SUP # 2010-0004

Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 1909 Mount Vernon Avenue

ZONE: CL **TAX MAP REFERENCE:** 34.04-10-25

APPLICANT'S INFORMATION:

Applicant: Sankett Corp (Stephen Scott) Business/Trade Name: TBD

Address: 1905 Mount Vernon Ave Alexandria 22301

Phone: 703-362-9952 Email: SSCOTT@ALTROLTD.COM

PROPOSED USE:

[ ] Day Care Center
[X] Restaurant
[X] Outdoor Dining (not within the King Street Retail Overlay)
[ ] Light Auto Repair
[ ] Overnight Pet Boarding
[ ] Live Theater
[ ] Outdoor Food and Crafts Market Center
[ ] Outdoor Garden Center
[ ] Catering Business
[ ] Outdoor Display
[ ] Valet Parking

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 interim 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).

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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: Scott Mitchell Phone 703-628-9015

Address: P.O. Box 2777 Alex. 2234 Email: ScottM106@aa.com

Signature: [signature] **Date:** _____

1. **The applicant is the *(check one)*:**
   - [ ] Owner
   - [ ] Contract Purchaser
   - [X] 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.

Stephen C Scott, Sr 400 Madison St #901 Alexandria VA 22314 100%

_____

_____

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.

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USE CHARACTERISTICS

2. Please give a brief statement describing the use:

FULL SERVICE RESTAURANT SERVING WINE AND BEER.

3. Please describe the proposed hours of operation:

Days	Hours
Daily	

Or give hours for each day of the week

Monday	7AM – 11PM
Tuesday	7AM – 11PM
Wednesday	7AM – 11PM
Thursday	7AM – 11PM
Friday	7AM – 12 MIDNIGHT
Saturday	7AM – 12 MIDNIGHT
Sunday	7AM – 11PM

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).

65 AVERAGE PER DAY

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

7 AVERAGE PER DAY

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

_____ Standard and compact spaces

_____ Handicapped accessible spaces

_____ Other

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B. Please give the number of:

Parking spaces on-site _____

Parking spaces off-site 8

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

SALVATION ARMY - NEGOTIATED BY LANDLORD

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

A. How many loading spaces are available for the use? 0

B. Where are off-street loading spaces located? E BELLAFONTE ST - SALVATION ARMY LOT

C. During what hours of the day do you expect loading/unloading operations to occur? 10AM - 3PM

D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? 2 PER DAY AVERAGE

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:

_____

_____

_____

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APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: SS 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: SS 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.

_____
Print Name of Applicant or Representative

_____ 23-10
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: _____

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RESTAURANTS

Zoning Ordinance Section 11-513(L)

Qualify for Administrative Review?

Will the restaurant have 60 indoor seats or fewer? ✓ Yes ____ No

Will the restaurant be located outside of Old Town (CD and KR zones)? ✓ Yes No

If delivery service is offered, does the restaurant have 40 seats or more? ____ Yes ____ No

Will wait service be provided at preset tables with menus and non-disposable tableware? ✓ Yes ____ No

If alcohol service is offered, will it be on premise alcohol service only – no off premise? ✓ Yes ____ No

Will the restaurant open at or later than 5:00 am? ✓ Yes ____ No

Will the restaurant close at or before midnight? ✓ Yes ____ No

If yes to all questions, the business qualifies for administrative review. If no to any question, speak to P&Z staff about the full SUP process.

Note: Hours for restaurant operations are different in the Mount Vernon Overlay and NR (Arlandria) zones.

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

SEATS

☐ **The restaurant may not include more than 60 indoor seats.**

How many indoor seats are proposed? 32

ALCOHOL

☐ **Full alcohol service, consistent with a valid ABC license is permitted. No off-premise alcohol sales are permitted. Within the Mount Vernon Avenue Overlay zone and the NR zone (Arlandria) areas, alcohol may only be served at tables.**

Contact ABC for information about obtaining an ABC license (703/313-4432)

Will the restaurant offer alcohol service? YES

DELIVERY SERVICE

☐ **If you have at least 40 seats, you may include delivery service. Only one delivery vehicle is allowed and there must be a dedicated parking place for it which is not on the public street. No delivery of alcoholic beverages is permitted.**

Is delivery proposed? NO

Where will the delivery vehicle be parked? _____

_____

Worksheet continues on the next page

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RESTAURANT-continued

Zoning Ordinance Section 11-513(L)

HOURS

☐ **The hours of operation may be similar to other restaurants in the area, but must close by 12:00 midnight and may not open before 5:00 a.m. Meals ordered before the closing hour may be served, but no new patrons may be admitted after the closing hour, and all patrons must leave by one hour after the closing hour. The hours of operation as well as the location of all off street parking must be posted at the entrance to the restaurant.**

HOURS IN MOUNT VERNON OVERLAY OR NR ZONE AREAS

Within the Mount Vernon Avenue Overlay zone and the NR zone (Arlandria) areas, hours are limited to from 6:00 a.m. to 11:00 p.m., Sunday through Thursday, and from 6:00 a.m. to midnight, Friday and Saturday, although the closing hour for indoor seating may be extended until midnight four times a year for special events.

What hours are proposed? 7:00 AM - 11:00 PM SUNDAY THRU THURSDAY 7:00 AM TO MIDNIGHT FRIDAY & SATURDAY

DELIVERIES TO THE RESTAURANT

☐ **Deliveries to the restaurant may only take place between 7:00 a.m. and 11:00 p.m.**

What days will deliveries occur? DAILY

Where will deliveries to the restaurant occur? MT VERNON AVE IN FRONT OF 1909

CONTROLLING ODORS AND SMOKE

☐ **The applicant must control odors and smoke from the property to prevent them from becoming a nuisance to neighboring properties, as determined by the Department of Transportation and Environmental Services.**

What equipment is included in the building to help control odors and smoke? FAN & FILTRATION SYSTEM DESIGNED FOR RESTAURANT USE

SOLID WASTE AND RECYCLING

☐ **The applicant must provide storage space for solid waste and recyclable materials containers as outlined in the City's "Solid Waste and Recyclable Materials Storage Space Guidelines," or to the satisfaction of the Director of Transportation & Environmental Services. The City's storage space guidelines and required Recycling Implementation Plan forms are available at: www.alexandriava.gov or contact the City's Solid Waste Division at 703-519-3486 ext.132.**

Where will the waste and recycling containers be located? BEHIND FENCING AT 1907 MOUNT VERNON AVE. - ALREADY USING FOR 1905 MT VERNON (LA STRADA)

Complete the Administrative Special Use Permit Application on the following pages.