



Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 2216 Mount Vernon Avenue, Alexandria, Virginia

ZONE: Commercial Low (CL) **TAX MAP REFERENCE:** 034.02 11 11
and Mount Vernon Avenue Urban Overlay Zone

APPLICANT'S INFORMATION:

Applicant: Del Ray Pizzeria, LLC **Business/Trade Name:** Del Ray Pizzeria

Address: 1200 Chadwick Avenue, Alexandria, VA 22308

Phone: 703 684-1646

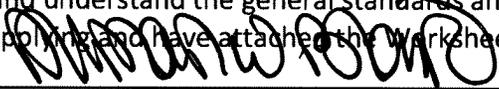
Email: c/o dblair@landclark.com

PROPOSED USE:

- Day Care Center
- Restaurant
- 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: 
Duncan Wardman Blair, Esquire, for Del Ray Pizzeria, LLC

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).

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 Closing 11/09
- 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.

Del Ray Pizzeria is a Virginia limited liability company. The members
of the limited liability company are Erik Dorn and Mark Ragland,
c/o 1200 Chadwick Avenue, Alexandria, Virginia 22308.

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.

Sup 2009 - 0060

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 2216+2218 Mt. Vernon Ave
(property address), for the purposes of operating a Pizza Restaurant (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: Lloyd Martin Phone: 703-567-9588

Address: 2218 Mt. Vernon Ave Email: _____

Signature:  Date: 9/29/09

USE CHARACTERISTICS

2. Please give a brief statement describing the use:

Del Ray Pizzeria is intended to be a traditional neighborhood
 pizzeria serving pizzas, sandwiches and salads.

3. Please describe the proposed hours of operation:

Days	Hours
Daily	

Or give hours for each day of the week

Monday	10:00 am - 11:00 pm
Tuesday	10:00 am - 11:00 pm
Wednesday	10:00 am - 11:00 pm
Thursday	10:00 am - 11:00 pm
Friday	10:00 am - 12:00 am
Saturday	10:00 am - 12:00 am
Sunday	10:00 am - 11:00 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).

50 between 11:30 a.m. and 10:00 p.m.

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

8 employees at any one time between 9:00 a.m. and 11:00 p.m.

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

18 Standard and compact spaces
 _____ Handicapped accessible spaces
 _____ Other

- B. Please give the number of:
Parking spaces on-site 9
Parking spaces off-site 9

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

202 E. Custis Avenue

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

- A. How many loading spaces are available for the use? None
- B. Where are off-street loading spaces located? Not applicable.
- C. During what hours of the day do you expect loading/unloading operations to occur? 9:00 a.m. and 10:00 a.m. - Monday - Friday
- D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? 3 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:

Small quantities of organic compounds, generally recognized to be appropriate for use by restaurants in the operation of the business, will be stored, used as solvents, and disposed of in accordance with applicable regulations.

APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: X 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.

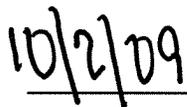
Initial: X THE UNDERSIGNED, hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any 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.

Land, Clark, Carroll, Mendelson & Blair, P.C.
Duncan W. Blair, Esquire

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: 524 King Street

Alexandria, VA 22314

Phone: 703 836-1000

Email: dblair@landclark.com

Fax: 703 549-3335

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? 56

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? yes

Where will the delivery vehicle be parked? In a designated space on the surface parking lot at the rear of the restaurant.

Worksheet continues on the next page

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? see application

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? Monday - Saturday

Where will deliveries to the restaurant occur? Delivery vehicles will either pull into the rear parking facility or park on Mt. Vernon Avenue or the west side of East Del Ray.

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.

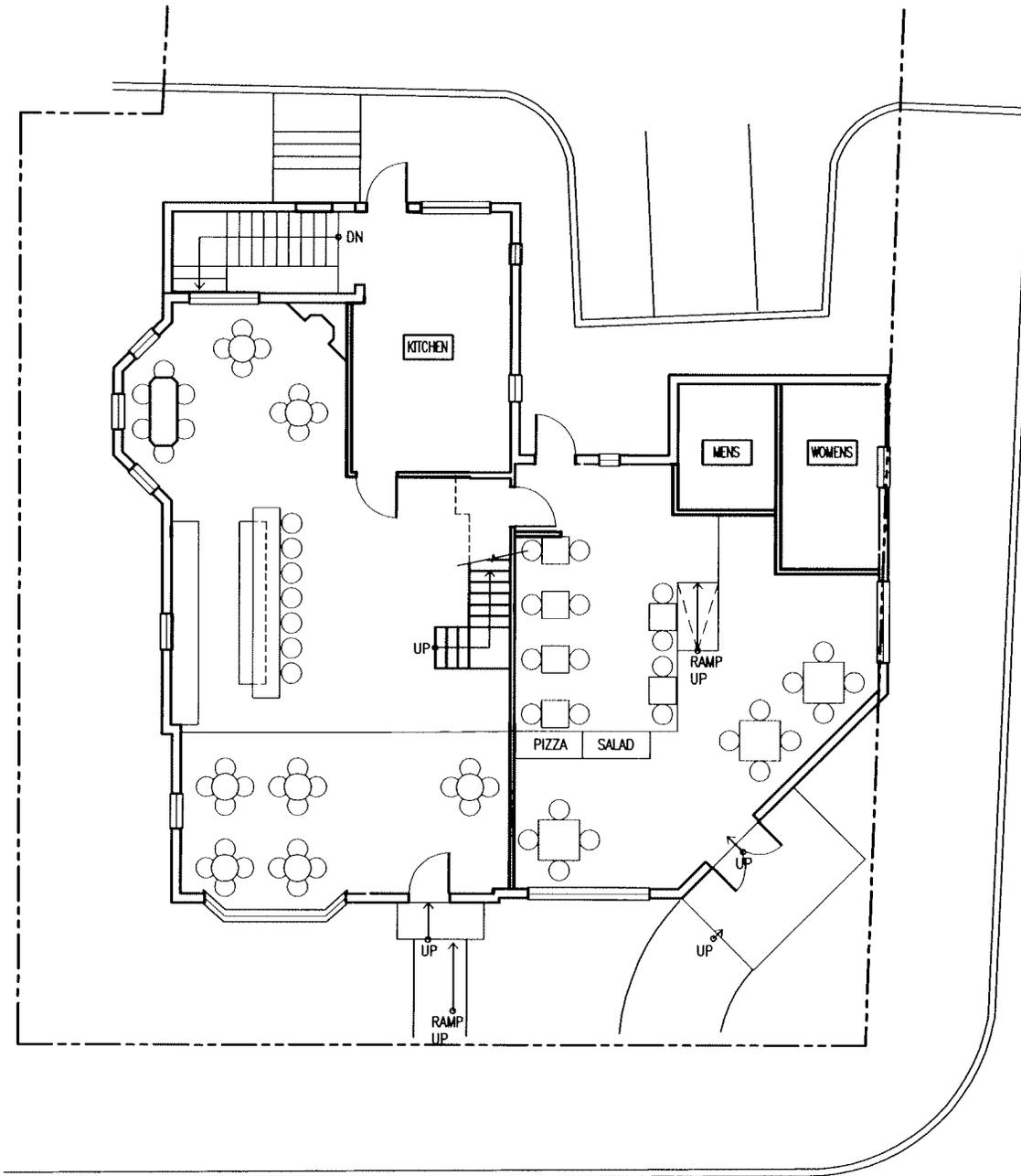
What equipment is included in the building to help control odors and smoke? All equipment to Code as required.

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? It is not intended that offensive odors will emanate from the use of the property as a restaurant. All cooking equipment equipped with code required equipment.

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



MOUNT VERNON AVE.

1
A2.3

PRESENTATION FLOOR PLAN

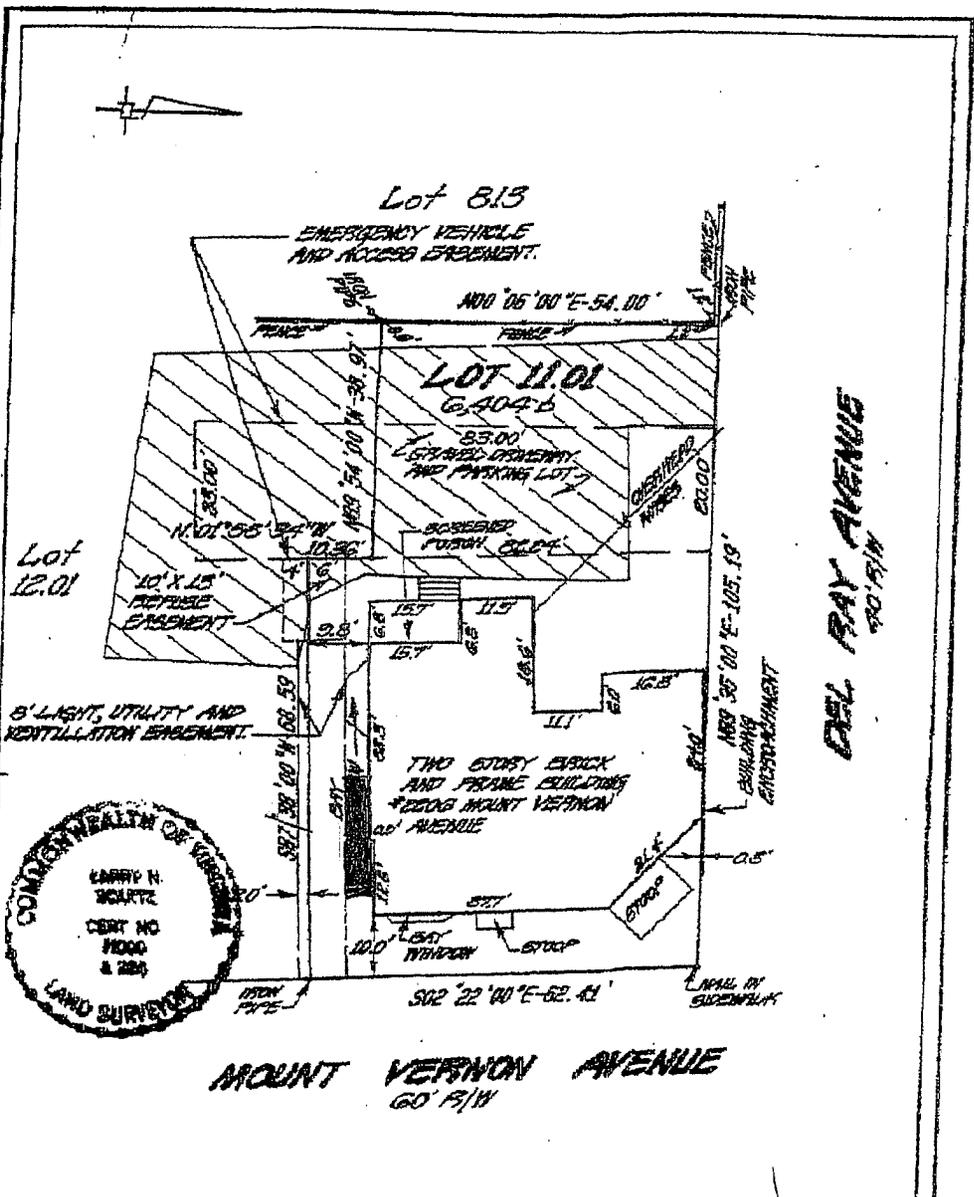
SCALE: 1/8" = 1'-0"

NOT FOR CONSTRUCTION



DEL RAY PIZZARIA
 2216 MT. VERNON AVE.
 PROPOSED CONCEPT PLAN

JAMES WILLIAM REITER
ARCHITECT
 114045 BERRY 3RD FLOOR
 ALEXANDRIA, VIRGINIA 22314
 P 703.546.4488
 F 703.546.4790



HOUSE LOCATION SURVEY
 LOT 11.01
DEL RAY

(RESUBDIVISION OF LOTS 748-754 AND 814-817)
 CITY OF ALEXANDRIA, VIRGINIA

SCALE: 1" = 20' DATE: DECEMBER 29, 1988

<p>NO TITLE REPORT FURNISHED. PLAT SUBJECT TO RESTRICTIONS & EASEMENTS OF RECORD OR OTHERWISE. FENCE LOCATIONS IF SHOWN ARE APPROXIMATE ONLY AND DO NOT CERTIFY AS TO CORRECTNESS.</p>	<p>DATE NAME: TAYLOR/GRAPH-TECH, CORP TO MARTIN TRUST. MARTIN (ATT'Y.)</p>
<p>I HEREBY CERTIFY THAT THE POSITIONS OF ALL THE EXISTING IMPROVEMENTS HAVE BEEN CAREFULLY ESTABLISHED BY A TRANSIT TAPE SURVEY AND UNLESS OTHERWISE SHOWN, THERE ARE NO ENCROACHMENTS EITHER WAY ACROSS THE PROPERTY LINE.</p> <p><i>[Signature]</i> CERTIFIED LAND SURVEYOR</p>	<p>LARRY N. SCARTZ CERTIFIED LAND SURVEYOR WOODBRIDGE, VIRGINIA TELEPHONE: WOODBRIDGE 494-4801 STAFFORD 880-2186 NORTON 800-4855</p>

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