



SUP # 2010-0047

# Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 320 MONTGOMERY STREET

ZONE: CRMU-X TAX MAP REFERENCE: 055.03.01.02

### APPLICANT'S INFORMATION:

Applicant: PHILIP McCOMBIE Business/Trade Name: THAILAND, ROYAL ST. RESTAURANT

Address: 501 SLATERS LANE #701 ALEXANDRIA VA 22314

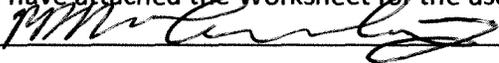
Phone: 703 706 5886 Email: TOTTNM61@COMCAST.NET

### 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: 

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).

**PROPERTY OWNER'S AUTHORIZATION**

As the property owner of 320 MONTGOMERY ST., I hereby  
(Property Address)  
grant the applicant authorization to apply for the OUTSIDE SEATING use as  
(use)  
described in this application.

Name: CHARLIE CHASE Phone: 705-620-1892  
Please Print  
Address: 320 MONTGOMERY ST Email: charliechase7@aol.com  
Signature: [Handwritten Signature] Date: 8/25/10

1. Floor Plan and Plot Plan. As a part of this application, the applicant is required to submit a floor plan and plot or site plan with the parking layout of the proposed use. The SUP application checklist lists the requirements of the floor and site plans. The Planning Director may waive requirements for plan submission upon receipt of a written request which adequately justifies a waiver.

Required floor plan and plot/site plan attached.

Requesting a waiver. See attached written request.

2. 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 of more than ten percent.

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**USE CHARACTERISTICS**

2. Please give a brief statement describing the use:

Outdoor dining. 3 tables with 8 seats total.  
 Seats will be moved from inside during  
 appropriate weather. No seat increase.

3. Please describe the proposed hours of operation:

Days	Hours
Daily	

Or give hours for each day of the week

Monday	11.30-3 / 5-10
Tuesday	" " "
Wednesday	" " "
Thursday	" " "
Friday	" " "
Saturday	" " / 5-10
Sunday	— / 5-9.30

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).

30 per day?

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

1 per shift

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

<u>NONE</u>	Standard and compact spaces
<u>NONE</u>	Handicapped accessible spaces
<u>NONE</u>	Other

NO INCREASE IN PARKING.

- B. Please give the number of:  
 Parking spaces on-site NONE  
 Parking spaces off-site NONE

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

There is no increase proposed in total seating capacity. Existing parking reduction will suffice.

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? NONE

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

D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? 1 PER DAY MAX.

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:

Open cleaners and degreasers as required.  
Disposal as per City hazardous waste code, after hours.

**APPLICANT'S SIGNATURE**

Please read and initial each statement:

Initial: PM 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: PM 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.

PHILIP M<sup>c</sup>COMBIE  
Print Name of Applicant or Representative

  
Signature

Date 7/22/10

**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: \_\_\_\_\_

**OUTDOOR DINING**  
Zoning Ordinance Section 11-513(M)

**Qualify for Administrative Review?**

Is the proposed outdoor dining accessory to an approved indoor restaurant?  Yes \_\_\_ No

Will the hours for outdoor dining be the same as those approved for the indoor restaurant?  Yes \_\_\_ No

Will the outdoor dining have 20 seats or fewer?  Yes \_\_\_ No

Will live entertainment be **prohibited** from the outdoor seating area?  Yes \_\_\_ No

Will advertising be **excluded** from the outdoor seating area?  Yes \_\_\_ No

Will an employee be assigned to the outdoor dining area to make sure it is cleared and washed at the close of each business day?  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. A layout plan must be reviewed and approved for the outdoor dining.**

**Note: This process does not apply to businesses within the King Street Retail Overlay. Please speak to P&Z staff about a different administrative process for outdoor dining.**

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

**PART OF APPROVED INDOOR RESTAURANT**

Outdoor dining must be connected to an approved indoor restaurant.

What restaurant is the outdoor dining connected to? THAILAND, ROYAL ST.

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**LOCATION ON PRIVATE PROPERTY**

Outdoor dining, including seats, planters, wait stations and barriers, must be located on private property unless authorized by an encroachment ordinance.

Will the outdoor dining be located only on private property? NO

What steps will you take to ensure that components, such as planters and barriers, do not encroach onto the public sidewalk? OUTDOOR DINING AREA WILL BE ROPED OFF

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**NUMBER OF SEATS**

Only 20 seats may be located at outdoor tables in front of the restaurant.

How many seats will be included in the outdoor seating? 8

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**ALCOHOL SERVICE**

Alcohol service, to the extent allowed for indoor dining, is permitted; no off-premise alcohol sales are permitted.

Is on-premise alcohol service proposed?

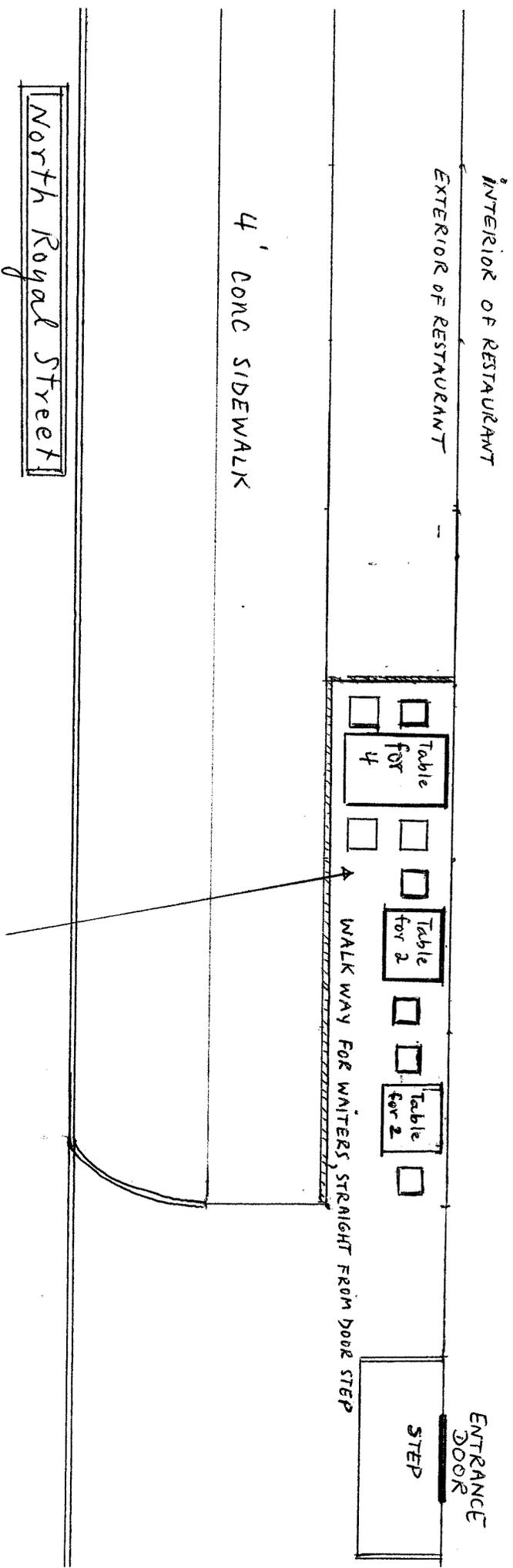
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**OUTDOOR DINING PLAN**

Please submit a detailed plan with your application

A plan for layout of the outdoor dining must be submitted for review and approval by the director. The business must maintain compliance with the approved layout. Any changes to the approved layout may require further review by staff.

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



Area proposed for 8 seats,  
 sectioned off completely from sidewalk,  
 waiters bring food through the door and step  
 directly into this area without encroaching  
 the sidewalk.