TOWN OF VIENNA since 1890

Conditional Use Permit

GeoCivix, LLC
9420 E. Golf Links Rd. Suite 108, #296 | Tucson, AZ 85730
P: 520 319-0988 | F: (520) 319-1430 | E: jace.coleman@geocivix.com

Project Overview #2166409

Project Title: 512 Maple Ave W - Zerkalo Musical Theater - CUP

Application Type: Conditional Use Permit

Workflow: 2. Staff Review

Jurisdiction: Town of Vienna

State: VA

County: Fairfax

Project Contacts

Contact Information: Applicant
Alexey Predit
Zerkalo LLC
512 Maple ave W, 203
Vienna, VA 22180
[redacted]

Contact Information: Owner
Alexey Predit
Zerkalo LLC
512 Maple ave W, 203
Vienna, VA 22180
[redacted]

Indicate which of the following additional project contacts are to be included on project correspondences.: None of the Above

Project Address

Project Address: 512 MAPLE AVE W

Suite: 203

Parcel (PIN): Address/Parcel

- 512 MAPLE AVE W: 0383 02 0116B

Town Limits: Address/Parcel

- 512 MAPLE AVE W: IN TOWN OF VIENNA

Current Zoning: Address/Parcel

- 512 MAPLE AVE W: C-1/RS-16

Project Description

Project Description:
Rehearsal Studio for children's theater for bilingual children

Trade Name of Business (DBA): Zerkalo Musical Theater

Type of Conditional Use Requested: Theater, indoor or outdoor

Project Narrative:
We are looking for a studio to have rehearsals for our theatrical productions.

Business Hours: 4 PM to 10 PM

Number of Proposed Employees: 2

Are you amending an existing conditional use permit?: No

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Department of Planning and Zoning
Town of Vienna, Virginia
127 Center Street S
Vienna, Virginia 22180
Phone: 703-255-6341 | Email: DPZ@viennava.gov
Hours: Monday – Friday, 8:00 am - 4:30 pm

APPLICANT AUTHORIZATION FORM

I hereby certify that I am the property owner or I have authority of the property owner to make this application, that the information is complete, and that if a permit or certificate is issued, the construction and/or use will conform to the zoning ordinance and other applicable laws and regulations including private building restrictions, if any, which relate to the property. This form must be submitted prior to issuance of any permit or certificate.

I understand that the permits or certificates obtained pursuant to this permit authorization form will be in my name. I accept full responsibility for the work performed.

Check one box below:

- ☐ I am the property owner
- ☐ I am an applicant who has the authority of the property owner (owner will still need to sign)

Description of permits or certificates being applied for:

at the following address: _____

Applicant Name (fill out if owner is not applicant): _____

Signature of Applicant: _____ Date: _____

Property Owner's Name: BICC LLC

Signature of Property Owner: _____ Date: 3/16/2026