



SUP # 2014-00126

Administrative Special Use Permit Application

PROPERTY LOCATION: 2016 MOUNT VERNON AVENUE

ZONE: CL (2010 Mt Vernon Ave) Parcel TAX MAP REFERENCE: 034.04 06 09

APPLICANT'S INFORMATION:

Applicant: MICHAEL A. NICOTRA Business/Trade Name: THE VITAL BODY

Address: 504 BASHFORD LN UNIT 3132 ALEXANDRIA 22314
(HOME ADDRESS)

Phone: 703-919-1759

Email: Michael@thevitalbody.com

(*business mail goes to Mt V. Ave address)

PROPOSED USE:

- | | |
|---|--|
| <input type="checkbox"/> Day Care Center | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Light Auto Repair | <input 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 checked="" 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: [Handwritten 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 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.

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 2016 Mt. Vernon Ave.
(property address), for the purposes of operating a MASSAGE ESTABLISHMENT (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: MARTIN R. YOUMANS, PRINCIPAL
AVENUE PROPERTIES, LLC Phone: 703.371.4500

Address: PO Box 726, FALLS CHURCH Email: Marty.youmans@gmail.com
22040

Signature: Marty Youmans Date: 12/4/14

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.

MICHAEL A. NICOTRA - OWNER
THE VITAL BODY LLC 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
- 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 THERAPY

3. Please describe the proposed hours of operation:

Days	Hours
Daily	10:00AM - 9:00 PM

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).

APPROX FIVE / DAY
EIGHT

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

SELF + 1 contractor
~~one person will be a you other people~~

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

16 Standard and compact spaces
 _____ Handicapped accessible spaces
 _____ Other

for building

B. Please give the number of:

Parking spaces on-site 16

Parking spaces off-site _____

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

N/A - THERE WILL NOT BE ANY OFF-SITE PARKING REQUIRED

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

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

ANY OPEN SPACES AND OFF STREET PARKING LOT

B. Where are off-street loading spaces located?

N/A - NONE

C. During what hours of the day do you expect loading/unloading operations to occur?

ONE DAY PER WEEK - ONE DELIVERY BETWEEN THE HOURS OF ONE AND TWO.

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

ONE DELIVERY - ONE DAY / 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:

N/A - NONE TO BE HANDLED

APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: MA 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: MA 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.

MICHAEL A. NICOTRA
Print Name of Applicant or Representative

[Handwritten Signature]
Signature

DEC. 01, 2014
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: _____

SUP/2014-0220

AVENUE OFFICE BLDG



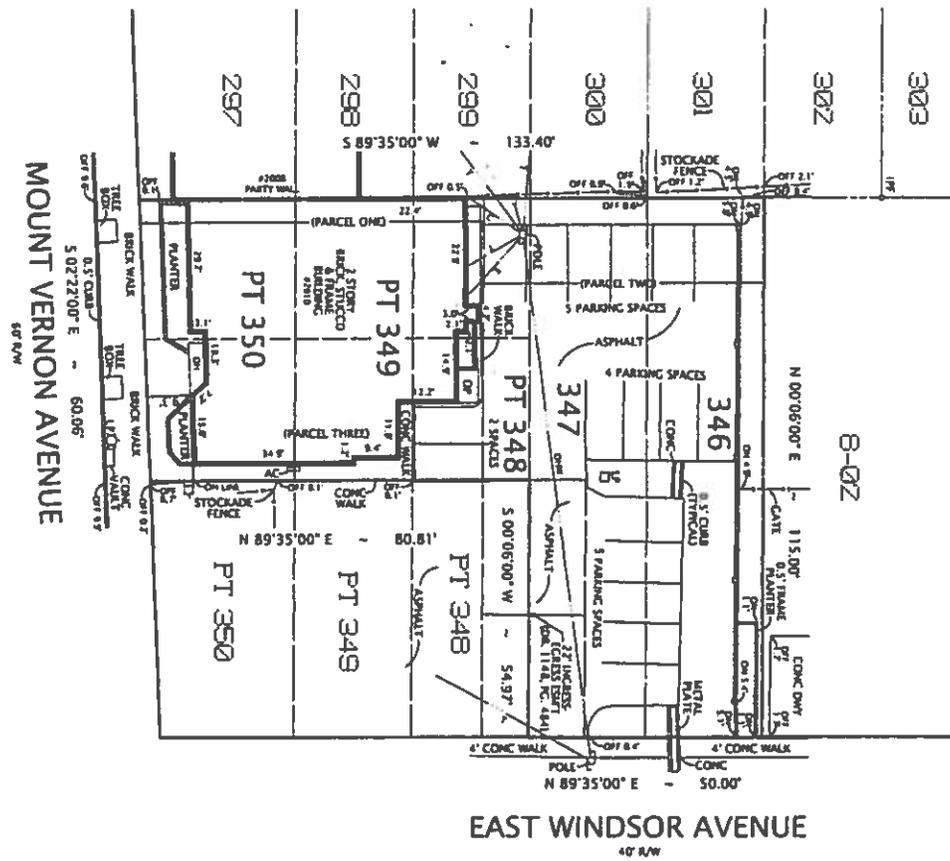
2016 MT VERNON AVE
ALEXANDRIA, VA

2ND FLOOR PLAN

Avenue Properties LLC
Martin R. Youmans
P.O. Box 726
Falls Church, VA 22040

703.391.4500
marty.youmans@gmail.com

7.14



EAST WINDSOR AVENUE
40' R/W

MOUNT VERNON AVENUE
50' R/W

B-07



PLAT
SHOWING BUILDING LOCATION ON
PARCEL ONE
AND
PARCEL TWO
LOTS 346 AND 347
DEL RAY
DEED BOOK 1894, PAGE 1841
BOOK 6-4, PAGES 104, 100 & 102
CITY OF ALEXANDRIA, VIRGINIA
SCALE: 1" = 20'
APRIL 9, 2008

I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS HAVE BEEN CAREFULLY ESTABLISHED BY A CURRENT SURVEY AND WALKS SHOWN THERE AND NO VISUAL ENCROACHMENTS AS OF THIS DATE.
NO CONCRETE WALKS SET.

COMMONWEALTH OF VIRGINIA
04/09/2008
GEORGE M. OQUINN
LAND SURVEYOR
LICENSE NO. 2009

Checked By
Lynell Clark, Central, Measurement & Survey, P.C.
347 West Street
Alexandria, VA 22304
703.836.1800

DOMINION SURVEYS, INC.
8805 N FEAR TREE VILLAGE COURT
ALEXANDRIA, VIRGINIA 22309
TEL: 703.552.4412
FAX: 703.552.4412

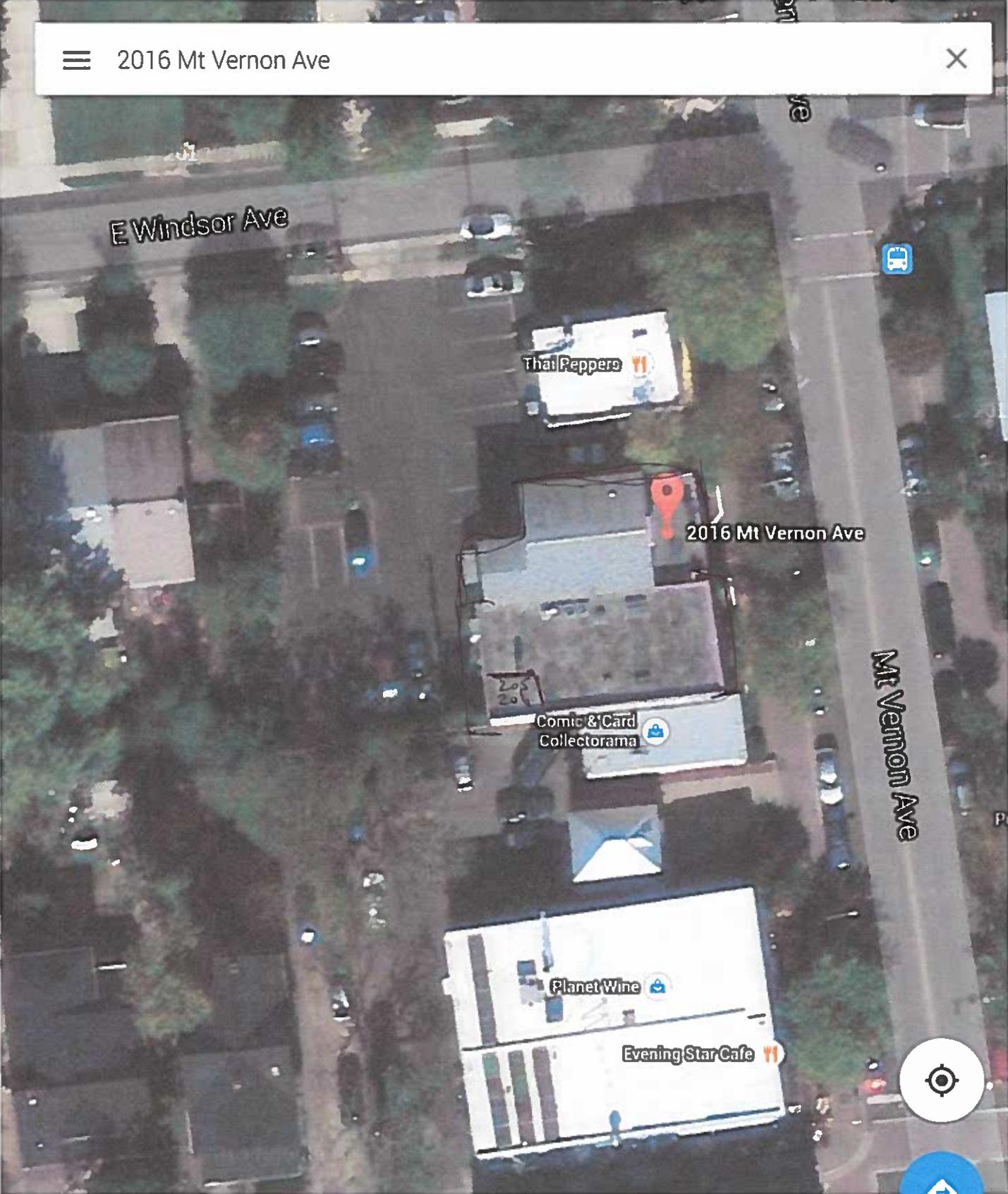
CASE NAME: BILLYBOE CIVILTY, LLC - 2100 MOUNT VERNON AVENUE, LLC

CASE NO. 08 016

00212029

DMR 2014-01212

SIP 2014-00126



2016 Mt Vernon Ave

2016 Mt Vernon Ave, Alexandria, VA 22301