



**TOWN OF  
VIENNA**  
since 1890

## Conditional Use Permit

**GeoCivix, LLC**

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### Project Overview

**#1838830**

**Project Title:** 605 Upham PI NW\_Heart Tree Yoga & Myofascial Release LLC\_CUP **Jurisdiction:** Town of Vienna

**Application Type:** Conditional Use Permit

**State:** VA

**Workflow:** 2. Staff Review

**County:** Fairfax

### Project Contacts

#### Contact Information: Applicant

Carolyn Black-Bagdoyan  
Heart Tree Yoga & Myofascial Release LLC  
605 Upham PI NW  
Vienna, VA 22180  
P:7038625922  
[hearttreeyoga.mfr@gmail.com](mailto:hearttreeyoga.mfr@gmail.com)

#### Contact Information: Owner

Carolyn Black-Bagdoyan  
Heart Tree Yoga & Myofascial Release LLC  
605 Upham PI NW  
Vienna, VA 22180  
P:7038625922  
[hearttreeyoga.mfr@gmail.com](mailto:hearttreeyoga.mfr@gmail.com)

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

### Project Address

#### Project Address:

- 605 UPHAM PL NW, VIENNA, VA 22180 (Unverified)
- 605 UPHAM PL NW

#### Suite:

#### Parcel (PIN): Address/Parcel

- 605 UPHAM PL NW: 0381 06 0095

#### Town Limits: Address/Parcel

- 605 UPHAM PL NW: IN TOWN OF VIENNA

#### Current Zoning: Address/Parcel

- 605 UPHAM PL NW: RS-10

### Project Description

#### Project Description:

I am the owner of Heart Tree Yoga & Myofascial Release LLC. I have had a Town of Vienna business license since 2013, previously called Heart Tree Yoga LLC. With this previous business, I have provided yoga instruction and yoga therapy to private clients out of a basement studio in my home. The home studio space is accessed through a side basement door with ample street parking. I recently obtained a Virginia massage license in order to have authorization to touch for manual treatment so that I can incorporate, specifically and solely, myofascial release (MFR) as an additional modality in conjunction with already providing functional movement yoga therapy. MFR is different from traditional massage. There are no oils or lotions. Clients wear loose comfortable clothing and do not disrobe. The only change to the use of my already permitted home space is a portable table that is set up or taken down in under a minute as needed prior to or during a client session. This is the only change to utilized space.

**Trade Name of Business (DBA):** Heart Tree Yoga & Myofascial Release LLC **Business Hours:** 8:30 AM to 5:30 AM

**Type of Conditional Use Requested:** Massage therapists

**Number of Proposed Employees:** 1

**Project Narrative:****Are you amending an existing conditional use permit?:** Yes

This request is to obtain an updated business license to expand my current business offering to include myofascial release (MFR), to be used in conjunction with the yoga instruction/yoga therapy services I already have provided under Heart Tree Yoga LLC.

Under this updated business license for Heart Tree Yoga & Myofascial Release LLC, I am not going to be offering traditional massage therapy, such as Swedish massage, etc. Rather, in addition to yoga therapy my business will specifically and solely be offering MFR, which is different from traditional massage. With MFR there are no oils or lotions. Clients will wear loose comfortable clothing and do not disrobe. The only change to the use of my already permitted home space is a portable table that is set up or taken down in under a minute as needed prior to or during a client's session. This is the only change to utilized space.

PLEASE NOTE: this is a request to amend a certificate of occupancy permit that I have had since 2013 for yoga instruction out of my home, which may have also been a conditional use permit.



## 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: 605 Upham Pl NW, Vienna, VA 22180

Applicant Name (fill out if owner is not applicant): Carolyn Black-Bagdoyan

Signature of Applicant: Carolyn Black-Bagdoyan Date: 8/18/25

Property Owner's Name: Carolyn Black-Bagdoyan

Signature of Property Owner: Carolyn Black-Bagdoyan Date: 8/18/25