



SUP # 2015-00023

Administrative Special Use Permit Application

PROPERTY LOCATION: 5999 Stevenson Ave Alexandria, VA 22304-4140

ZONE: OCM50 TAX MAP REFERENCE: MAP 047.03 BLOCK 04 LOT 17

APPLICANT'S INFORMATION:

Applicant: MELVIN L WILLIAMS Business/Trade Name: SPIRIT MASSAGE & BODYWORK LLC

Address: 6000 Stevenson Ave Ste C Alexandria VA 22304

Phone: (877) 987-3529
703 625 9197

Email: williamsml@spiritmassage.com

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.

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PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 5999 Stevenson Ave, Alexandria VA 22304 (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: Mark Stofko Phone: (703) 212-2009
Address: 5999 Stevenson Ave Suite 310 Alexandria VA 22304 Email: mark.stofko@verizon.net
Signature: [Handwritten Signature] Date: 2/25/2015

1. The applicant is the (check one):

- Owner (checked)
Contract Purchaser
Lessee or (checked)
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.

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USE CHARACTERISTICS

2. Please give a brief statement describing the use:

8 Massage therapist performing therapeutic massages between two (2) shifts- Morning (9-2PM) and Evening (2-7PM) . Monthly classes and workshops for 10 clients for 2 hours. CPR/AED Instruction for 5 student, 3 times a week. 85% of business space dedicated to massage practice (within Suites 207, 208,214,215)and 15% to workshops and classes (Suite 201).

additional space is operating under an SUP at 6000 Stevenson Ave

3. Please describe the proposed hours of operation:

Days	Hours
Daily	

Or give hours for each day of the week

Monday	9AM- 7PM
Tuesday	9AM-7PM
Wednesday	9AM-7PM
Thursday	9AM-7PM
Friday	9AM-7PM
Saturday	9AM-7PM
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).

8 clients per day

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

4 therapists per shift/2 shifts (9AM-2PM and 2PM-7PM)

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

64 Standard and compact spaces
5 Handicapped accessible spaces
52 Other

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B. Please give the number of:

Parking spaces on-site 121

Parking spaces off-site 0

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

None. 121 shared parking spaces for businesses located at 5999 Stevenson Ave.

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

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

2

B. Where are off-street loading spaces located?

None

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

Noon to 5PM

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

Once per 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, will be handled, stored, or generated on the property, provide the name, monthly quantity, and specific disposal method below:

N/A

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APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: M 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: M 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.

Melvin L Williams

Print Name of Applicant or Representative

Signature

2/25/2015 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: _____

Email: _____

Fax: _____

2nd FL

Suite	Square Foot	Suite	Square Foot
201	135	233	120
202	195	234	
204		237	145
205	149	237	143
210	351	245	143
211	187	246	250
217	187	240	169
218	412	241	83
219	134	207	119
220	120	208	116
223	208	214	101
227	132	215	100
228	132	221	68
230	120	220	67



