



The following information must be furnished to the Department of Planning and Zoning to determine if the current use conducted on the premises complies with the special use permit provisions and all other applicable codes and ordinances.

1. Please describe prior special use permit approval for the subject use.

Most recent Special Use Permit # 2025-00017

Date approved: 04 / 24 / 2025  
month day year

Name of applicant on most recent special use permit James Graham

Use new use for animal care facility

2. Describe below the nature of the existing operation in detail so that the Department of Planning and Zoning can understand the nature of the change in operation; include information regarding type of operation, number of patrons served, number of employees, parking availability, etc. (Attach additional sheets if necessary.)

Veterinary practice for household pets, includes exams, treatment, vaccines, labs, surgeries.  
They see anywhere from 10 to 20 patients a day. This is not changing from previous SUP.  
On limited occasions, animals will be hospitalized overnight at the clinic strictly in connection with a medical procedure. We will not be offering boarding as a service at this clinic.



4. Is the use currently open for business?  Yes  No

If the use is closed, provide the date closed. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

5. Describe any proposed changes to the conditions of the special use permit:

no changes  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Are the hours of operation proposed to change?  Yes  No

If yes, list the current hours and proposed hours:

Current Hours:	Proposed Hours:
_____	_____
_____	_____
_____	_____
_____	_____

7. Will the number of employees remain the same?  Yes  No

If no, list the current number of employees and the proposed number.

Current Number of Employees:	Proposed Number of Employees:
9	9
_____	_____

8. Will there be any renovations or new equipment for the business? \_\_\_\_\_ Yes  No

If yes, describe the type of renovations and/or list any new equipment proposed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are you proposing changes in the sales or service of alcoholic beverages? \_\_\_\_\_ Yes  No

If yes, describe proposed changes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Is off-street parking provided for your employees?  Yes  No  
If yes, how many spaces, and where are they located?  
651 standard spaces and 23 handicap - all in shopping center

11. Is off-street parking provided for your customers?  Yes  No  
If yes, how many spaces, and where are they located?  
651 standard spaces and 23 handicap - all in shopping center

12. Is there a proposed increase in the number of seats or patrons served?  Yes  No  
If yes, describe the current number of seats or patrons served and the proposed number of seats and patrons served. For restaurants, list the number of seats by type (i.e. bar stools, seats at tables, etc.)  
Current: \_\_\_\_\_ Proposed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Are physical changes to the structure or interior space requested?  Yes  No  
If yes, attach drawings showing existing and proposed layouts. In both cases, include the floor area devoted to uses, i.e. storage area, customer service area, and/or office spaces.

14. Is there a proposed increase in the building area devoted to the business?  Yes  No  
If yes, describe the existing amount of building area and the proposed amount of building area.  
Current: \_\_\_\_\_ Proposed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. The applicant is the (check one)  Property owner  Lessee  
 other, please describe: \_\_\_\_\_

16. The applicant is the (check one) \_\_\_\_\_ Current business owner \_\_\_\_\_ Prospective business owner  
 other, please describe: representative of business

17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant is a corporation, each person owning an interest in excess of ten percent (3%) in the corporation and the extent of interest shall be identified by name and address.

For the purpose of this section, the term "ownership interest" shall include any legal or equitable interest held in the subject real estate at the time of the application. If a nonprofit corporation, the name of the registered agent must be provided.

**Please provide ownership information here:**

60% CityVet Inc. - Delaware Corporation - 2727 Oak Lawn Avenue, Suite 200, Dallas, TX  
75219

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40% Choice Animal Hospital, LLC - Virginia LLC - 5907 Ridge Ford Drive, Burke, VA  
22015-3646

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