



SUP # 2013-0081

Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 311 N. WASHINGTON ST. LOWER LEFT, ALEXANDRIA, Va. 22314

ZONE: C1

TAX MAP REFERENCE: 64.040224

APPLICANT'S INFORMATION:

Applicant: Ingrid Rafferty Business/Trade Name: Massage Solstice

Address: 12300 POND RUN DR. #402 Woodbridge, Va. 22192

Phone: 301 915 4590

Email: ingridrafferty@yahoo.com

PROPOSED USE:

- Day Care Center
- Light Auto Repair
- Overnight Pet Boarding
- Outdoor Garden Center
- Catering Business
- Valet Parking
- Restaurant
- Outdoor Dining (exclude King Street Retail Overlay)
- Live Theater
- Outdoor Food and Crafts Market Center
- Outdoor Display
- Massage Establishment

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: Ingrid Rafferty

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).

SUP # 2013-0081

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 311 N. Washington St. Alex. VA (property address), for the purposes of operating a Massage Therapy (use) 22304 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: Emanuel A. Baker Jr Phone: 703-536-2300
Address: 115 Park Ave Falls Church VA Email: TCPMD@EROLS.COM
Signature: Emanuel A. Baker Jr. 22046 Date: 9/5/13

1. 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 and the percent of ownership.

Ingrid Rafferty 100% owned
12300 Pond Run Dr. #402
Woodbridge, Va, 22192

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 NA
- 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:

Massage Solstice is operated by Ingrid Rafferty solely. No employees. I will be giving therapeutic massage to individual clients

3. Please describe the proposed hours of operation:

Days	Hours
Daily	9 AM to 8 PM

Or give hours for each day of the week

Monday	9 AM to 8 PM
Tuesday	9 AM to 8 PM
Wednesday	9 AM to 8 PM
Thursday	9 AM to 8 PM
Friday	9 AM to 8 PM
Saturday	9 AM to 8 PM
Sunday	9 AM to 8 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).

Four to Five clients per day

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

No employees

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

- 2 Standard and compact spaces
- 0 Handicapped accessible spaces
- 0 Other

B. Please give the number of:
Parking spaces on-site 2

Parking spaces off-site 0

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

~~Queen street Princess street / N. Washington St. are~~
~~on street for additional parking~~
N/A

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? N/A

C. During what hours of the day do you expect loading/unloading operations to occur? NA No loading/unloading

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

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:

None

SUP # 2013-0081

APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: IR 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: IR 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.

INGRID RAFFERTY
Print Name of Applicant or Representative

Ingrid Rafferty
Signature

Date 10/18/13

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: _____

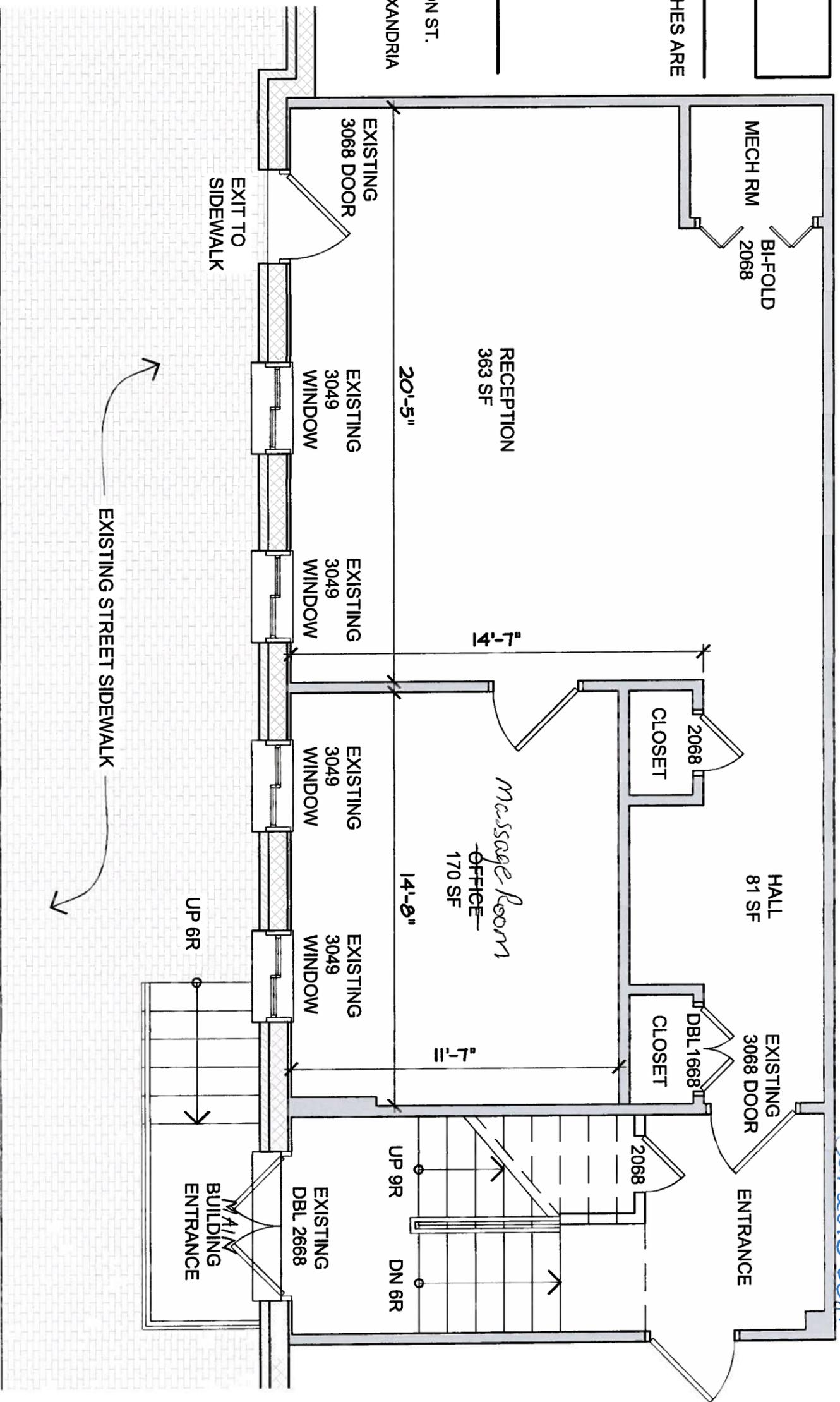
668 TOTAL SQUARE FEET

NOTE:

- 1. ALL WALLS, DOORS, CEILINGS AND FINISHES ARE EXISTING TO REMAIN
- 2. DOOR AND WINDOW SIZES
 3068 = 3'-0" X 6'-8"
 3049 = 3'-0" X 4'-9"

ZONING

OWNER: _____ INGRID RAFFERTY
 FUTURE BUSINESS: - MESSAGE SOLSTICE
 SITE: _____ 311 NORTH WASHINGTON ST.
 MAP: _____ 064.04-02-24
 DISTRICT NAME: _____ OLD AND HISTORIC ALEXANDRIA
 EXISTING ZONE: _____ CD
 EXISTING USE: _____ BUSINESS
 FUTURE USE: _____ BUSINESS



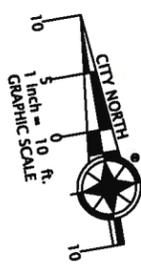
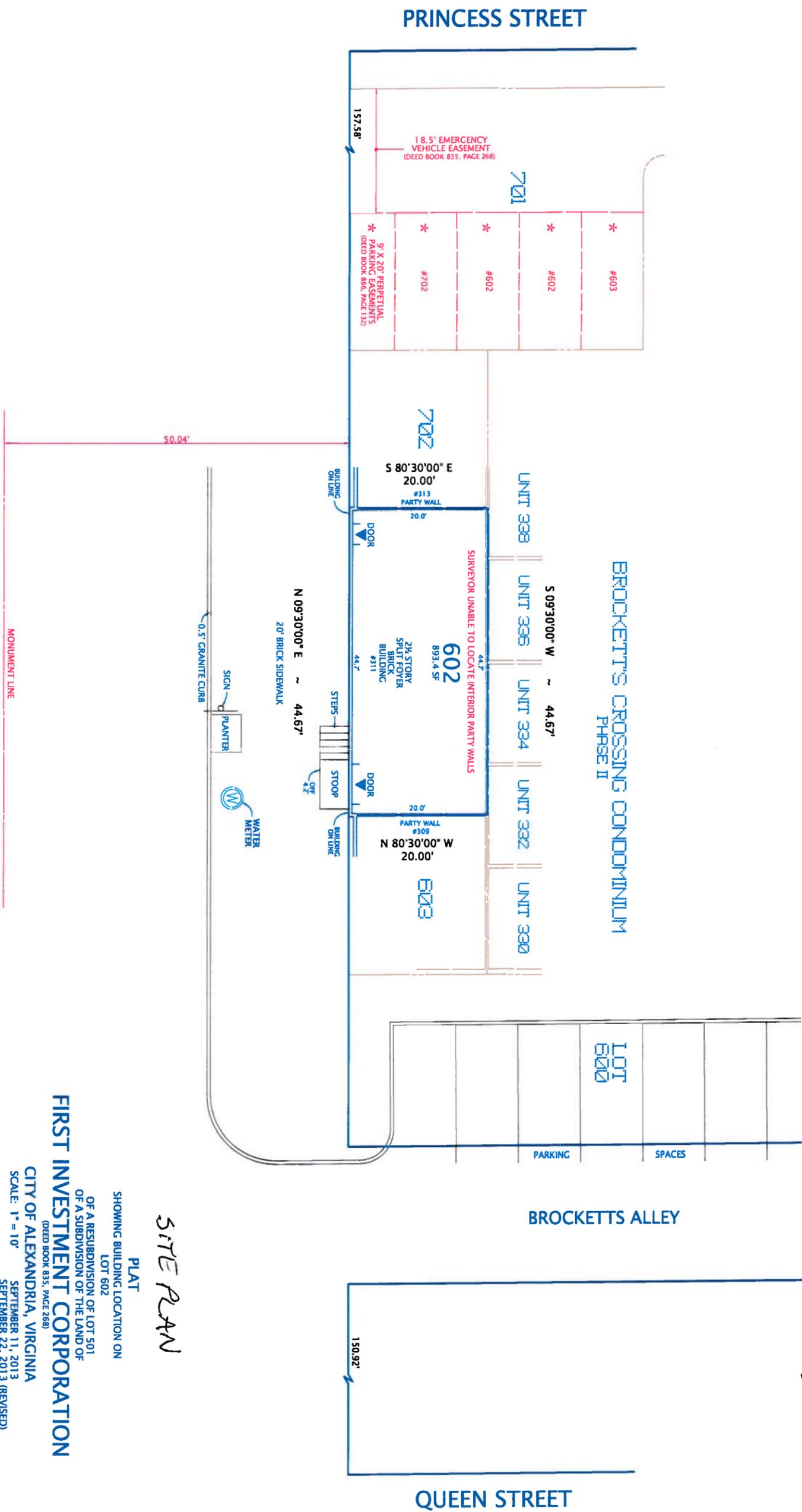
Sup 2013-0081

GROUND FLOOR PLAN

SCALE: 1/4"=1'-0"

NOTE: UTILITIES ARE UNDERGROUND

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SRP2013-0081

NORTH WASHINGTON STREET
100.08' WIDE

NOT TO SCALE

SITE PLAN

FIRST INVESTMENT CORPORATION

SHOWING BUILDING LOCATION ON
 LOT 602
 OF A RESUBDIVISION OF LOT 501
 OF A SUBDIVISION OF THE LAND OF
 (DEED BOOK 835, PAGE 268)
 CITY OF ALEXANDRIA, VIRGINIA
 SCALE: 1" = 10'
 SEPTEMBER 11, 2013
 SEPTEMBER 22, 2013 (REVISED)
 OCTOBER 2, 2013 (REVISED)

ORDERED BY:
BAKER
INGRID KAUFERTY



DOMINION Surveyors Inc.
 8808-H PEAR TREE VILLAGE COURT
 ALEXANDRIA, VIRGINIA 22309
 703-619-6555
 FAX: 703-799-6412

I HEREBY CERTIFY THAT THE POSITIONS OF ALL THE EXISTING IMPROVEMENTS HAVE BEEN CAREFULLY ESTABLISHED BY A CURRENT FIELD SURVEY AND UNLESS SHOWN THERE ARE NO VISIBLE ENCROACHMENTS AS OF THIS DATE.

THIS PLAT IS SUBJECT TO RESTRICTIONS OF RECORD. A TITLE REPORT WAS NOT FURNISHED. NO CORNER MARKERS SET.

CASE NAME: BAKER

#130909002