



APPLICATION SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

Change of Ownership Minor Amendment

[must use black ink or type]

PROPERTY LOCATION: 303 S Columbus St Alexandria VA
TAX MAP REFERENCE: 074.04-01-15 ZONE: RM/Townhouse Zone

APPLICANT

Name: Irene Shin DDS PLLC
Address: 6562 Sand Wedge Ct Alexandria VA 22312

PROPERTY OWNER

Name: Mustafa Farhan LLC
Address: 6630 Byrns Place McLean VA 22101

SITE USE: Health Profession office - Continued non-complying use

Business Name: **Current:** **Proposed (if changing):**

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.

Irene Shin
Print Name of Applicant or Agent
6562 Sand Wedge Ct
Mailing/Street Address
Alexandria VA 22312
City and State Zip Code

Irene Shin
Signature
240-401-5231 _____
Telephone # Fax #
irene.c.shin@gmail.com
Email address
5/26/2023
Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

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

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:

None

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:
_____	_____

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?
1 space

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:
_____	_____
_____	_____
_____	_____

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: _____

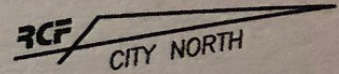
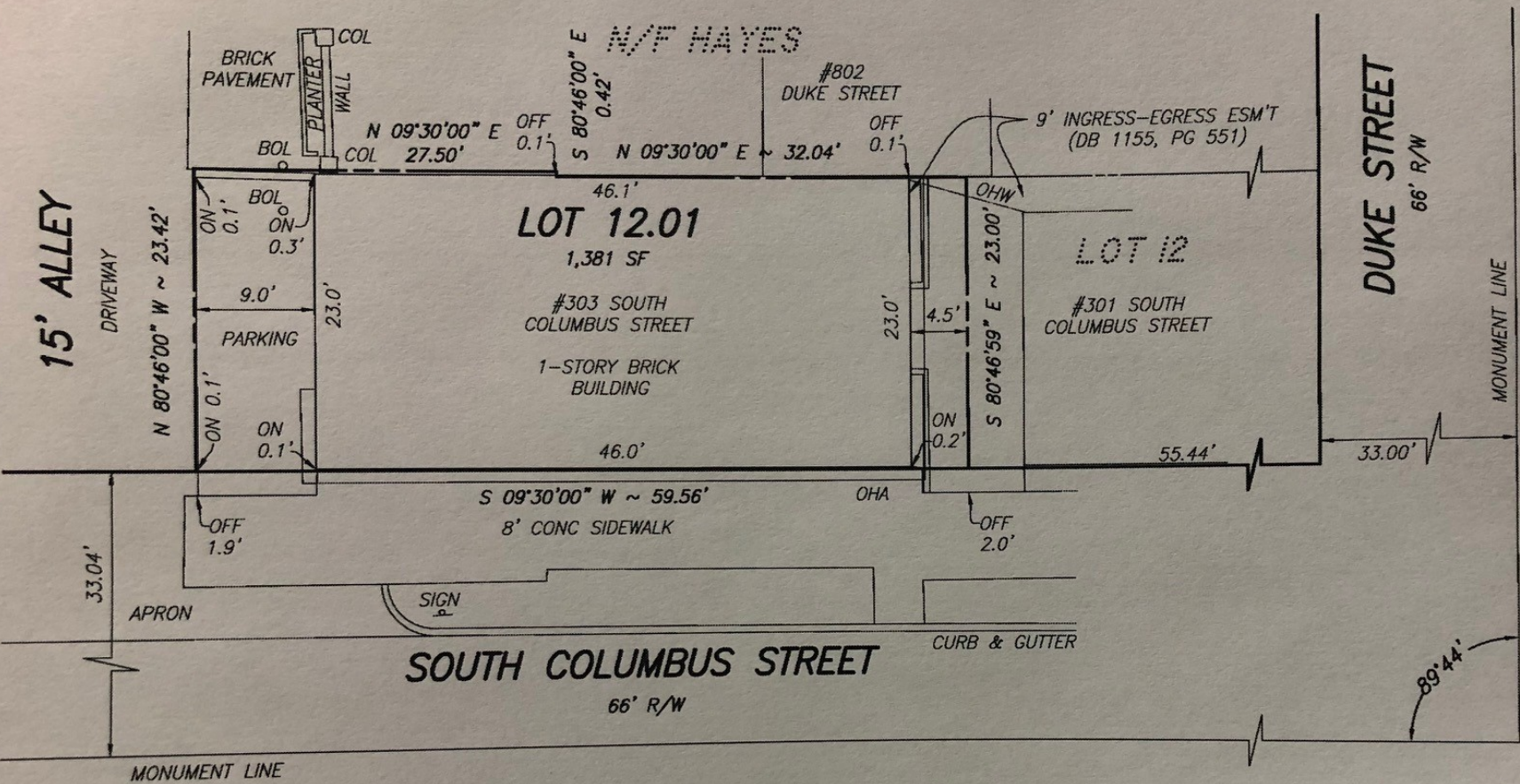
17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant 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:

Irene Shrn, DDS, PLLC is a Virginia Professional Limited Liability
Company (the "Company"). The company's sole member (100% owner)
is Irene C. Shrn, 6562 Sand Wedge Ct, Alexandria VA 22312.
The "Company's" registered agent is Philip M. Schwartz,
8300 Boone Blvd #550, Vienna VA 22182.

NOTE: TAX ASSESSMENT MAP NUMBER: 074.04-01-15



PLAT
 SHOWING PHYSICAL IMPROVEMENT
 ON LOT 12.01
 #301- #30
 SOUTH COLUMBUS
 DB. 1155, PG. 551
 CITY OF ALEXANDRIA,

LEGEND:
 ESM'T : EASEMENT
 COL : COLUMN
 OHW : OVERHEAD WIRES

SCALE: 1" = 10' DATE: DECEMBER 8, 2020	OWNER: MUSTAFA FARHAN, LLC.
INSTR #180006012 PLAT SUBJECT TO RESTRICTIONS OF RECORD. TITLE REPORT NOT FURNISHED, THUS ALL EASEMENTS MAY NOT BE SHOWN.	 RCF & ASSOCIATES, INC. ENGINEERING • LAND SURVEYING • PLANNING 700 S. Washington Street, Suite 220 www.rclassoc.com Alexandria, Virginia 22314 (703) 549-6422
I HEREBY CERTIFY THAT THE LOCATION OF THE PHYSICAL IMPROVEMENTS SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND COMPLIES WITH THE MINIMUM STANDARDS AND PROCEDURES SET FORTH IN CHAPTER 18VAC10-20-380 OF THE VIRGINIA CODE. NO PROPERTY CORNERS WERE SET.	

