

Sup 2010-0021



APPLICATION SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

Change of Ownership [] Minor Amendment

[must use black ink or type]

PROPERTY LOCATION: 3402 Mt. Vernon Ave., Alexandria, VA 22305

TAX MAP REFERENCE: _____ **ZONE:** _____

APPLICANT

Name: REJNAJ of Mt. VERNON, INC.

Address: 12150 Tech Road Silver Spring, Md. 20904

PROPERTY OWNER

Name: _____

Address: _____

SITE USE: FAST FOOD 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.

REJNAJ of Mt. VERNON, INC.

Print Name of Applicant or Agent

12150 Tech Road

Mailing/Street Address

Silver Spring, Md 20904

City and State

Zip Code

Ernest Robinson Controller/CFO

Signature

301-625-5920 301-625-0045

Telephone #

Fax #

ERobinson@JANJER.COM

Email address

3/22/10

Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____

Fee Paid: \$ _____

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 # 1302-B, 2003-0067

Date approved: 7 / 28 / 03
month day year

Name of applicant on most recent special use permit NATHANIEL FOY OF ARLANDRIA ASSOCIATES

Use FAST FOOD RESTAURANT

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.)

THE BUSINESS WILL CONTINUE TO OPERATE AS A POPEYE'S
CHICKEN & BISCUIT RESTAURANT OFFERING FOOD FOR EATING OR TAKE
OUT VIA COUNTER OR DRIVE THRU SALE.

4. Is the use currently open for business? ___ Yes No

If the use is closed, provide the date closed. 12 / 01 / 09
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:

Proposed Hours:

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.

Bringing in new equipment to replace equipment removed
by previous tenant.

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?
SHARE 29 SPACES WITH CUSTOMERS.

11. Is off-street parking provided for your customers? Yes ___ No
If yes, how many spaces, and where are they located?
SHARE 29 SPACES WITH CUSTOMERS.

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: _____

17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant is a corporation, each person owning an interest in excess of ten percent (10%) in the corporation and the extent of interest shall be identified by name and address.

For the purpose of this section, the term "ownership interest" shall include any legal or equitable interest held in the subject real estate at the time of the application. If a nonprofit corporation, the name of the registered agent must be provided.

Please provide ownership information here:

JAN Strompt 12150 Tech Road Silver Spring, Md. 20904 50%

JEROME Friedlander 12150 Tech Road Silver Spring, Md. 20904 50%
