



SUP # 2013-0024

# Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 3900 King Street

ZONE: \_\_\_\_\_ TAX MAP REFERENCE: \_\_\_\_\_

### APPLICANT'S INFORMATION:

Applicant: The Campagna Center Business/Trade Name: The Campagna Center

Address: 418 S. Washington Street

Phone: 703-549-0111

Email: jtrejo@campagnacenter.org

### 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: [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).

**DAY CARE IN A CHURCH OR SCHOOL BUILDING**  
Zoning Ordinance Section 11-513(D)

**Qualify for Administrative Review?**

Will the day care be located in any one of the residential zones?  Yes \_\_\_ No

Will the day care be located in a church or school building?  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: City staff will need to determine if the proposed location provides adequate drop off and pick up, and if there is an adequate buffer between the day care and near-by residents.

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

**DROP OFF AREA**

There must be an area that is large enough to pick up and drop off the children without interfering with other cars and pedestrians.

Where will the pick-up/drop-off area be located? The parking lot (front) of Fairlington UMC.\*

How many cars will fit in the area at one time? 49 (43 regular parking spaces; 6 handicapped spaces.)

\*Note: Parents will not drop off children, but will park and walk children inside to their classroom.

The pick up/drop off area must be shown on the site plan which is part of the application.

**PROTECTION FOR NEARBY HOMES**

The location must be far enough away from nearby homes and apartments so they will not be affected by the operations of the day care facility.

Where in the church or school building will the day care be located? (i.e. basement, upper floors, west side of the building) 3rd floor, south side of building.

How large an area is proposed for day care's operations? 1000 sq. feet

What steps will be taken to buffer the day care from nearby residences (ex. shrubbery, fencing, etc.)? Classroom is on 3rd floor.

The location of the child care in relation to nearby homes and apartments must be shown on the site plan which is part of the application.

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

**PROPERTY OWNER'S AUTHORIZATION**

As the property owner, I hereby grant the applicant use of 3900 King Street Alex, VA 22301  
(property address), for the purposes of operating a Day Care (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: Dave Boltz, Trustee Phone: 703-599-8305  
Address: 6901 Stonybrooke Lane  
Alexandria, VA 22306-1346 Email: david.boltz4@gmail.com  
Signature: Dave Boltz Date: March 7, 2013

1. The applicant is the (check one):

- Owner
- Contract Purchaser
- Lessee or
- Other: recipient of donated classroom space.

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.

N/A

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.

USE CHARACTERISTICS

2. Please give a brief statement describing the use:

The donated space will be used as a  
Head Start classroom for up to, but not  
exceeding, 20 children, ages 3-5, depending on  
how many children Child Care Licensing will allow.

3. Please describe the proposed hours of operation:

Days <u>M-F</u>	Hours <u>8:30A-3p.m.</u>
Daily	

Or give hours for each day of the week

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

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).

20 children, ages 3-5; Parent <sup>(max)</sup> drop-off in classroom  
from 8:30am to 9:00am each morning & pick-up between 2:30pm +

B. How many employees, staff and other personnel do you expect? Specify time period (i.e., day, hour, or shift). 3:00pm each afternoon.

2 staff assigned from 7:30 A.M - 4:00 P.M.

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

<u>43</u>	Standard and compact spaces
<u>6</u>	Handicapped accessible spaces
<u>N/A</u>	Other

- B. Please give the number of:  
Parking spaces on-site 49  
Parking spaces off-site 0

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

N/A

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

- A. How many loading spaces are available for the use? none needed
- B. Where are off-street loading spaces located? N/A
- C. During what hours of the day do you expect loading/unloading operations to occur? N/A
- D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? N/A

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:

N/A

**APPLICANT'S SIGNATURE**

Please read and initial each statement:

Initial: SM 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: SM 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.

Tammy L. Mann

Print Name of Applicant or Representative

SM  
Signature

Date 3/4/13

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

Google

MAP OF FAIRLINGTON UNITED METHODIST CHURCH  
+ SURROUNDING AREA

TO see all the details that are visible on the screen, use the "Print" link next to the map.

THE CAMPANA CENTER - 4 UP

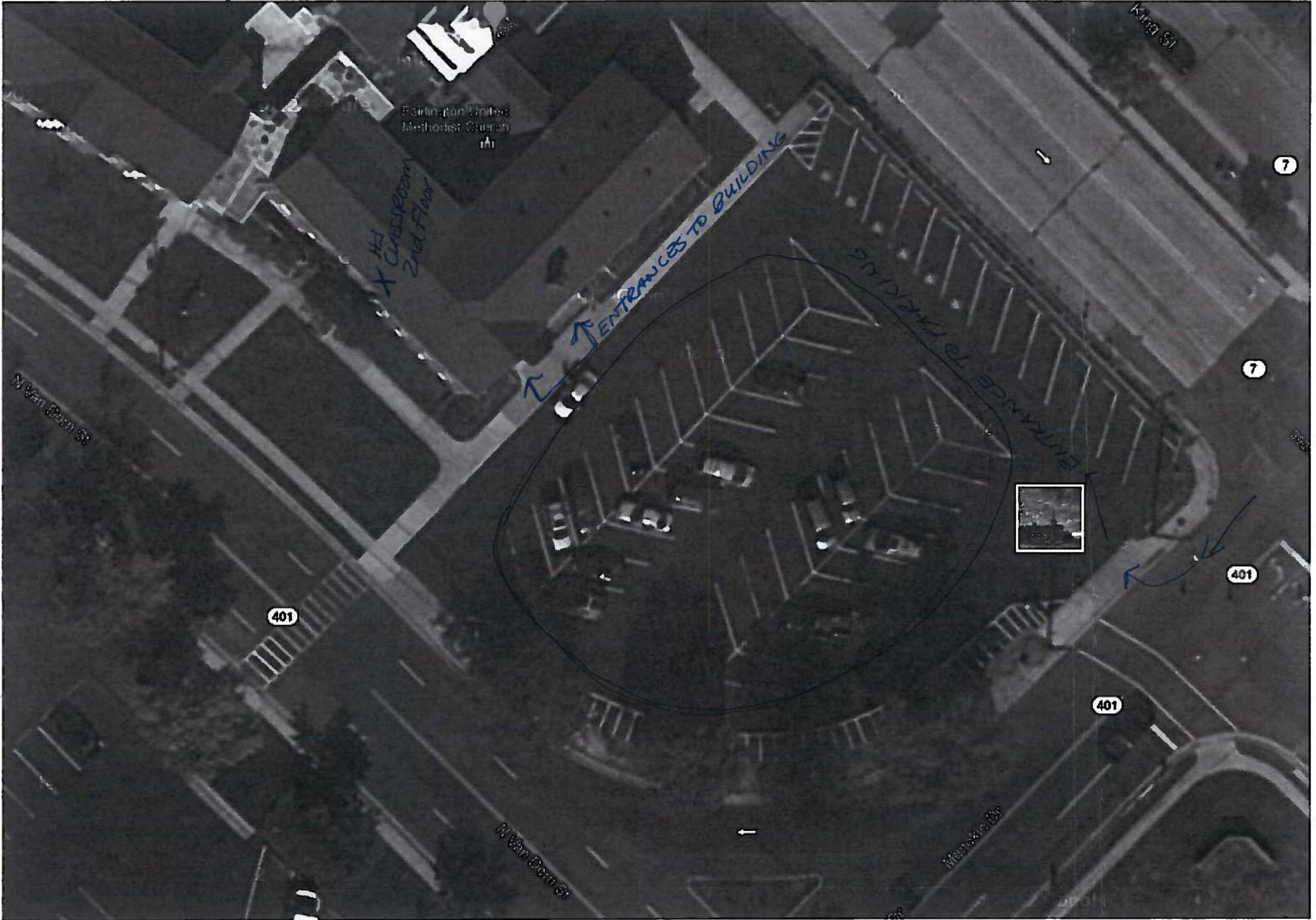


5900 KINGS STREET. - PROPOSED TO LEARN ROOM 111

To see all the details that are visible on the screen, use the "Print" link next to the map.

Google

Parents will park in parking lot, enter building with child(ren) and walk them to the classroom between 8:30-9A. They will also park and pick up child(ren) by 3pm.



The Campaigna Center - Drop

