



**APPLICATION
SPECIAL USE PERMIT**

SUP 2014-0095

**ADMINISTRATIVE CHANGE OF OWNERSHIP
OR MINOR AMENDMENT**

Change of Ownership **Minor Amendment**

[must use black ink or type]

PROPERTY LOCATION: 612-B S. Pickett Street, Alexandria, VA 22304

TAX MAP REFERENCE: 067.02 02 11 **ZONE:** I

APPLICANT

Name: R S Collision Center of Alexandria, LLC
Address: 612-B S. Pickett Street, Alexandria, VA, 22304

PROPERTY OWNER

Name: Landlord's LEW, LLC
Address: 4901 Fairmont Ave, Suite 200, Bethesda, MD 20814

SITE USE: _____

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.

Rampadarat B. Seenath

Print Name of Applicant or Agent

9028 Acadia Park DR

Mailing/Street Address

Bristow VA 20136

City and State

Zip Code

[Signature]

Signature

703-981-9743, 703-366-2788

Telephone #

Fax #

bobbyseenath@gmail.com

Email address

09-03-2014

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 # 2010-0024

Date approved: 5 / 24 / 2010
month day year

Name of applicant on most recent special use permit _____

Use _____

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.)

Auto Repair Shop, incl -
* Repair of collision Damage
* Mechanical 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)

RS Collision Center of Alexandria, LLC is an auto body shop.

As far as we know, the previous tenant was also an auto body shop. There will be no changes to the nature of activity, number and type of patrons.

RS Collision Center of Alexandria, LLC will have approximately 8 employees, working from 5:00 am - 11:30 pm.

Parking is available to both employees and patrons on site.

The level of noise is consistent with those of the other auto body shops already in existence at this locality.

4. Is the use currently open for business? ___ Yes ___ No ~~Not yet~~

If the use is closed, provide the date closed. 12 / 1 / 2013
month day year

5. Describe any proposed changes to the conditions of the special use permit:

We do not propose any changes to the conditions of the special use permit as provided to the previous tenant who is also an auto body shop.

6. Are the hours of operation proposed to change? ___ Yes ___ No N/A

If yes, list the current hours and proposed hours:
Current Hours:
Previous tenant has left and we do not know their hours of operation.

Proposed Hours:
~~5:00 AM - 11:30 PM (M-S)~~
7:00 AM - 6:30 PM (M-F)
7:00 AM - 4:00 PM (SAT)

7. Will the number of employees remain the same? ___ Yes ___ No N/A

If no, list the current number of employees and the proposed number.
Current Number of Employees:
Previous tenant has left the property

Proposed Number of Employees:
8

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.
1) one frame machine
2) one compressor

9. Are you proposing changes in the sales or service of alcoholic beverages? N/A ___ Yes ___ No

If yes, describe proposed changes:
This will be an auto body shop

10. **Is off-street parking provided for your employees?** Yes ___ No ___
If yes, how many spaces, and where are they located?
15-20 18

11. **Is off-street parking provided for your customers?** Yes ___ No ___
If yes, how many spaces, and where are they located?
15-20 18

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.)
NA
Current: This is to be used as an auto body shop Proposed: _____

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: _____

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:

1) Rampadarat 'Bobby' Seeneath

Address: 9028 Acedia Park Dr, Kingston, VA 20136

2) Bhisom Daryl Seeneath

Address: 612-B S. Pickett Street, Alexandria, VA 22304