



SUP # 2015-00004

### Administrative Special Use Permit Application

Please type or print legibly

PARCEL ADDRESS: 1900 JAMIESON AVE

PROPERTY LOCATION: 411 JOHN CARLYLE STREET

ZONE: CDD#1

TAX MAP REFERENCE: 073.03-02-16

#### APPLICANT'S INFORMATION:

Applicant: BRIGHT HORIZONS CHILDREN CENTERS LLC Business/Trade Name: CHILD CARE

Address: 200 TALCOTT AVE WATERTOWN, MA 02472

Phone: 617 673 8000

Email: SGELLER@BRIGHTHORIZONS.COM

#### PROPOSED USE:

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

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 1925 Ballenger Ave (property address), for the purposes of operating a Child care (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: JEFF STRUP Phone: 703-435-4800  
 Address: 2350 Corporate Park, Herndon, VA Email: jstrup@americanrepairs.com  
 Signature: [Handwritten Signature] Date: 1/12/15

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.

---



---



---

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:

THIS IS A CHILD CARE CENTER SERVING 166  
CHILDREN FROM 6 WEEKS - 5 YEARS

3. Please describe the proposed hours of operation:

Days	Hours
Daily	7am - 6pm M-F

Or give hours for each day of the week

Monday	7am - 6pm
Tuesday	7am - 6pm
Wednesday	7am - 6pm
Thursday	7am - 6pm
Friday	7am - 6pm
Saturday	CLOSED
Sunday	CLOSED

4.

PLEASE DESCRIBE THE CAPACITY OF THE PROPOSED USE: MAY OFFER EXTENDED WEEKEND OR EVENING CARE, "PARENTS NIGHT OUT"  
ON AN OCCASIONAL BASIS  
TYPICALLY FRI. OR SAT 6PM - 9PM.

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

166 CHILD CARE CENTER AND UP TO 30 ADDITIONAL  
CHILDREN IN ANCILLARY PROGRAMS DURING SUMMER, HOLIDAYS,

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

34 STAFF WHEN FULL CAPACITY

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

- 10 Standard and compact spaces
- \_\_\_\_\_ Handicapped accessible spaces
- \_\_\_\_\_ Other

- B. Please give the number of:  
Parking spaces on-site 10  
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? 10
- B. Where are off-street loading spaces located? IN THE BUILDINGS  
Garage Level B1
- C. During what hours of the day do you expect loading/unloading operations to occur? 7am - 6pm
- D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? 7<sup>30</sup>-9<sup>30</sup> am Peak Drop-off 3<sup>30</sup>-5<sup>30</sup> pm Peak Pick-up

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:

NONE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S SIGNATURE**

Please read and initial each statement:

Initial: HL 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: HL 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.

STEVE LIGELLER  
Print Name of Applicant or Representative

[Signature]  
Signature

1-12-15  
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: 200 TOLCOTT AVE.  
WATER TOWN, MA. 02472

Phone: 617.673.8730

Email: SGELLER@BRIGHT HORIZONS.COM

Fax: \_\_\_\_\_

City of Alexandria, Virginia, Planning and Zoning Department  
Day Care Pick-Up/Drop-Off Plan for Special Use Permit Staff Review

In addition to completing this form, please submit a site plan that identifies the building, the location of off-site parking spaces, and the movement of vehicles during drop-off and pick-up times. Return to: Department of Planning and Zoning, Room 2100, City of Alexandria, VA, 22314.

1. Name of day care establishment:

Bright Horizons

2. Address:

1925 Ballenger Ave. Alexandria, VA

3. Business owner:

Bright Horizons Children Centers LLC.

4. Business owner phone and email:

617-673-8000

sgeller@brighthorizons.com

5. Description of day care establishment:

The proposed child care center will service 166 children ages 6 week to years, and up to 20 additional children in ancillary programs during summer, holidays, and or emergencies. The center will operate Monday thru Friday w/ some evening and weekend events.

There will be a playground in a location to be determined.

Pick-up/drop-off parking is located on the first floor of the buildings parking garage. Bright

Horizons will have 10 dedicated spaces. See attached plan.

6. Number of children at the site at any one time and their ages:

166 children

6 weeks - 5 years

7. Number of classrooms:

14

---

8. Number of employees on-site at any one time:

34 Staff

---

9. Overall hours of operation:

M - F 7:00am - 6:00pm Times may vary upon demand and occasionally for "Parents Night Out Friday or Sat 6pm-9pm. (Typical time, but may vary.

10. Peak times of pick-up/drop-off

Pick-up: 3:30pm - 5:30 pm

Drop-off: 7:30am - 9:30am

---

11. Number of off-street parking spaces available for the day care use:

A. Number for employees: \_\_\_\_\_

B. Number for parents/guardians (if parking and walking children into site during drop-off/pick-up): \_\_\_\_\_ 10 \_\_\_\_\_

C. Total Number: \_\_\_\_\_ 10 \_\_\_\_\_

12. Method of transferring children between staff and parents/guardians:

Parents/guardians will park vehicles and walk children to meet daycare center staff.

\_\_\_\_\_ Parents/guardians will wait in their vehicles in driveway/parking area and daycare center staff will meet children at vehicle.

\_\_\_\_\_ Other, please describe.

---

---

**13. Written description of drop-off/pick-up plan including direction of travel for vehicles entering/exiting site:**

**Parents will enter the buildings garage, park in the dedicated pick-up/drop-off spaces on level 1.**

**Bring their child into the center, then return to their vehicle and exit the buildings garage.**

---

---

---

---

---

---

---







