



**APPLICATION
SPECIAL USE PERMIT**

SUP 2009-0027

**ADMINISTRATIVE CHANGE OF OWNERSHIP
OR MINOR AMENDMENT**

Change of Ownership

Minor Amendment

[must use black ink or type]

PROPERTY LOCATION: 1743 King Street Alex. Va 22314 #
TAX MAP REFERENCE: _____ **ZONE:** _____

APPLICANT

Name: Gil Y. MAO
Address: 1204 Huntly Pl Alex. Va 22307

PROPERTY OWNER

Name: Gil Y. MAO
Address: 1204 Huntly Pl Alex. Va 22307

SITE USE:

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.

Print Name of Applicant or Agent: Gil Y. MAO
Mailing/Street Address: 1204 Huntly Pl
City and State: Alex Va Zip Code: 22307

Signature: [Signature]
Telephone #: 703-836-0046 Fax #: 703-836-1966
Email address: [Signature]
Date: _____

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY
Application Received: 4/28/09 Fee Paid: \$ 250.00
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 # _____

Date approved: _____ / _____ / _____
month day year

Name of applicant on most recent special use permit _____

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.)

Now Hours of Operation
Sunday → Thursday 10:00 A.M - 12:00 A.M
Friday → Saturday 10:00 A.M - 02:00 A.M

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)

To be changed
Monday → Friday 7:00 AM → 10:00 P.M.
SAT & Sunday 8:00 A.M → 11:00 P.M.

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:

Sunday - Thursday
10:00 A.M. - 12:00 A.M.
Friday & Saturday
10:00 A.M. - 02:00 A.M.

Proposed Hours:

Monday - Thursday 7:00 AM - 10:00 P.
Friday 7:00 A.M. - 11:00 P.M.
SAT & Sun 8:00 AM - 12:00 PM

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?
8

11. Is off-street parking provided for your customers? Yes No
If yes, how many spaces, and where are they located?
8

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: _____