



APPLICATION SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP
OR MINOR AMENDMENT

Change of Ownership Minor Amendment

[must use black ink or type]

PROPERTY LOCATION: 2800 Shirlington Road & 2800A Shirlington Road
TAX MAP REFERENCE: 005.02-01-04 & 05 **ZONE:** OCH

APPLICANT

Name: VHC Health
Address: 1701 N.George Mason Dr., Arlington VA 22205

PROPERTY OWNER

Name: Shirlington Property Owner LLC
Address: 1000 Wilson Blvd. Ste 700 Arlington VA 22209

SITE USE:

Business Name: **Current:** VHC Health **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.

Melissa Brent
Print Name of Applicant or Agent
19187 Foggy Bottom Rd
Mailing/Street Address
Bluemont, VA 20135
City and State Zip Code


Signature
410-507-0605
Telephone # Fax #
melissa_brent@mgpermits.com
Email address
2-16-24
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 # SUP2017-00014

Date approved: 05 / 02 / 2017
month day year

Name of applicant on most recent special use permit Virginia Health Center

Use _____

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 sign was approved for 4' X 50' face lite channel letters blue during the day and white at night and is changing to 4' X 26' face lite channel letters that are green and blue during the day and green and white at night

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)

The sign was approved for 4' X 50' face lite channel letters blue during the day and white at night and is changing to 4' X 26' face lite channel letters that are green and blue during the day and green and white at night

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:**

The sign size and colors are changing

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

If yes, list the current hours and proposed hours:

Current Hours:
N/A

Proposed Hours:
N/A

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:
N/A

Proposed Number of Employees:
N/A

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.

N/A

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

If yes, describe proposed changes:

N/A

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

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

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:
N/A	N/A
_____	_____
_____	_____
_____	_____

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:
N/A	N/A
_____	_____
_____	_____
_____	_____

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

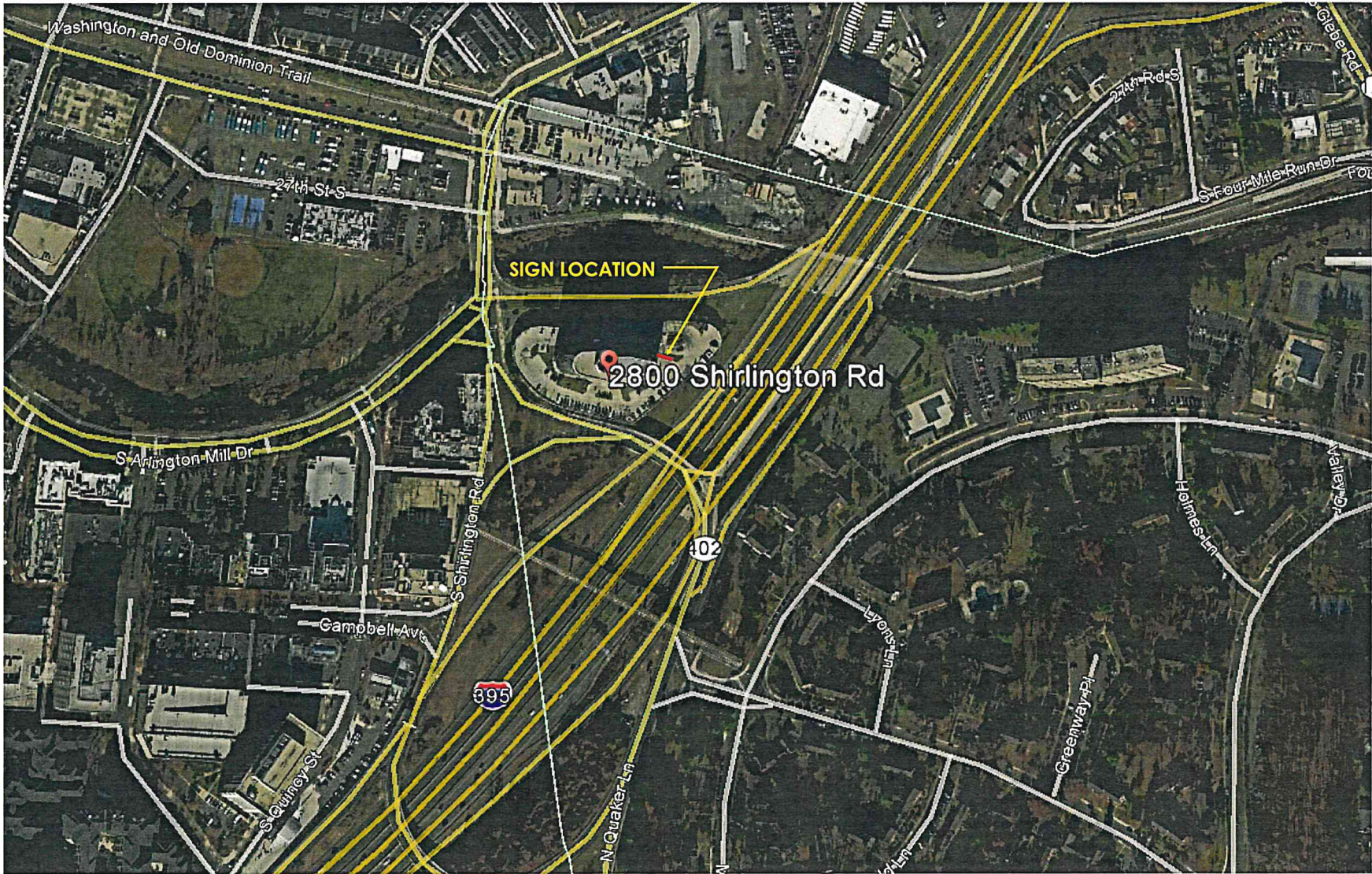
16. **The applicant is the** (check one) _____ Current business owner _____ Prospective business owner
 other, please describe: _____

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:

VHC HEALTH - 501(C)3 - 100%



AERIAL VIEW NO SCALE

FACE-LIT CHANNEL LETTERS

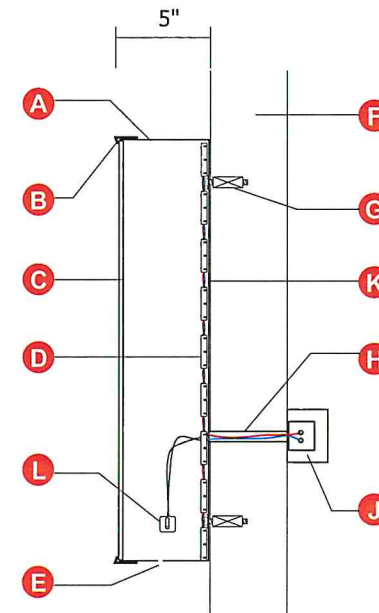


FACE-LIT CHANNEL LETTERS

1/4" = 1'-0"

QTY: (1)

- A. .040" PAINTED ALUMINUM RETURNS:
LOGO PTD. GREEN; LETTERS PTD. BLUE
- B. 1" TRIMCAP PTD. TO MATCH FACE
- C. 1/8" THK. TRANS. WHITE ACRYLIC FACE w/ APPLIED VINYL:
"VHC" - TRANSLUCENT GREEN;
"HEALTH" - PERFORATED BLUE FOR WHITE NIGHT ILLUMINATION
- D. WHITE LX-ECO3S 6500k NC LED'S
- E. WEEP HOLES AS REQ'D
- F. BUILDING FACADE
- G. 3/8" BOLTS & DBL. EXP. ANCHORS; 5" MIN. EMBEDDED
- H. WIRING IN LIQUATITE TO ELEC. CIRCUIT
- J. REMOTE POWER SOURCE IN METAL BOX
- K. ALUM. CHANNEL LTR. BACK
- L. U.L. LISTED DISCONNECT SWITCH



L.E.D. CNL. LTR. SECTION (TYP) - REMOTE NTS

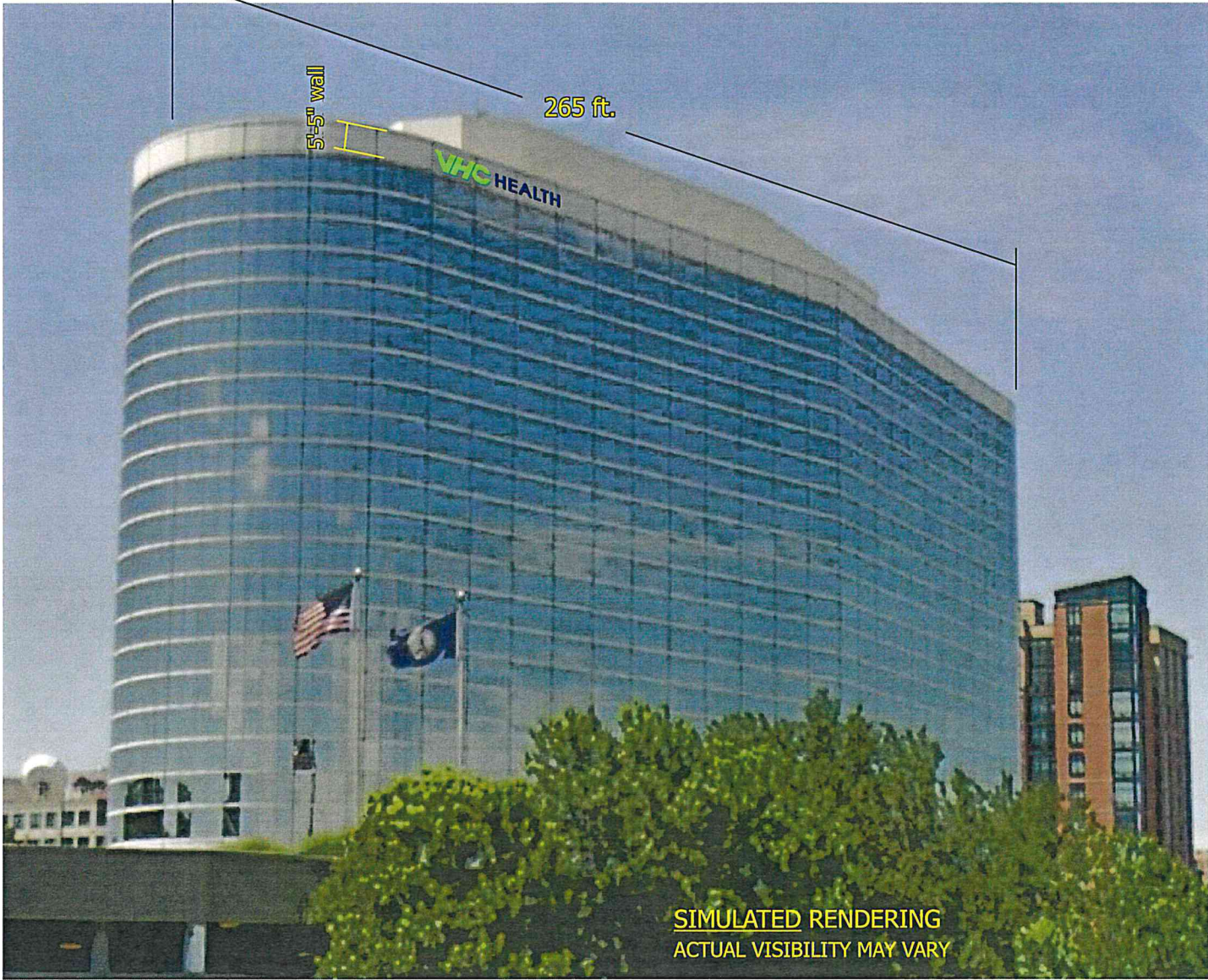
* ALL ELECTRICAL COMPONENTS UL LISTED

 **PANTONE 648 C**
Blue

 **PANTONE 802 C**
Arlon 106 Translucent Brilliant Green

This sign is intended to be installed in accordance with the requirements of Article 600 of the current National Electrical Code and/or other applicable local codes. This includes proper grounding and bonding of the sign.

SIGN IS WIRED FOR 120 VOLTS UNLESS OTHERWISE SPECIFIED



SIMULATED RENDERING
ACTUAL VISIBILITY MAY VARY

NORTH ELEVATION - VIEW FROM 395 NO SCALE

REVISIONS	
	06/08/22 DD changed location of sign



SIMULATED RENDERING
ACTUAL VISIBILITY MAY VARY

NORTH ELEVATION - VIEW FROM 395 NO SCALE