SUP # 2014-0076

Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 804 N. Henry St (tenant space) ADDR as per email 8/1 1125 Madison Street (Bel Pre)

ZONE: CRMU/H **TAX MAP REFERENCE:** Parcel # 054.01-03

APPLICANT'S INFORMATION:

Applicant: Orange Dough LLC Business/Trade Name: Sugar Shack

Address: 2308 Mt. Vernon Ave, Suite 129, Alexandria VA 22301

Phone: (703 585 9428) or 571-429-4290 Email: SugarShack@novadonuts.n

PROPOSED USE:

[ ]	Day Care Center	[✓]	Restaurant
[ ]	Light Auto Repair	[ ]	Outdoor Dining (exclude King Street Retail Overlay)
[ ]	Overnight Pet Boarding	[ ]	Live Theater
[ ]	Outdoor Garden Center	[ ]	Outdoor Food and Crafts Market Center
[ ]	Catering Business	[ ]	Outdoor Display
[ ]	Valet Parking	[ ]	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: _____

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 interim 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).

PROPERTY OWNER'S AUTHORIZATION

SUP # 2014-0076

As the property owner, I hereby grant the applicant use of _____ (property address), for the purposes of operating a _____(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:_____ Phone_____

Address:_____ Email: _____

Signature:_____ **Date:** _____

1. **The applicant is the *(check one)*:**

   [X] ~~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.

K.R. Krupicka, JR 100%

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 (Pending)

[X] No. The agent shall obtain a business license prior to filing application, if required by the City Code.

SUP # 2014-0076

USE CHARACTERISTICS

2. **Please give a brief statement describing the use:**

Donut Bakery and Restaurant / Speakeasy featuring hand made donuts, donut inspired food, mixed drinks, gourmet coffee and espresso products.

3. **Please describe the proposed hours of operation:**

Donut Shop 6am - 9pm
Speakeasy 5pm - 12am

Ideal

Days	Hours
Daily	6am to midnight

Or give hours for each day of the week

Monday	7am to 11pm
Tuesday	7am to 11 pm
Wednesday	7am to 11 pm
Thursday	7am to 12 am
Friday	7am to 12 am
Saturday	7am to 12 am
Sunday	7am to 10 pm

Opening hours may start with this.

Note: We may elect to open at 6am on some days if customer demand exists.

4. **Please describe the capacity of the proposed use:**

Avg Hourly = 65

A. How many patrons, clients, pupils and other such users do you expect? Specify time period (i.e., day, hour, or shift).

50-100 customers per hour. We expect heavier volume in the mornings and on weekends.

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

6-10 depending on the time of day. The morning Peak (6am-10am) Peak hours should have 8-10 employees. There will also be 1-2 employees working after the store is closed.

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

_____ Standard and compact spaces
_____ Handicapped accessible spaces
_____ Other

☆ See Bell Pre SUP

SUP # 2014-0076

B. Please give the number of:

Parking spaces on-site _____

Parking spaces off-site _____

Belle Pre SUP

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

_____

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

A. How many loading spaces are available for the use? _____

B. Where are off-street loading spaces located? Belle Pre Parking Lot

_____

C. During what hours of the day do you expect loading/unloading operations to occur? To be determined. We have not finalized delivery times yet.

D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? 2-3 days per week

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:**

We will use standard cleaning and degreasing products and intend to contract with a chemical provider for such.

SUP # 2014-0076

RESTAURANTS

Zoning Ordinance Section 11-513(L)

Qualify for Administrative Review?

Will the restaurant have 100 indoor seats or fewer? ✓ Yes ____ No

Will the restaurant be located outside of Old Town (CD and KR zones)? ✓ Yes ____ No

If delivery service is offered, does the restaurant have 40 seats or more? ✓ Yes ____ No

Will wait service be provided at preset tables with menus and non-disposable tableware (not applicable to coffee/ice cream shops)? ✓ Yes ____ No

If alcohol service is offered, will it be on premise alcohol service only – no off premise? ✓ Yes ____ No

Will the restaurant open at or later than 5:00 am? ✓ Yes ____ No

Will the restaurant close at or before midnight? ✓ 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.

***See Zoning Ordinance Section 2-120.3 for coffee or ice cream shop definition.**

Note: Hours for restaurant operations are different in the Mount Vernon Overlay and NR (Arlandria) zones.

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

SEATS

☑ **The restaurant may not include more than 100 indoor seats.**

How many indoor seats are proposed? 50-75 total seats (including outdoor dining)

ALCOHOL

☑ **Full alcohol service, consistent with a valid ABC license is permitted. No off-premise alcohol sales are permitted.**

Within the Mount Vernon Avenue Overlay zone, the NR zone (Arlandria) and the West Old town neighborhood areas, alcohol may only be served at tables.

Within the West Old Town neighborhood (bounded by Cameron, North West, Wythe and North Columbus Streets), no alcohol shall be served before 11 am or after 10 pm daily.

Contact ABC for information about obtaining an ABC license (703/313-4432)

Will the restaurant offer alcohol service? Yes

DELIVERY SERVICE

☐ **If you have at least 40 seats, you may include delivery service. Only one delivery vehicle is allowed and there must be a dedicated parking place for it which is not on the public street. No delivery of alcoholic beverages is permitted.** Is delivery proposed? NO

Where will the delivery vehicle be parked? No delivery, but catering is expected

Worksheet continues on the next page

SUP # 2014-0076

RESTAURANT-continued

Zoning Ordinance Section 11-513(L)

HOURS

☑ **The hours of operation may be similar to other restaurants in the area, but must close by 12:00 midnight and may not open before 5:00 a.m. Meals ordered before the closing hour may be served, but no new patrons may be admitted after the closing hour, and all patrons must leave by one hour after the closing hour. The hours of operation as well as the location of all off street parking must be posted at the entrance to the restaurant.**

HOURS IN MOUNT VERNON OVERLAY OR NR ZONE (Arlandria) AREAS

Within the Mount Vernon Avenue Overlay zone and the NR zone (Arlandria) areas, hours are limited to from 6:00 a.m. to 11:00 p.m., Sunday through Thursday, and from 6:00 a.m. to midnight, Friday and Saturday, although the closing hour for indoor seating may be extended until midnight four times a year for special events.

What hours are proposed? 6am to Midnight SMTRFS

DELIVERIES TO THE RESTAURANT

☐ **Deliveries to the restaurant may only take place between 7:00 a.m. and 11:00 p.m.**

What days will deliveries occur? To be determined

Where will deliveries to the restaurant occur? Madson Street

CONTROLLING ODORS AND SMOKE

☐ **The applicant must control odors and smoke from the property to prevent them from becoming a nuisance to neighboring properties, as determined by the Department of Transportation and Environmental Services.**

What equipment is included in the building to help control odors and smoke? Ventilation Hood in Kitchen as required by Health Dept & Fire code

SOLID WASTE AND RECYCLING

☐ **The applicant must provide storage space for solid waste and recyclable materials containers as outlined in the City's "Solid Waste and Recyclable Materials Storage Space Guidelines," or to the satisfaction of the Director of Transportation & Environmental Services. The City's storage space guidelines and required Recycling Implementation Plan forms are available at: www.alexandriava.gov or contact the City's Solid Waste Division at 703-519-3486 ext.132.**

Where will the waste and recycling containers be located? In either the back of the Kitchen and/or the Waste Storage area in the Belle Pre

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

SUP # 2014-0076

APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: KR 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: KR 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.

K. R Krupicka, JR

Print Name of Applicant or Representative

Signature

Date 7-31-14

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: _____

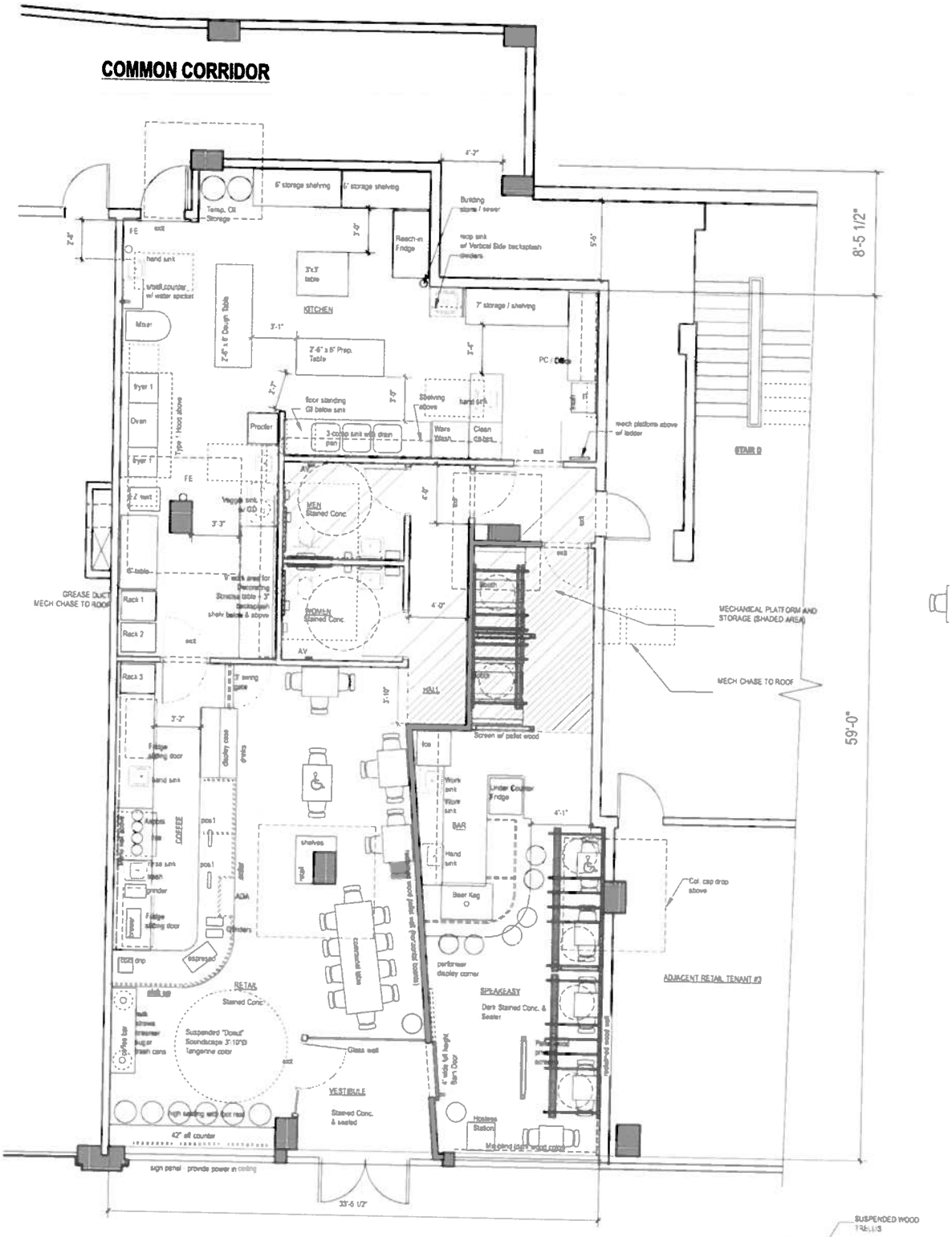
_____

Phone: _____

Email: _____

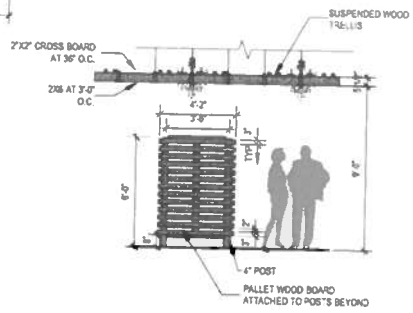
Fax: _____

SUP#2014-0076



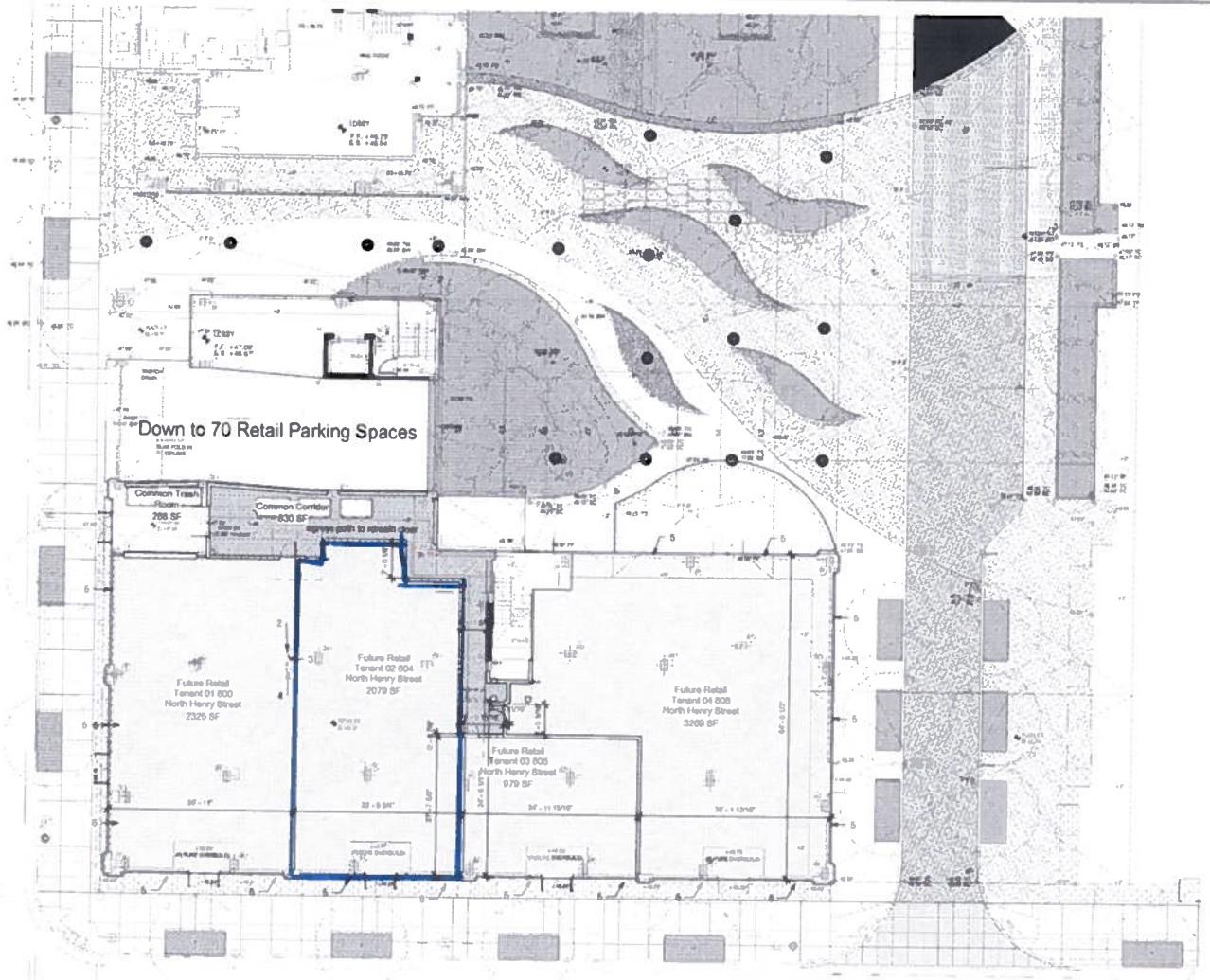
1 A-100 FLOOR PLAN

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



PRIVACY SCREEN

tenant space: 804 N. Henry St



Equity Residential

Commercial Portfolio Manager-Investments
50 Staniford Street, Suite 400
Boston, MA 02114

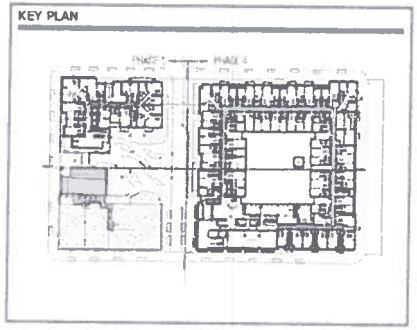
BELLE PRE APARTMENTS

1111 Belle Pre Way, Alexandria, VA 22314 - South Tower

Retail Building Plan

VICINITY MAP

KEY PLAN



Tenant Area						
Number	Name	Area	Percent of Tenant Areas	Total Common Area	Pro Rated Common Area	Leasable Area
1	Future Retail Tenant 01	2325 SF	27%	830 SF	223 SF	2548 SF
2	Future Retail Tenant 02	2079 SF	24%	830 SF	199 SF	2278 SF
3	Future Retail Tenant 03	979 SF	11%	830 SF	94 SF	1073 SF
4	Future Retail Tenant 04	3269 SF	38%	830 SF	314 SF	3582 SF
		8651 SF	100%		830 SF	9481 SF

Common Area		
Number	Name	Area
6	Common Corridor	830 SF
		830 SF

1. See base building drawings MPE Reference including M2.31, M2.32a, M2.37 for mechanical systems.
2. Dishwasher exhaust duct down from above in retail ceiling for future connection.
3. 28/12 Kitchen exhaust duct down from above in retail ceiling for future connection
4. 4" pvc pipes at ceiling for future retail refrigerant piping
5. louver for future connection with 8" deep insulated plenum behind louver

(2) Retail Color Building Plan

Cowie Associates PC
Architecture & Development
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TENANT DATA — NOTES

LEASABLE AREA:
FL TO JOIST CLEAR HT
NO. OF EXITS
STOREFRONT
SPRINKLER
FIRE ALARM
GAS
WATER
SANITARY

V.C.T. = VINYL COATED TILE
A.C.T. = ACOUSTICAL CEILING TILE
M.H. = MOUNTING HGT
U.S. = UTILITY SINK
D.F. = DRINKING FOUNTAIN
A.F.F. = ABOVE FINISH FLOOR
T = TELEPHONE
E = ELECTRIC PANEL
WM = WATER METER
GM = GAS METER
EM = ELECTRIC METER

PROJECT NAME
BELLE PRE APARTMENTS

ISSUE DATE
07/03/13

LOCATION
1111 Belle Pre Way, Alexandria, VA 22314 - South Tower

PROP. NO.

SPACE
01-04

OUP#2014-00076