



SUP # 2015-00068

Administrative Special Use Permit Application

PROPERTY LOCATION: 5245 DUKE STREET, ALEXANDRIA, VA 22304

ZONE: OCM (50) TAX MAP REFERENCE: 048.03-01-13

APPLICANT'S INFORMATION:

Applicant: YAMROT AYALEW Business/Trade Name: YAMMI MARKET & CAFE DELI

Address: 5245 DUKE STREET, ALEXANDRIA, VIRGINIA 22304

Phone: (703) 751-7774

Email: Lishanmed@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 address (property address), for the purposes of operating a coffee shop (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: LANDMARK CENTER LLC Phone: 703.212.2056

Address: 5249 DUKE ST, ALEX, VA Email: _____

Signature: [Signature] Date: 6/5/15

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.

- Yamerot Ayalew -5245 Duke street, Alexandria, Va 22306 55%
- Lishan Kassa -6226 Crestwood drive, Alexandri, Va 22312 20%
- Demere Gobena-4735 Valley st, Alexandria Va 22312 25%

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:

Breakfast & Lunch, coffee shop
 - Egg, pancakes, french toast, etc -
 - Hot and cold sandwich
 Turkey sandwich, tuna, steak, chicken, salad etc..

3. Please describe the proposed hours of operation:

Days	Hours
Daily	5:00 AM - 10:PM

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).

FIFTY (50) PER DAY

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

2 EMPLOYEES PER SHIFT
 2 SHIFTS.

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

182 Standard and compact spaces
3 Handicapped accessible spaces
 _____ Other

B. Please give the number of:

Parking spaces on-site 185

Parking spaces off-site -

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

NONE OFF-SITE

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

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

ONE

B. Where are off-street loading spaces located?

NONE

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

9:00 AM - 10:00 AM

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

1/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, 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: Y-A 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: Y-A 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.

Yamrot Ayalew
Print Name of Applicant or Representative


Signature

40
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: _____

RESTAURANTS
Zoning Ordinance Section 11-513(L)

Qualify for Administrative Review?

Will the restaurant have 100 indoor seats or fewer? Yes No

Will the restaurant be located outside of Old Town (CD and KR zones)? Yes No

If delivery service will be offered, does the restaurant have 40 seats or more? Yes No

Will wait service be provided at preset tables with printed menus and non-disposable tableware (not applicable to coffee/ice cream shops)? Yes No

If alcohol service will be offered, will it be on premise alcohol service only (alcohol will not be carried out of the restaurant)? Yes No **NO ALCOHOL WILL BE SERVED.**

Will the restaurant open at or later than 5:00 am? Yes No

Will the restaurant close at or before midnight? Yes No

If yes to all questions, the business qualifies for administrative review. Complete the questions below and the Administrative SUP Application form. If no to any question, speak to Planning & Zoning staff about the process for consideration by Planning Commission and City Council.

***See Zoning Ordinance Section 2-190.3 for coffee or ice cream shop definition.**

Note: Hours for restaurant operations are different in the Mount Vernon Overlay and NR (Ariandria) zones. Planning & Zoning staff can provide more information.

WORKSHEET – Answer each question. Attach a separate sheet of paper if necessary.

SEATS

The restaurant may not include more than 100 indoor seats.

How many indoor seats are proposed? **20**

ALCOHOL

Full alcohol service, consistent with a valid ABC license is permitted. No off-premise alcohol sales are permitted.

Within the Mount Vernon Avenue Overlay zone, the NR zone (Ariandria) and the West Old town neighborhood areas, alcohol may only be served at tables.

Within the West Old Town neighborhood (bounded by Cameron, North West, Wythe and North Columbus Streets), no alcohol shall be served before 11 am or after 10 pm daily.

Contact ABC for information about obtaining an ABC license (703/313-4432)

Will the restaurant offer alcohol service? Yes No

DELIVERY SERVICE

If you have at least 40 seats, you may include delivery service. Only one delivery vehicle is allowed and there must be a dedicated parking place for it which is not on the public street. No delivery of alcoholic beverages is permitted.

Is delivery service proposed? Yes No

Where will the delivery vehicle be parked?

HOURS

The hours of operation may be similar to other restaurants in the area, but must close by 12:00 midnight and may not open before 5:00 a.m. Meals ordered before the closing hour may be served, but no new patrons may be admitted after the closing hour, and all patrons must leave by one hour after the closing hour. The hours of operation as well as the location of all off street parking must be posted at the entrance to the restaurant.

HOURS IN MOUNT VERNON OVERLAY OR NR ZONE (Arlandria) AREAS

Within the Mount Vernon Avenue Overlay zone and the NR zone (Arlandria) areas, hours are limited to from 6:00 a.m. to 11:00 p.m., Sunday through Thursday, and from 6:00 a.m. to midnight, Friday and Saturday, although the closing hour for indoor seating may be extended until midnight four times a year for special events.

What hours are proposed?

5A.M. - 10 P.M.

DELIVERIES TO THE RESTAURANT

Deliveries to the restaurant may only take place between 7:00 a.m. and 11:00 p.m.

What days will deliveries occur?

Monday * Friday

Where will deliveries to the restaurant occur?

At the Back door.

SOLID WASTE AND RECYCLING

The applicant must provide storage space for solid waste and recyclable materials containers as outlined in the City's "Solid Waste and Recyclable Materials Storage Space Guidelines," or to the satisfaction of the Director of Transportation & Environmental Services. The City's storage space guidelines and required Recycling Implementation Plan forms are available at: www.alexandriava.gov or contact the City's Solid Waste Division at 703-519-3486 ext.132.

Where will the waste and recycling containers be located?

At the back side of the building. *Yes, @ Rear of the building.*

CONTROLLING ODORS AND SMOKE

The applicant must control odors and smoke from the property to prevent them from becoming a nuisance to neighboring properties, as determined by the Department of Transportation and Environmental Services.

What equipment is included in the building to help control odors and smoke?

Hood with exhaust fan, ✓

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Where will the waste and recycling containers be located?

IT IS LOCATED AT REAR OF THE BUILDING,

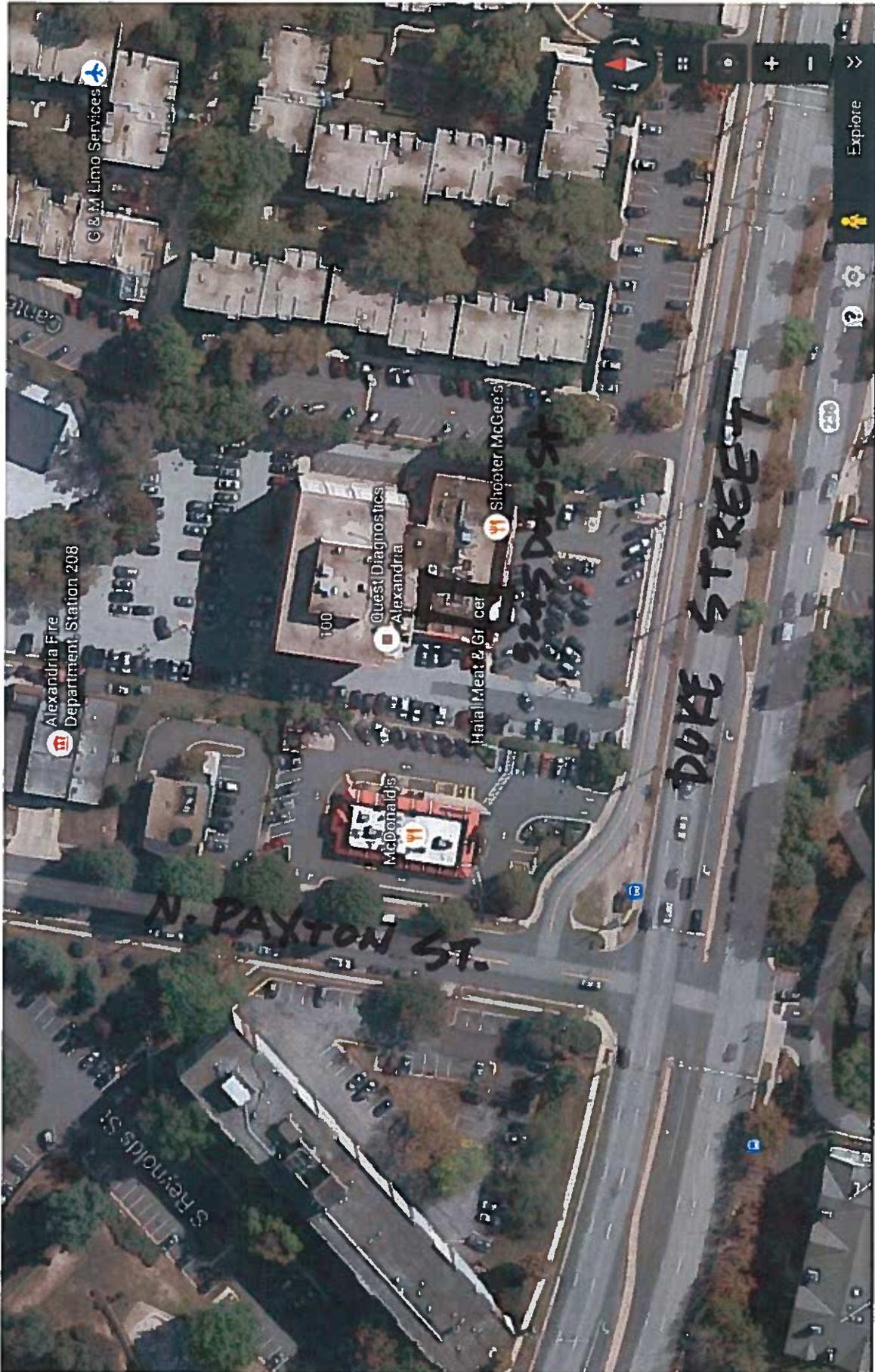
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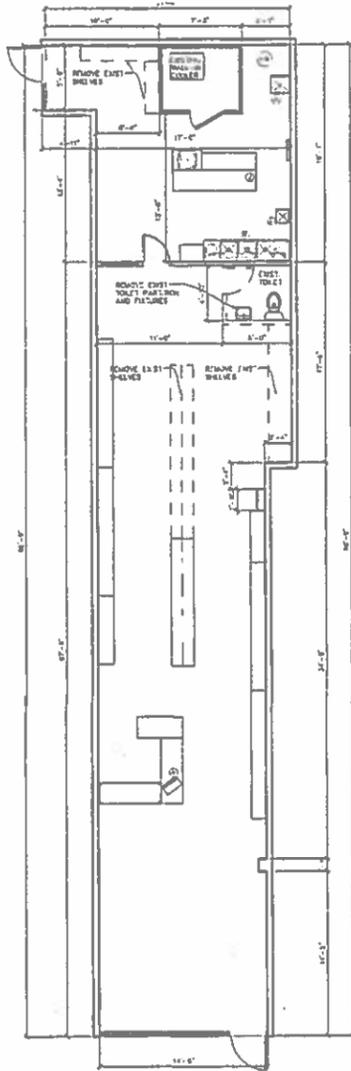
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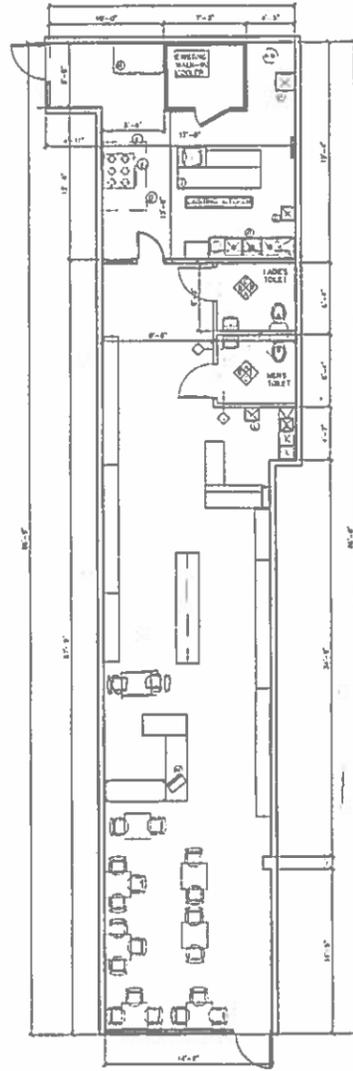
5245 Duke St.



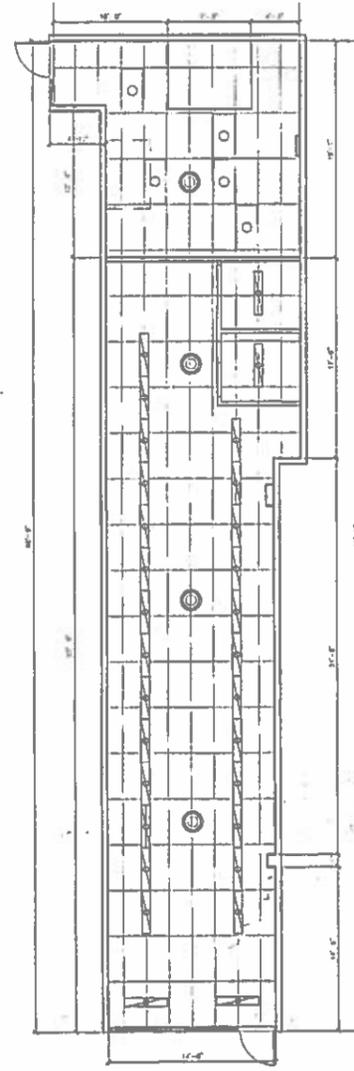




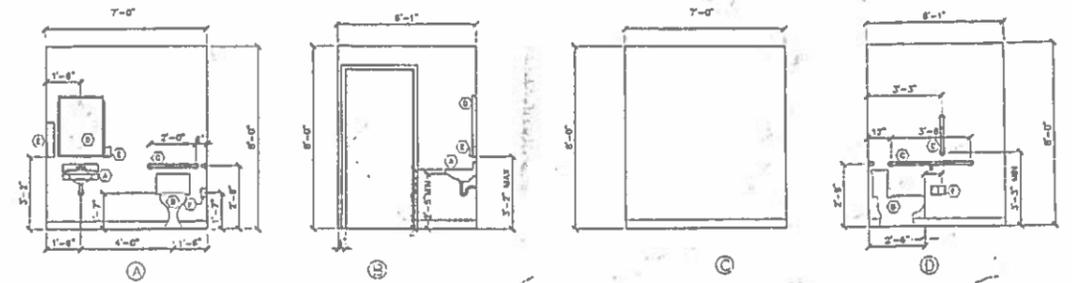
1 DEMOLITION PLAN
A1.0 1/8" = 1'-0"



2 FLOOR PLAN
A1.0 1/8" = 1'-0"

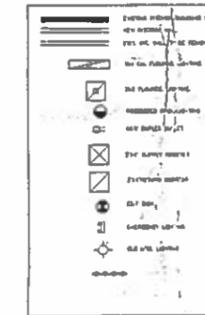


3 REFLECTED CEILING PLAN
A1.0 1/8" = 1'-0"



4 H.C. TOILET ELEVATIONS
A1.0 1/4" = 1'-0"

- KEYED NOTES**
- KEYED NOTES INDICATED WITH (A) - SYMBOL ON THIS SHEET ONLY.
- A. LAVATORY (H.C.) - SEE PLUMBING DRAWINGS FOR SPEC. RELOCATE EKG ADA COMPLIANT LAV.
 - B. WATER CLOSET (H.C.) - SEE PLUMBING DRAWINGS FOR SPEC.
 - C. STAINLESS STEEL 1-1/4" DIAMETER GRAB BAR AT 2'-9" A.F.F. INSTALL HORIZONTAL BRACING WALL AT 2'-9" A.F.F. FOR SOLID MOUNTING (TYPICAL). BOBRIK 3-255. INSTALL 42" GRAB BAR AT WALL ADJACENT TO WATER CLOSET. INSTALL 36" GRAB BAR AT WALL BEHIND WATER CLOSET.
 - D. 18" x 36" MIRROR
 - E. SOAP DISPENSER
 - F. SURFACE MOUNTED TOILET PAPER DISPENSER. DOUBLE ROLL. BOBRIK D-2740.
 - G. PAPER TOWEL DISPENSER
 - H. TOILET EXHAUST FAN - SEE PLUMBING DRAWINGS FOR SPEC.



FINISH SCHEDULE								WALL TYPES	
RM #	ROOM NAME	FLOOR	BASE	WALLS	CEILING	CLG. HT.	COMMENTS	MARK	PLAN DESCRIPTION
01	CAFE SEATING	HARD WOOD	PT. TENANT		C	8'-4"			
02	ATC-EN	CERAMIC TILE EXISTING	VINYL	STANDARD FRP WALL PANEL PT. MURLITE OR SOLAR GUARD	SEE NOTE	8'-4"	MURLITE BASE MOUNTING		
03	CERTAINTE/SALES	CERAMIC TILE	VINYL	EXIST. PTD	EXIST.	8'-4"			
04	MEN + C TOILET	CERAMIC TILE	VINYL	PTD	EXIST.	8'-4"			
05	LADIES + C TOILET	CERAMIC TILE	VINYL	PTD	EXIST.	8'-4"			
1.6" C-EN & CAF. COUNTER CEILING SYSTEM ARMSTRONG HEALTH ZONE OPTIMA CLEAVABLE MINERAL FIBER TILE W/ WHITE METAL CEILING SUSPENSION SYSTEM.									
									TYPICAL PARTITION 3 3/8" METAL STUDS (20 ga) AT 16" o.c. 1/2" GYP BD (BOTH SIDES)
									ME WALL 3 3/8" METAL STUDS (20 ga) AT 24" o.c. 5/8" GYP BD (BOTH SIDES)

KITCHEN EQUIPMENT SCHEDULE						
ITEM #	DESCRIPTION	MFG.	MODEL#	SIZE	REMARKS	QTY.
(A)	MOP SINK				EXISTING	1
(B)	3 COMP. S.S. SINK			7'-6" X 2'-0"	EXISTING	1
(C)	S.S. HAND SINK		304-18-8 SERIES	13 1/2" X 9 3/4"		2
(D)	S.S. HOOD, (SEE MECHANICAL PLAN)			6'-0" X 4'-0"	SEE CUT SHEETS	1
(E)	RANGE, 4 BURNER	GARLAND	GAR-G24-4L	2'-0" X 2'-5"		1
(F)	FRYER	SATURN	SAT-100-FRF-40	15 1/2" X 30 1/2"		1
(G)	COMMERCIAL MICROWAVE					1
(H)	REACH-IN FREEZER	TRUE	RTU-T-48F	48" X 29 1/2" X 78"		1
(I)	S.S. WORK TABLE					1
(J)	POS SYSTEM					1
(K)	REFRIGERATED DISPLAY CASE					1
(L)	ESPRESSO/COFFEE MACHINE					1
(M)	WALK-IN COOLER					1

NOTE: