



Administrative Special Use Permit Application

Department of Planning & Zoning
301 King Street, Room 2100, Alexandria, Virginia 22314
Phone: 703.746.4666 | www.alexandriava.gov/planning

PROPERTY LOCATION:

ZONE:

TAX MAP REFERENCE:

APPLICANT'S INFORMATION:

Applicant:

Business/Trade Name:

Address:

Phone:

Email:

PROPOSED USE:

Animal Care with Overnight
Accommodations

Auto Trailer Rental or Sales

Catering Operation

Child and Elder Care Homes

Day Care Center

Health and Athletic Club

Light Assembly, Service, and Craft

Light Auto Repair

Live Theater

Massage Establishment

Outdoor Dining (Other than King Street Outdoor
Dining Area)

Outdoor Food and Crafts Market

Outdoor Garden Center

Outdoor Display

Public School Trailers

Valet Parking

Vehicle Parking or Storage for More Than 20
Vehicles

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of
(property address), for the purposes of operating a (use)
business as described in this application. I also grant permission to the City of Alexandria to visit,
inspect, photograph and post placard notice on my property.

Name:

Phone:

Address:

Email:

Signature:



Date:

1. The applicant is the (check one):

Owner

Contract Purchaser Lessee or

Other:

of the subject property.

State the name, address and percent of ownership of any person or entity owning an interest in the applicant or owner, unless the entity is a corporation or partnership, in which case identify each owner and the percent of ownership.

If property owner or applicant is being represented by an authorized agent such as an attorney, realtor, or other person for which there is some form of compensation, does this agent or the business in which the agent is employed have a business license to operate in the City of Alexandria, Virginia?

Yes. Provide proof of current City business license

No. The agent shall obtain a business license prior to filing application, if required by the City Code.

USE CHARACTERISTICS

2. Please give a brief statement describing the use:

3. Please describe the proposed hours of operation:

Days Hours

Daily

Or give hours for each day of the week

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

4. Please describe the capacity of the proposed use:

A. How many patrons, clients, pupils and other such users do you expect? Specify time period (i.e., day, hour, or shift).

B. How many employees, staff and other personnel do you expect? Specify time period (i.e., day, hour, or shift).

5. A. How many parking spaces of each type are provided for the proposed use:

Standard and compact spaces

Handicapped accessible spaces

Other

B. Please give the number of:

Parking spaces on-site

Parking spaces off-site

If the required parking will be located off-site, where will it be located?

6. Please provide information regarding loading and unloading for the use:

A. How many loading spaces are available for the use?

B. Where are off-street loading spaces located?

C. During what hours of the day do you expect loading/unloading operations to occur?

D. How frequently are loading/unloading operations expected to occur per day or per week?

7. If any hazardous materials or organic compounds (for example paint, ink, lacquer thinner, or cleaning or degreasing solvent), as defined by the state or federal government, be handled, stored, or generated on the property, provide the name, monthly quantity, and specific disposal method below:

8. What is the square footage the use will be occupying?

square feet

APPLICANT'S SIGNATURE

Please read and initial each statement:

THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 11-500 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

THE UNDERSIGNED, hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings or illustrations submitted in support of this application and any specific oral representations made to the Director of Planning and Zoning on this application will be binding on the applicant unless those materials or representations are clearly stated to be non-binding or illustrative of general plans and intentions, subject to substantial revision, pursuant to Article XI, Section 11-207(A)(10), of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

THE UNDERSIGNED, having obtained permission from the property owner, hereby grants permission to the City of Alexandria to post placard notice on the property for which this application is requested, pursuant to Article IV, Section 4-1404 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

THE UNDERSIGNED, having obtained permission from the property owner, hereby grants permission to the City of Alexandria staff to visit, inspect, and photograph the building premises, land etc., connected with the application.

Print Name of Applicant or Representative

Signature



Date

If this application is being filed by someone other than the business owner (such as an agent or attorney), please provide the information below:

Representative's Address:

Phone:

Email:

Fax:



Department of Planning & Zoning

Administrative Special Use Permit New Use Checklist

Application form

Application fee

Supplemental Worksheet for the following uses:

Catering Operation
Child or Elder Care Home
Day care Center
Light Automobile Repair, Auto & Trailer Rental or Sales, Vehicle Parking or Storage
Live Theater
Outdoor Dining
Outdoor Display
Outdoor Food and Crafts Market
Outdoor Garden Center
Valet Parking

Interior floor plan

Include labels to indicate the use of the space (doors, windows, seats, tables, counters, equipment)

Contextual site image

Show subject site, on-site parking area, surrounding buildings, cross streets

If applicable

Outdoor plan for outdoor uses



Department of Planning & Zoning
Administrative Special Use Permit New Use
Child and Elder Care Home Supplemental

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

Describe area for the pick-up & drop-off of children?

What are the hours for pick-up & drop-off?

What is the area square footage for outdoor play area?

How many children over age 2 will you care for?