



# APPLICATION SPECIAL USE PERMIT

## ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

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

[must use black ink or type]

**PROPERTY LOCATION:** 1603 Commonwealth Avenue  
**TAX MAP REFERENCE:** 043.01-05-17      **ZONE:** CL

**APPLICANT**

Name: CRUZ BROTHERS LLC  
Address: 4424 Longworthe Sq. Alexandria , VA 22309

**PROPERTY OWNER**

Name: Alperstein Asner Partnership  
Address: 55 E 87 St. apt. 14B New York , NY 10128

**SITE USE:** Restaurant

**Business Name:**      **Current:**      **Proposed (if changing):** Dos Hermanos Restaurant

**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.

Elmer Cruz Villatoro  
Print Name of Applicant or Agent  
4424 Longworthe Sq,  
Mailing/Street Address  
Alexandria, VA 22309  
City and State      Zip Code

Signature  
561-6629172      703-820-0107  
Telephone #      Fax #  
eddy@oropeza.us  
Email address  
04/25/2023  
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. 03 / 31 / 2023  
month day year

5. Describe any proposed changes to the conditions of the special use permit:

No changes to current approval  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If yes, list the current hours and proposed hours:

Current Hours:	Proposed Hours:
<u>Sun-Thurs 7:00 am - 11:00 pm</u>	<u>Sun-Thurs 11:00 am - 10:00 pm</u>
<u>Fri - Sat 6:00 am - 12:30 am</u>	<u>Fri - Sat 11:00 am - 11:00 pm</u>
_____	_____
_____	_____

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:
_____	<u>15 (same as current)</u>

8. Will there be any renovations or new equipment for the business? X Yes \_\_\_ No

If yes, describe the type of renovations and/or list any new equipment proposed.

New charbroiler grill , cheese melter , flat grill and fryer  
\_\_\_\_\_  
\_\_\_\_\_

9. Are you proposing changes in the sales or service of alcoholic beverages? \_\_\_ Yes X No

If yes, describe proposed changes:

No changes to current approval  
\_\_\_\_\_  
\_\_\_\_\_

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?

No changes to current approval  
\_\_\_\_\_  
\_\_\_\_\_

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:**

Elmer Cruz Villatoro      50 %      4424 Longworthe Sq. Alexandria, VA 22309

Wilmer A Cruz Villatoro   50 %      4424 Longworthe Sq. Alexandria, VA 22309

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**CITY OF ALEXANDRIA**  
Department of Code Administration  
301 King Street, Room 4200  
Alexandria, Virginia 22314  
703.746.4200



## **CERTIFICATE OF OCCUPANCY**

**CASE NUMBER:** OCC2016-00196 **DATE ISSUED:** 8/25/2016

**MAX. OCCUPANCY:** 117

**SITE ADDRESS:** 1603 COMMONWEALTH AV

**MAP:** 043.01 **BLOCK:** 05 **LOT:** 17 **ZONING:** CL **OTHER ZONING:** **TRACT:** 2014.00

**PARCEL NO:** 14643500

**PROPOSED USE:** Restaurant

**USBC 2012:** Restaurant use

**OWNER:** ALPERSTEIN ASNER PARTNERSHIP

**PROPOSED OCCUPANT:** ALPERSTEIN ASNER PARTNERSHIP

**USE GROUP:** A-2 **CONSTRUCTION TYPE:** 3B **SPRINKLERED:** N **MODIFICATION:** N

Signed \_\_\_\_\_

Building Official

**Mailing Address:**

ALPERSTEIN ASNER PARTNERSHIP  
55 E 87TH ST APT 14B  
NEW YORK NY 10128