



# APPLICATION SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP  
OR MINOR AMENDMENT

**Change of Ownership**       **Minor Amendment**

[must use black ink or type]

**PROPERTY LOCATION:** 1504 B Mount Vernon Ave Alexandria VA 22301  
**TAX MAP REFERENCE:** 043.02-09-15      **ZONE:** CL

**APPLICANT**

Name: Mary Ann Settlemyre  
Address: 10224 Balls Ford Rd Manassas, VA

**PROPERTY OWNER**

Name: Seaport Properties Management  
Address: 313 S Washington St, Alexandria, VA 22314

**SITE USE:** restaurant

**Business Name:**      **Current:**      **Proposed (if changing):** Benny Diforsa's

**THE UNDERSIGNED** hereby applies for a Special Use Permit for **Change in Ownership**, in accordance with the provisions of Article XI, Division A, Section 11-503 (5)(f) of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

**THE UNDERSIGNED**, having read and received a copy of the special use permit, hereby agrees to comply with all conditions of the current special use permit, including all other applicable City codes and ordinances.

**THE UNDERSIGNED** hereby applies for a Special Use Permit for **Minor Amendment**, in accordance with the provisions of Article XI, Division A, Section 11-509 and 11-511 of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

**THE UNDERSIGNED**, having obtained permission from the property owner, hereby requests this special use permit. The undersigned also attests that all of the information herein required to be furnished by the applicant are true, correct and accurate to the best of his/her knowledge and belief.

Mary Ann Settlemyre  
Print Name of Applicant or Agent  
10224 Balls Ford Rd  
Mailing/Street Address  
Manassas VA 20109  
City and State      Zip Code

Mary Ann Settlemyre  
Signature  
7035656336  
Telephone #      Fax #  
bennydiforzas@gmail.com  
Email address  
02/06/2024  
Date

**DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY**

Application Received: \_\_\_\_\_      Fee Paid: \$ \_\_\_\_\_  
Legal advertisement: \_\_\_\_\_  
ACTION - PLANNING COMMISSION \_\_\_\_\_      ACTION - CITY COUNCIL: \_\_\_\_\_

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 # SUP 2019-00003

Date approved: 01 / 17 / 19  
month day year

Name of applicant on most recent special use permit Dupitz Inc

Use Pizza and Kabob restaurant

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.)

The current operation sells pizza and kabobs

This will be a pizza restaurant with eat in and carry out options. Patrons may put in orders online, by phone, or in person. We will sell beer and wine, with an on off permit from ABC.

Our biggest change will be more seating and selling alcohol.

We would like to add 10 seats of outdoor seating -

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

**3. Describe any proposed changes to the business from what was represented to the Planning Commission and City Council** during the special use permit approval process, including any proposed changes in the nature of the activity, the number and type of patrons, the number of employees, the hours, how parking is to be provided for employees and patrons, any noise emitted by the use, etc. (Attach additional sheets if necessary)

I don't think there is much of a change. We are aslo a pizza restaurant.

We will be selling pizza, chips, ice cream, soda  
beer and wine

Our hours are <sup>Sunday</sup> ~~Mon~~ - Wed 11am to 10pm  
Thurs - Sat 11am to 12 midnight

We expect 100 customers per day

This pizza restaurant is part of a franchise

Benny's Pizza.

4. Is the use currently open for business?  Yes  No  
If the use is closed, provide the date closed. 05 / 03 / 2023  
month day year

5. Describe any proposed changes to the conditions of the special use permit:  
There aren't any.  
Outdoor Seating

6. Are the hours of operation proposed to change?  Yes  No  
If yes, list the current hours and proposed hours:  
Current Hours: \_\_\_\_\_  
Proposed Hours: Sunday - Wed 11am to 10 pm  
Thurs - Sat 11am to midnight

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: 3  
Proposed Number of Employees: 20

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.  
We have put in a new stove and created a seating bar for customers. Both items have health and building inspections.

9. Are you proposing changes in the sales or service of alcoholic beverages?  Yes  No  
If yes, describe proposed changes:  
WE will be selling wine and beer.

10. **Is off-street parking provided for your employees?**  Yes  No  
 If yes, how many spaces, and where are they located?

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

11. **Is off-street parking provided for your customers?** \_\_\_\_\_ Yes  No  
 If yes, how many spaces, and where are they located?

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

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:
15	22
_____	_____
_____	_____
_____	_____

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: Current business owner but not open yet

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:**

Seaport Properties manages this property for the owner. We do not have contact with them.

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**Department of Planning & Zoning**  
Administrative Special Use Permit New Use  
Outdoor Dining Supplemental

**WORKSHEET – Answer each question. Attach a separate sheet of paper if necessary.**

Describe the outdoor dining arrangement. What type of food service establishment is this associated with?

**HOURS**

What are the proposed hours for the outdoor dining?

**LOCATION ON PRIVATE PROPERTY**

**Outdoor dining, including seats, planters, wait stations and barriers, must be located on private property unless authorized by an encroachment ordinance.**

Will the outdoor dining be located only on private property? What is the square footage of the outdoor dining area?

Submit a drawing indicating the layout for tables, seats, planters, wait stations and barriers.

**NUMBER OF SEATS**

**Only 20 seats may be located at outdoor tables in front of the restaurant.**

How many seats will be included in the outdoor seating?

**ALCOHOL SERVICE**

**Alcohol service, to the extent allowed for indoor dining, is permitted; no off-premise alcohol sales are permitted.**

Is on-premise alcohol service proposed?

**OUTDOOR DINING PLAN**

**Please submit a detailed plan with your application**

A plan for layout of the outdoor dining must be submitted for review and approval by the director. The business must maintain compliance with the approved layout. Any changes to the approved layout may require further review by staff.

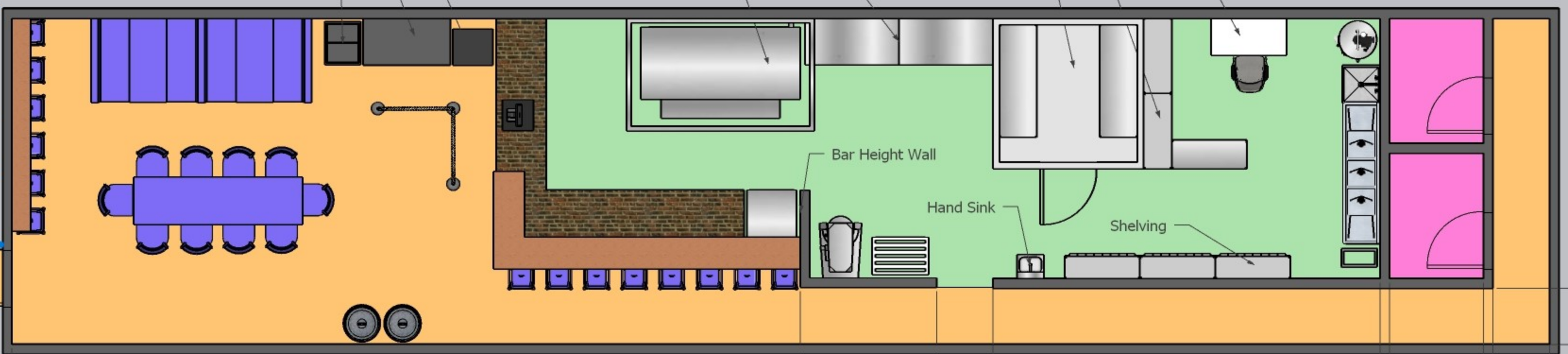


Outside

Beer Fridge  
Drink Fridge  
Ice Cream Fridge

60" Prep tables  
6'x10' Hood

Shelving  
Walk-In  
Office Desk



81' 9"  
7' 3"  
3'  
20' 7"  
5'  
3'  
3'