



SUP # 2015-00014

# Administrative Special Use Permit Application

PROPERTY LOCATION: 419 S Washington St, Alexandria, VA22314

ZONE: CL TAX MAP REFERENCE: 074.04-11-14

### APPLICANT'S INFORMATION:

Bali of Alexandria LLC

Applicant: Deasy Kusumiati Business/Trade Name: \_\_\_\_\_

Address: 1909 Rollins Drive Alexandria, VA 22307

Phone: (703)6600714 - (301)3796646

Email: deasy.kusumiati@gmail.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)
- 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: \_\_\_\_\_

### 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.

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 419 S. WASHINGTON ST (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: Wilson Family LLC

Phone: 703 683 5303

Address: 618 S. ALFRED ST

Email: wilsoninvestment@comcast.net

Signature: [Handwritten Signature]

Date: FEB 11, 2015

1. The applicant is the (check one):

- Owner
- Contract Purchaser
- Lessee or
- Other: Sublessee

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:

Bali of Alexandria - a massage and bodywork studio will be providing arrays of body massage and bodywork treatment such body exfoliation and body wrap treatment choices of service with influence of balinese and south east Asia spa concept and hospitality. *Maximum of two Licensed Massage Therapists will be working at any one time.*

3. Please describe the proposed hours of operation:

Days	Hours
Daily	09:00AM - 08:00PM

~~\*by appointment~~  
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).

2 - 5 clients daily

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

1 Licensed Massage Therapist (LMT) & possibility of hiring other LMT as a contractor occasionally based on couple treatment requested by client

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

1 Standard and compact spaces  
           Handicapped accessible spaces  
           Other

B. Please give the number of:

Parking spaces on-site 1 assigned parking behind the building

Parking spaces off-site \_\_\_\_\_

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

~~Street Parking~~ ~~3 parking spots for Bldg 49 S. Washington St.~~  
~~& parking lot ~~next~~ behind or next to CVS store (Not the one belong to CVS)~~

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

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

None - Business delivery address will be at 1909 Rollins Dr, Alexandria, VA 22307

B. Where are off-street loading spaces located?

None - Business delivery address will be 1909 Rollins Dr, Alexandria, VA 22307

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

None - Business delivery address will be at 1909 Rollins Dr, Alexandria, VA 22307

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

None - Business delivery address will be at 1909 Rollins Dr, Alexandria, VA 22307

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:

No hazardous materials or organic compounds use.

APPLICANT'S SIGNATURE

Please read and initial each statement:

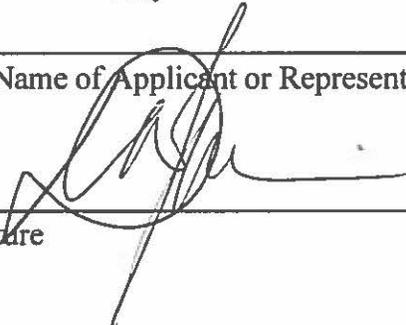
Initial: DK THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 11-500 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

Initial: DK 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.

Deasy Kusumiaty

\_\_\_\_\_  
Print Name of Applicant or Representative

\_\_\_\_\_  
Signature



02/11/2015

\_\_\_\_\_  
Date

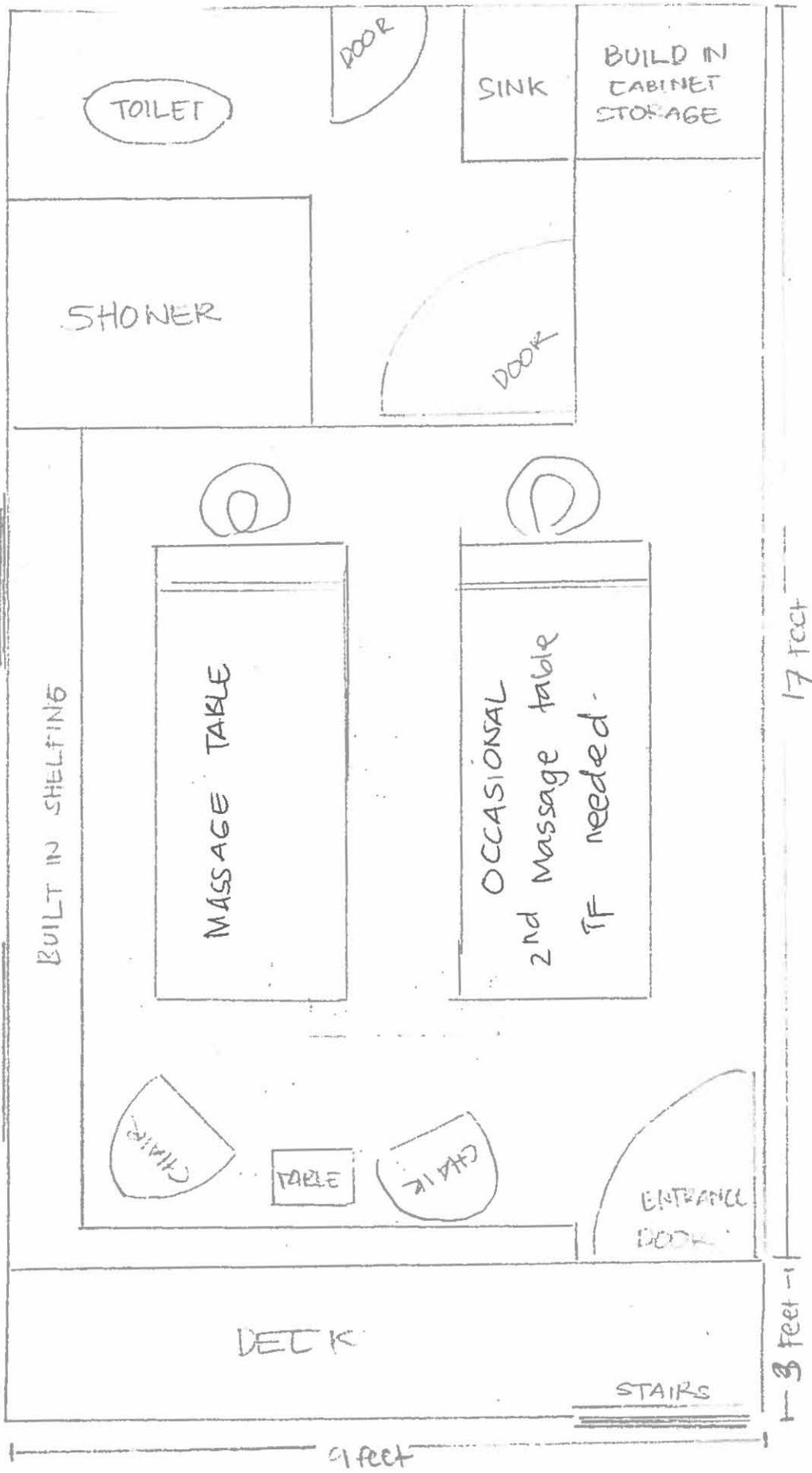
If this application is being filed by someone other than the business owner (such as an agent or attorney), please provide the information below:

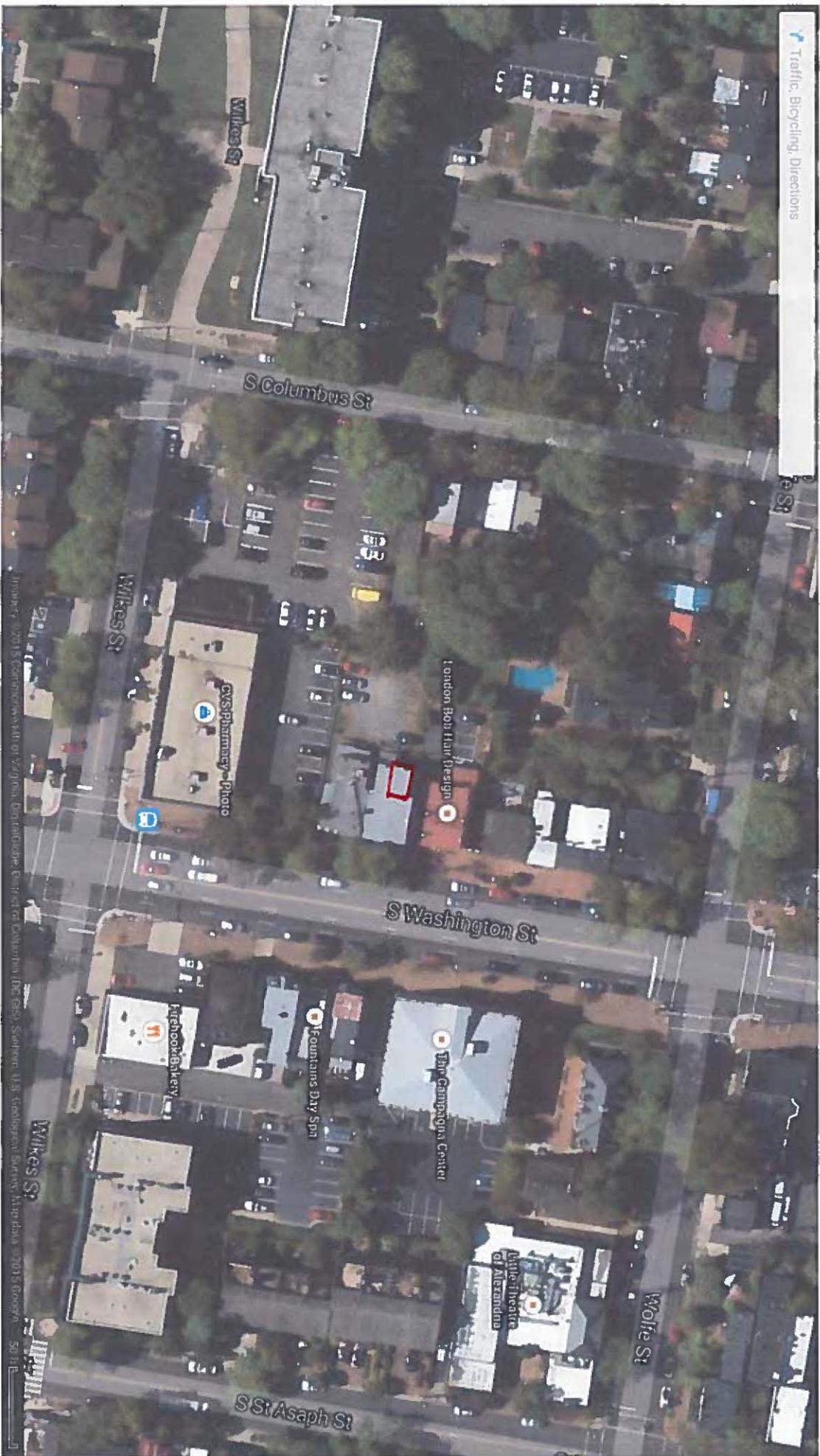
Representative's Address:

Phone: (703)6600714 - (301)3796646

Email: deasy.kusumiaty@gmail.com

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





London Bob Hair Design

European Skin  
Care by Natalia

419 Washington St  
PARKING

Washington  
Square Antiques