT THE APPLICANT HAS INFORMED THE ZONING ADMINISTRATOR OF HIS/HER PLANS TO APPLY FOR A LICENSE TO OPERATE A FAMILY DAY HOME AT THE ADDRESS ABOVE.

Tax Map #	Parcel #	Zoning District
0162 18110009		R-10

David Stromberg
Printed Name of Zoning Administrator

Signature of Zoning Administrator 2/12/2026
Date

Telephone Number: 703-787-7380

Email Address: community.development@herndon-va.gov

Comments: Maximum 7 clients

RECEIPT

Town of Herndon
Department of Community Development
777 Lynn Street
Herndon, Virginia 20170-4602

2522

DATE 3/11/26

RECEIVED FROM Kemberly's Home Day Care $50.00

Fifty dollars and 00/100 DOLLARS

FOR ZP 26-013

AMOUNT OF ACCOUNT	50
THIS PAYMENT	
BALANCE DUE	

☐ CASH
☐ CHECK
☐ CREDIT CARD
☐ MONEY ORDER

BY

THANK YOU

Printable page

MAP #: 0162 18110009
LOPEZ-OTERO BARBARA 310 MISSOURI AVE

Owner

Name	LOPEZ-OTERO BARBARA,
Mailing Address	310 MISSOURI AVE HERNDON VA 20170 5425
Book	28563
Page	1783

Co-Owners

PORTILLO-LOPEZ JUSTIN A

Parcel

Property Location	310 MISSOURI AVE HERNDON VA 20170 5425
Map #	0162 18110009
Tax District	H0000
District Name	DRANESVILLE TOWN OF HERNDON
Land Use Code	Single-family, Detached
Land Area (acreage)	
Land Area (SQFT)	11,572
Zoning Description	R-10(Res Single fam-10 Dist)
Utilities	WATER CONNECTED SEWER CONNECTED GAS CONNECTED
County Inventory of Historic Sites	NO
County Historic Overlay District	NO For further information about the Fairfax County Historic Overlay Districts, CLICK HERE For properties within the towns of Herndon, Vienna or Clifton please contact the town to determine if the property is within a town historic district.
Street/Road	PAVED
Site Description	BUILDABLE-AVERAGE LOT

Stub Number

411380402

Legal Description

Printable page

MAP #: 0162 18110009
LOPEZ-OTERO BARBARA 310 MISSOURI AVE

Stub Number

411380402

Summary of 2025 Taxes

Year	General Fund Net Taxes	Special Tax District	Service Charges	Interest	Penalty	Other Charges	Amount Paid	Balance Due
2025 1ST HALF DUE	$3,438.89	$929.81	$.00	$.00	$.00	$.00	-$4,368.70	$.00
2025 2ND HALF DUE	$3,438.89	$929.79	$.00	$.00	$.00	$.00	-$4,368.68	$.00
Total:	$6,877.78	$1,859.60	$.00	$.00	$.00	$.00	-$8,737.38	$.00

Prepays and Refunds

Prepays	$.00
Pending Refunds	$.00
GRAND TOTAL	$.00

Special tax districts include levies for pest infestation control (i.e. gypsy moth, mosquitoes), Community Center taxes, and Transportation Districts. For more information see http://www.fairfaxcounty.gov/taxes/real-estate/tax-rates.

Source: Fairfax County Department
of Tax Administration, Real Estate Division.