



APPLICATION SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

Change of Ownership Minor Amendment

[must use black ink or type]

PROPERTY LOCATION: 1008 Madison St Alexandria, VA 22314

TAX MAP REFERENCE: ~~10-273314602 F-001~~ ZONE: ~~2010-0022~~

APPLICANT

Name: Max Auto Repair 054.04-05-01

Address: 1008 Madison St, Alexandria, VA 22314

PROPERTY OWNER

Name: Patricia Facone (parcel: 727 Henry St) Maximiliano Perez Jiguan Sandra Gomez

Address: PO Box 849 Berryville, VA 2727 ~~1203 Alexandria, VA 22314~~

SITE USE: 22611 light automotive repair

Previous Name:

New Name: Max Auto Repair

THE UNDERSIGNED hereby applies for a Special Use Permit for **Change in Ownership**, in accordance with the provisions of Article XI, Division A, Section 11-503 (5)(f) of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

THE UNDERSIGNED, having read and received a copy of the special use permit, hereby agrees to comply with all conditions of the current special use permit, including all other applicable City codes and ordinances.

THE UNDERSIGNED hereby applies for a Special Use Permit for **Minor Amendment**, in accordance with the provisions of Article XI, Division A, Section 11-509 and 11-511 of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

THE UNDERSIGNED, having obtained permission from the property owner, hereby requests this special use permit. The undersigned also attests that all of the information herein required to be furnished by the applicant are true, correct and accurate to the best of his/her knowledge and belief.

Maximiliano Perez Jiguan

Print Name of Applicant or Agent

1008 Madison St

Mailing/Street Address

Alexandria VA 22314

City and State

Zip Code

[Signature]

Signature

(703) 548-2112

Telephone #

Fax #

Max auto 14@yanoo.com

Email address

5-5-2014

Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____

Fee Paid: \$ _____

Legal advertisement: _____

ACTION - PLANNING COMMISSION _____

ACTION - CITY COUNCIL: _____

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 # 2010 - 00222

Date approved: 6 / 12 / 2010
month day year

Name of applicant on most recent special use permit Sandrine Gomes

Use light automotive repair located at 1008 Madison St

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.)

I specialize in Tires Repair and sales
as well as oil changes, Timing Belt, Brakes,
Suspension and other Repairs.

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)

no changes to the Building Are to be Made.

Hours of operation are 8:00 am 7:30pm M-F and 8:00 am -5pm on Saturday and Sunday.

There will be no noise ordinance issue, AS we are new Professional Management Team at max Auto Repair.

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 am not going to make any changes.

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

Current Hours: NA

Proposed Hours: NA

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: 1

Proposed Number of Employees:

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.

NA

9. Are you proposing changes in the sales or service of alcoholic beverages? _____ Yes No
If yes, describe proposed changes:

NA

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

~~The parking is provided next to the~~
~~SNOP 400 Square Feet of space - one space~~
 7 spaces within the building

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

~~7 parking on the street for every~~
~~400 square feet of space.~~
 7 spaces within the building (same as above)

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: NA

Proposed: NA

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: NA

Proposed: NA

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: _____

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:

Maximiliano Perez Jiguan
1008 Madison St Alexandria, VA 22314 Shop
address

my address from my name
2727 Duke St #1203 Alexandria, VA 22314

property owner: Patricia S. Jacone, P.O. Box 349
Berryville, VA 22611