



# APPLICATION SPECIAL USE PERMIT

## ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

Change of Ownership       Minor Amendment

[must use black ink or type]

PROPERTY LOCATION: 1900 N. BEAUREGARD ST. ALEXANDRIA VA 22312

TAX MAP REFERENCE: 019-02-01-03-57 ZONE: CDD4

### APPLICANT

Name: DENI H. JUNG

Address: 6052 HOLLOW KNOLL CT. SPRINGFIELD, VA 22152

### PROPERTY OWNER

Name: LAFAYETTE BUILDINGS, LLC c/o DUKE REALTY CORPORATION

Address: 4900 SEMINARY RD, SUITE 900 ALEXANDRIA, VA 22311

SITE USE: RESTURANT

[ ] 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.

Deni H Jung

Print Name of Applicant or Agent

6052 Hollow Knoll Ct.

Mailing/Street Address

Springfield VA 22152

City and State

Zip Code

Hyanghe Yoon

Signature

703) 913-2916

Telephone #

Fax #

Hyanghe.yoon@gmail.com

Email address

5/3/2013

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 # 96-00185

Date approved: 1 / 16 / 1997  
month day year

Name of applicant on most recent special use permit Mark V Corp - Kyung Jin Cho

Use 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.)

CLASSIFIED AS A RESTURANT BUT MORE ACCURATE  
A DELI WITH AVAILIABLE SEATING WITH MAXIMUM  
SEATING FOR 28 ~~PEOPLE~~ BODIES. KITCHEN OPERATED  
BY ~~ONE STAFF~~ OWNER WITH ~~ONE EMPLOY~~ AND  
COULD ~~CAN~~ ONLY FULLY OPERATE ON SMALL SCALE. PARKING  
READY READILY AVAILIABLE SINCE IT IS LOCATED  
ON OFFICE COMPLEX (MARK CENTER) WITH LARGE  
PARKING LOT.

3. Describe any proposed changes to the business from what was represented to the Planning Commission and City Council during the special use permit approval process, including any proposed changes in the nature of the activity, the number and type of patrons, the number of employees, the hours, how parking is to be provided for employees and patrons, any noise emitted by the use, etc. (Attach additional sheets if necessary)

BUSINESS WILL LARGELY STAY THE SAME EXCEPT FOR NAME OF ESTABLISHMENT AND FOR THE NUMBER OF EMPLOYEES. NEW OWNER (DENI H. JUNG) WILL ~~STAY~~ BE IN CHARGE OF OPERATION OF KITCHEN AND BUSINESS BUT WILL HIRE ONE EMPLOYEE. THE NAME OF THE ESTABLISHMENT WILL CHANGE FROM "MARK V EATERY" TO "CAFE GLORIA". CAFE GLORIA WOULD ALSO CHANGE THE HOURS OF ESTABLISHED BUSINESS FROM 7:30 AM - 3:00 PM TO 7:00 AM - 4:00 PM. THERE ARE ALSO A FEW MENU CHANGES BUT THE NATURE OF THE DELI WILL REMAIN. PARKING HAS BEEN ALTERED DUE TO A GATE HAVING BEEN ENTERANCE OF THE ADDED TO THE ENTIRE MARK CENTER. EMPLOYEE PARKING REMAINS THE SAME BUT PATRONS WILL NEED TO HAVE THEIR PASSES VERIFIED EACH TIME FOR NO CHARGE.

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

If the use is closed, provide the date closed. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

5. Describe any proposed changes to the conditions of the special use permit:

NONE, CHANGE OF OWNERSHIP.

6. Are the hours of operation proposed to change?  Yes  No

If yes, list the current hours and proposed hours:

Current Hours:

7:30 AM - 3:00 PM

MONDAY - FRIDAY

CLOSED SATURDAY AND

SUNDAY

Proposed Hours:

7:00 ~~6:30~~ AM - ~~4:00~~ PM

MONDAY - FRIDAY

CLOSED SAT. AND SUN.

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:

0

Proposed Number of Employees:

1

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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?

~~PROVIDED BY THE CITY~~ 6 SPOTS DESIGNATED FOR THE USE OF ESTABLISHMENT PATRONS/EMPLOYEES.

11. Is off-street parking provided for your customers?  Yes \_\_\_ No  
If yes, how many spaces, and where are they located?

THE 6 SPOTS MENTIONED ALONG WITH NUMEROUS SPOTS IN THE ATTACHED PARKING LOT.

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:

APPLICANT : DENI H. JUNG

ADDRESS : 6052 HOLLOW KNOLL CT. SPRINGFIELD, VA 22152

APPLICANT IS THE SOLE OWNER WITH NO OTHER PARTIES  
OF INTEREST.