

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 # 2006-0011

Date approved: 04 / 22 / 2006
month day year

Name of applicant on most recent special use permit JAMES AMBROGI

Use YOGA INSTRUCTION

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.)

THIS SITE WILL CONTINUE TO BE USED EXACTLY AS IT HAS BEEN.
CONTRACTED CERTIFIED BIKRAM METHOD HOTYOGA TEACHERS WILL
TEACH THE 90-MINUTE BEGINNER CLASS IN A ROOM
HEATED TO 105%. STUDIO OPENS AT 545AM M, T, W, TH, F and
CLOSES AT 10PM EACH NIGHT. ON SATURDAY THE STUDIO OPENS
AT 7:30AM. ON SUNDAY THE STUDIO OPENS AT 8:30 AM. MENS' AND
LADIES' CHANGING ROOMS ARE AVAILABLE. EACH IS EQUIPTED
WITH TWO SHOWERS, A TOILET AND SINKS. TWO ADDITIONAL TOILETS
ARE AVAILABLE IN THE LOBBY. NOISE LEVELS ARE MINIMAL. TRASH
AND RECYCLING ARE MINIMAL. LAUNDRY IS CONDUCTED OFF SITE.

CLASS SIZE VARIES AND DEPENDS ON TIME OF DAY. M-F 6^{AM} HAS 15-20 STUD.
WE DO NOT ALLOW THE ROOM TO GO BEYOND M-F 9:30^{AM} HAS 25-40 STUD.
CAPACITY AND WE PROVIDE A NUMBER OF CLASSES M-T 5³⁰^{PM} 7³⁰^{PM} HAVE 25-40
TO SUPPORT THE POPULARITY OF THE YOGA SA 8^{AM}, 10^{AM}, 4^{PM} HAVE 25-5
AND THE NEEDS OF THE STUDENTS. Su 9, 11, 4, HAVE 25-5
PARKING IS AMPLE. F 4^{PM}, 6^{PM} HAVE 25-30

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)

ALL OPERATIONS WILL REMAIN THE SAME. BUT HOURS OF
OPERATION WILL INCREASE TO ACCOMMODATE INCREASE IN
STUDENT ATTENDANCE.

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:

I PROPOSE AN INCREASE IN HOURS.

6. Are the hours of operation proposed to change? Yes No
If yes, list the current hours and proposed hours:

Current Hours:

M-TH 6:15am - 9:30pm
F 6:15am - 8:00pm
Sa 8:00am - 6:00pm
Sun 9:00 - 6:00pm

Proposed Hours:

M-TH 6AM - 10PM
F 6AM - 8PM
Sa 8AM - 6PM
Su 9AM - 8PM

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 - EMPLOYEES 7 - CONTRACTORS

Proposed Number of Employees:

0 - EMPLOYEES 6 - 7 CONTRACTORS

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.

PROPOSED OCCUPANT PLANS TO PAINT LOBBY AND BATHROOM
WALLS AND PERFORM ANY MINOR REPAIRS ON THE WALLS
THAT ARE DETERMINED NECESSARY.

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?

25 SPACES TO SHARE
THE PARKING SPACES ARE LOCATED DIRECTLY IN FRONT OF THE
ENTRANCE TO THE STUDIO.

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

25 SPACES TO SHARE.
THE PARKING SPACES ARE LOCATED DIRECTLY IN FRONT OF THE
ENTRANCE TO THE STUDIO.

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:
50 AT ONE TIME

Proposed:
50 AT ONE TIME

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: _____

SUP 2014-00074

Special Use Permit # ~~2006-0011~~

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:

JENIFER RUSCHELL - 50%

BENJAMIN A. RUSCHELL - 50%

5257 BESSLEY PLACE

SAME ADDRESS

ALEXANDRIA, VA 22304