

RESTAURANTS
CDD #1

Qualify for Administrative Review?

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

How many indoor seats are proposed? ~~225-250~~ 250

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? N/A

Worksheet continues on the next page

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.

What hours are proposed? 11 AM - MIDNIGHT

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? TUESDAY & THURSDAY

Where will deliveries to the restaurant occur? LOADING DOCK

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? HOOD SYSTEM IN KITCHEN

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? LOADING DOCK

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



Administrative Special Use Permit Application

Please type or print legibly

SUP # 2014-00116

PROPERTY LOCATION: 2050 BAUNGER AVENUE

ZONE: CDD#1

TAX MAP REFERENCE: 073-03-02-17

APPLICANT'S INFORMATION:

Applicant: CARLYE CLUB, LLC Business/Trade Name: CARLYE CLUB

Address: 411 JOHN CARLYE ST, ALEX VA 22314

Phone: 703 795-0360

Email: breilly@thecarlyclub.com

PROPOSED USE:

- | | |
|-------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Day Care Center | <input checked="" type="checkbox"/> Restaurant |
| <input type="checkbox"/> Light Auto Repair | <input checked="" type="checkbox"/> Outdoor Dining (exclude King Street Retail Overlay) |
| <input type="checkbox"/> Overnight Pet Boarding | <input type="checkbox"/> Live Theater |
| <input type="checkbox"/> Outdoor Garden Center | <input type="checkbox"/> Outdoor Food and Crafts Market Center |
| <input type="checkbox"/> Catering Business | <input type="checkbox"/> Outdoor Display |
| <input type="checkbox"/> Valet Parking | <input type="checkbox"/> 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

As the property owner, I hereby grant the applicant use of 8,381 SF AT 2050 BAUNGER AVE. (property address), for the purposes of operating a RESTAURANT & EVENT VENUE (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.

2050 Ballenger LLC
 Name: Kerh R. Styles Phone: 703-236-6202
 Address: 2050 Ballenger Ave, Ste 400 Email: kstyles@catholiccharitiesusa.org
Alexandria, VA 22314
 Signature: [Signature] Date: Oct. 28, 2014

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.

Catholic Charities USA owns 100% of the Owner.
BRENNAN REPLY - CAROLINE CURRY, LLC

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:

RESTAURANT & PRIVATE EVENT MENU WITH OCCASIONAL
MUSIC STARS

3. Please describe the proposed hours of operation:

| Days | Hours |
|-------|------------------|
| Daily | 11 AM - MIDNIGHT |

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).

400 PER DAY

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

25 PER DAY

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

- _____ Standard and compact spaces
- _____ Handicapped accessible spaces
- _____ Other

* BUILDING HAS A GARAGE WITH APPROXIMATELY 170 SPACES
Public Garage 2050 Ballenger

B. Please give the number of:

Parking spaces on-site 170 OF WHICH A PORTION WILL BE AVAILABLE FOR OUR PATRONS

Parking spaces off-site 0

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? ALL LOADING AND UNLOADING

WILL BE DONE IN BUILDING LOADING-DK

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? 7AM - 10AM

D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? 2 ~~DAYS~~ 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:

ONLY NORMAL RESTAURANT CLEANERS & SUPPLIES WILL

BE USED.

APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: AM THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of the Zoning Ordinance of the City of Alexandria, Virginia.

Initial: AM 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.

CARLYLE CLUB, LLC
Print Name of Applicant or Representative

By: 
Signature BRENNAN R. ROWLEY
MANAGING MEMBER

Date 10/29/14

If this application is being filed by someone other than the business owner (such as an agent or attorney), please provide the information below:

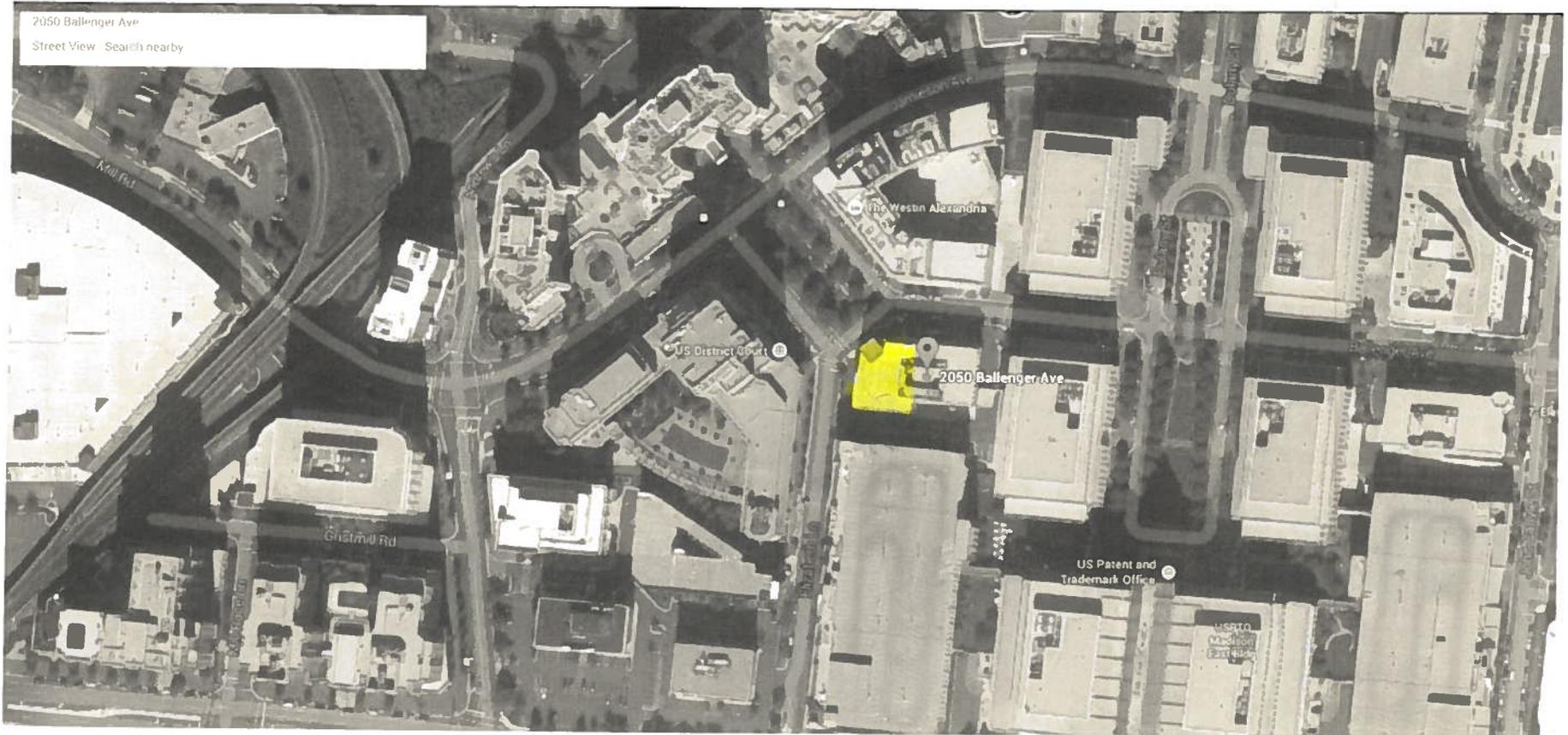
Representative's Address: _____

Phone: _____

Email: _____

Fax: _____

SUP2014-00116



SUP2014-00116

OUTDOOR DINING

Zoning Ordinance Section 11-513(M)

Qualify for Administrative Review?

- Is the proposed outdoor dining accessory to an approved indoor restaurant? Yes No
- Will the hours for outdoor dining be the same as those approved for the indoor restaurant? Yes No
- Will the outdoor dining have 20 seats or fewer? Yes No
- Will live entertainment be **prohibited** from the outdoor seating area? Yes No
- Will advertising be **excluded** from the outdoor seating area? Yes No
- Will an employee be assigned to the outdoor dining area to make sure it is cleared and washed at the close of each business day? 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. A layout plan must be reviewed and approved for the outdoor dining.

Note: This process does not apply to businesses within the King Street Retail Overlay. Please speak to P&Z staff about a different administrative process for outdoor dining.

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

PART OF APPROVED INDOOR RESTAURANT

Outdoor dining must be connected to an approved indoor restaurant.

What restaurant is the outdoor dining connected to?

CARBYLE CLUB

HOURS

The hours of operation for the outdoor dining must be the same as permitted for the indoor restaurant, unless there is a neighborhood standard for a different time. In the NR (Arlandria), Mount Vernon Avenue Overlay and West Old Town neighborhood areas, outdoor dining shall be closed and cleared of all customers by 10pm Sunday through Thursday and by 11pm Friday and Saturday.

What are the proposed hours for the outdoor dining? 11AM - MIDNIGHT

LOCATION ON PRIVATE PROPERTY

Outdoor dining, including seats, planters, wait stations and barriers, must be located on private property unless authorized by an encroachment ordinance.

Will the outdoor dining be located only on private property? YES

What steps will you take to ensure that components, such as planters and barriers, do not encroach onto the public sidewalk? DAILY SUPERVISION BY RESTAURANT MANAGER



SUP # 2014-00116

Administrative Special Use Permit Application

PROPERTY LOCATION: 2050 BAUENBERG AVENUE

ZONE: CDD #1 TAX MAP REFERENCE: 073.03 02 17

APPLICANT'S INFORMATION:

Applicant: CARLYLE CLUB, LLC Business/Trade Name: CARLYLE CLUB

Address: 411 JOHN CARLYLE ST, ALEX VA 22314

Phone: 703 548-8899

Email: breilly@thecarlyleclub.com

PROPOSED USE:

- | | | | |
|--------------------------|------------------------|-------------------------------------|---------------------------------------------|
| <input type="checkbox"/> | Day Care Center | <input checked="" type="checkbox"/> | Restaurant |
| <input type="checkbox"/> | Light Auto Repair | <input checked="" type="checkbox"/> | Outdoor Dining (exclude King Street Retail) |
| <input type="checkbox"/> | Overnight Pet Boarding | <input type="checkbox"/> | Live Theater |
| <input type="checkbox"/> | Outdoor Garden Center | <input type="checkbox"/> | Outdoor Food and Crafts Market Center |
| <input type="checkbox"/> | Catering Business | <input type="checkbox"/> | Outdoor Display |
| <input type="checkbox"/> | Valet Parking | <input type="checkbox"/> | 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:

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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.

I also grant permission to the City of Alexandria to visit, inspect, photograph and post placard notice on my property.

2050 Ballenger LLC
 Name: Kerh R. Styles Phone: 703-236-6202
 Address: 2050 Ballenger Ave, Ste 400 Email: kstyles@catholiccharitiesusa.org
Alexandria, VA 22314
 Signature: [Handwritten Signature] Date: Oct. 28, 2014

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.

Catholic Charities USA owns 100% of the Owner.
BRENNAN REPLY - CHARLES CURRY LLC

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:

RESTAURANT w/ OUTDOOR DINING

3. Please describe the proposed hours of operation:

| Days | Hours |
|-------|------------------|
| Daily | 11 AM - MIDNIGHT |

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).

~~500~~ PER DAY FOR OUTSIDE
150
PM

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

~~20~~ FOR OUTSIDE
4
PM

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

- _____ Standard and compact spaces
- _____ Handicapped accessible spaces
- _____ Other

SAME AS RESTAURANT

Building has a ^{public} garage with approximately 170 spaces.

APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: BM 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: BM 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.

CARLYLE CLUB, LLC
Print Name of Applicant or Representative

B4 [Signature]
Signature BRENDAN REILLY

10/30/14
Date

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: _____

