



SUP # 2010-0055

Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 1218 King St Alexandria VA 22314

ZONE: KR TAX MAP REFERENCE: 74.01-03-02

APPLICANT'S INFORMATION:

Applicant: Datong Liang Business/Trade Name: Chinese Natural Relaxation Center LLC

Address: ~~1218 King St~~ 4424 Independence St Rockville MD 20853

Phone: 240-743-6666 Email: SunnyLiang123@hotmail.com

PROPOSED USE:

- Day Care Center
- Light Auto Repair
- Overnight Pet Boarding
- Outdoor Garden Center
- Catering Business
- Valet Parking
- Restaurant
- Outdoor Dining (exclude King Street Retail Overlay)
- Live Theater
- Outdoor Food and Crafts Market Center
- Outdoor Display
- Massage Establishment

Please read and sign after the statement:

I have read and understand the general standards and the requirements for the use for which I am applying and have attached the Worksheet for the use.

Signature: [Signature]

Please submit the following with this application form:

Site Plan At a minimum, show and label the subject property, surrounding buildings, and streets. Show, label and give dimensions for all parking spaces, entrances and exits, and trees and shrubbery.

Floor Plan At a minimum, show and label all interior features inside and outside seats, tables, counters, equipment, etc. as appropriate to the use. Show, label and give dimensions for all entrance and exit doors and windows, rooms/areas, staircases, elevators and bathrooms.

Worksheet for specific use from Checklist and Worksheet package.

Other materials, as required by specific use (see Guide to Administrative SUPs Checklist & Worksheets).

SUP #

2010-0055

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 1218 King St Alexandria VA 22314 (property address), for the purposes of operating a Chinese Natural Relaxation Center (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: Claverdale LLC Phone 703-836-8801

Address: 216 South Page Street, Alexandria VA 22314 Email: claverdalle@a Verizon.net

Signature: [Signature] Date: 08/30/2010

1. The applicant is the (check one):

- Owner
- Contract Purchaser
- Lessee or
- Other: _____

of the subject property.

Business name, Company name or address
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.

Chinese Natural Relaxation Center LLC which located on 1218 King St, Alexandria, VA 22314 it is hundred percent owned by Datong Biang.

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: *not use do*

*Chinese natural Relaxation Center is ^{do} ~~works as~~ a
 massage which is acupressure to ~~people~~ people who
 need it.*

3. Please describe the proposed hours of operation:

Days	Hours
Daily	

Or give hours for each day of the week

Monday	10=00 AM - 10=00 PM
Tuesday	10=00 AM - 10=00 PM
Wednesday	10=00 AM - 10=00 PM
Thursday	10=00 AM - 10=00 PM
Friday	10=00 AM - 10=00 PM
Saturday	10=00 AM - 10=00 PM
Sunday	11=00 AM - 10=00 PM

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).

20 clients per day

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

3 employees

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 1
Parking spaces off-site 0

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

N/A

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

- A. How many loading spaces are available for the use? 1
- B. Where are off-street loading spaces located? In the rear of the building
- C. During what hours of the day do you expect loading/unloading operations to occur? Before 11:00 AM in the morning
- D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? once a month

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:

N/A

SUP # 2010-0055

APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: DL 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.

Initial: DL 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.

Datong Liang
Print Name of Applicant or Representative

[Signature]
Signature

08/30/2010
Date

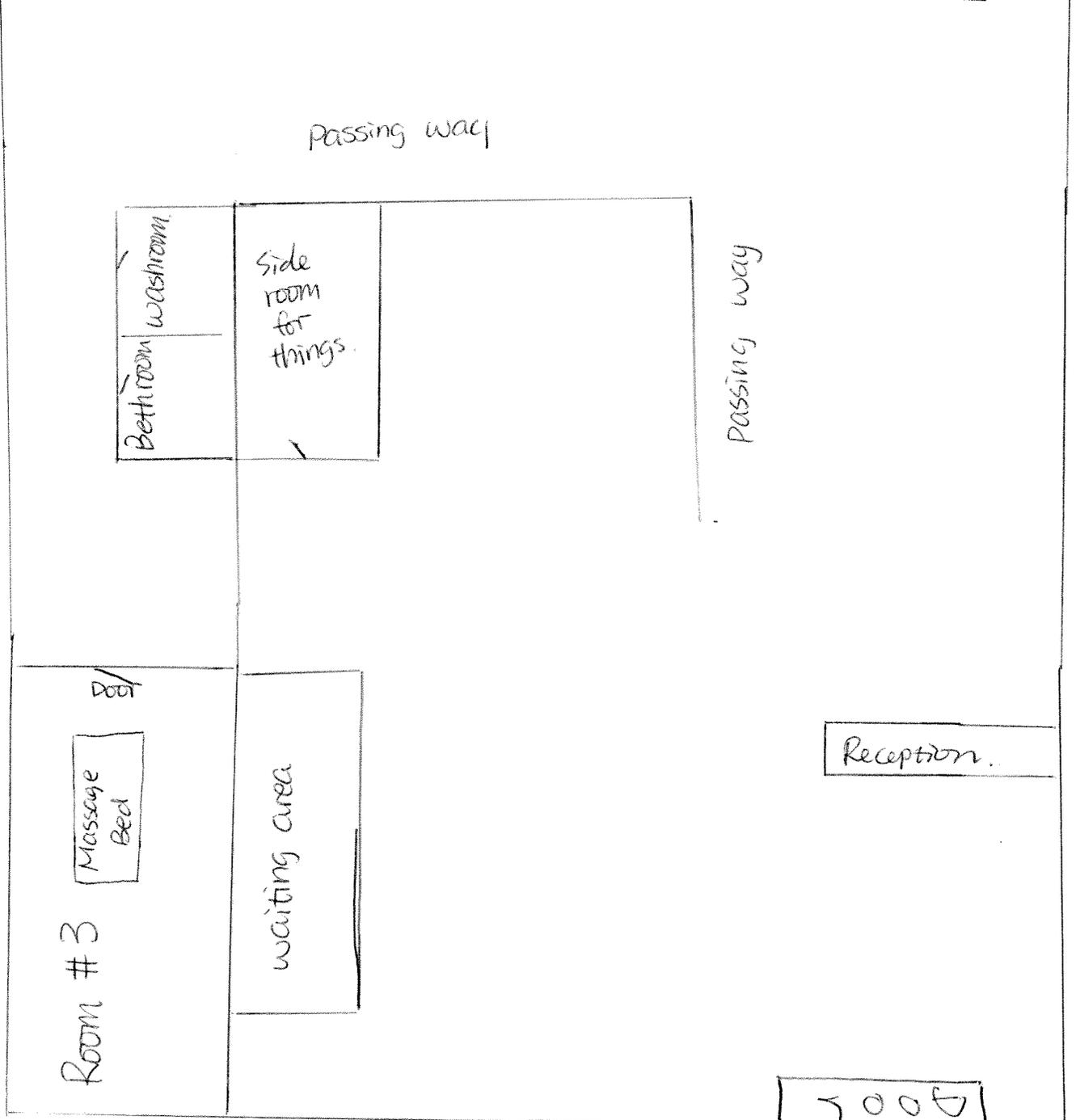
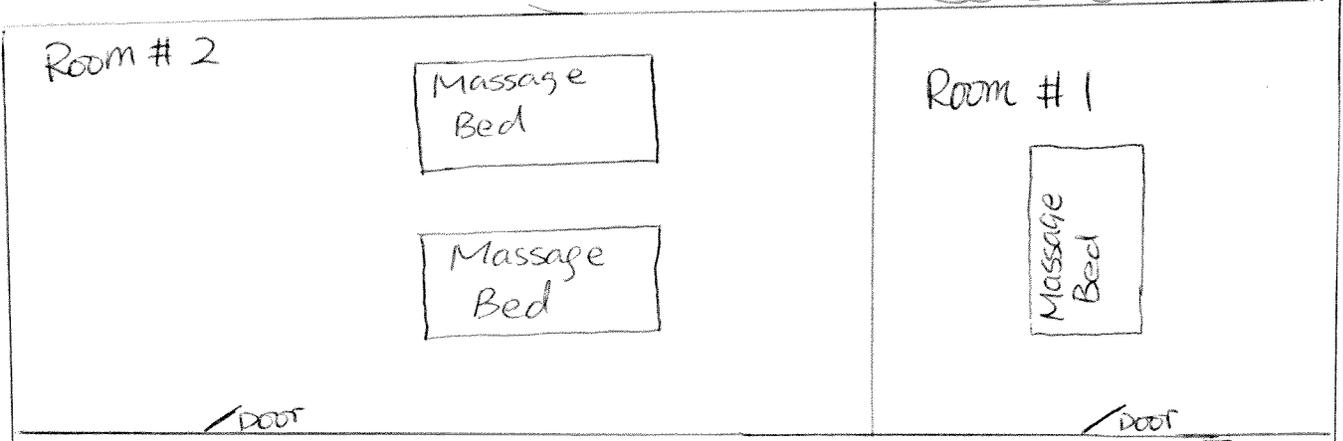
If this application is being filed by someone other than the business owner (such as an agent or attorney), please provide the information below:

Representative's Address: _____

Phone: _____

Email: _____

Fax: _____



SUP 2010-0055

City of Alexandria

