



# APPLICATION SPECIAL USE PERMIT

## ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

**Change of Ownership**       **Minor Amendment**

[must use black ink or type]

**PROPERTY LOCATION:** 1900 North Beauregard St. #100  
**TAX MAP REFERENCE:** \_\_\_\_\_ **ZONE:** CDD#4

**APPLICANT**

Name: Ji Eun Suh  
 Address: 4809 Great Heron Ter.

**PROPERTY OWNER**

Name: Duke Realty 4900 Seminary rd #900 Alexandria VA 22311  
 Address: (Lafayette Buildings, LLC) 75 Remittance Dr. #1323 Chicago, IL 60675-5222  
**SITE USE:** RESTAURANT

**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.

JI EUN SUH  
 Print Name of Applicant or Agent  
4809 Great Heron Ter.  
 Mailing/Street Address  
Fairfax, VA      22033  
 City and State      Zip Code

[Signature]  
 Signature  
703-399-5738  
 Telephone #      Fax #  
cafenbakery12@gmail.com  
 Email address  
7/29/2015  
 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 # 2013-0031

Date approved: 06 / 1 / 2013  
month day year

Name of applicant on most recent special use permit Deni H. Jung

Use to operate a restaurant

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.)

Special Use Permit # 2013-0031 is a request a change of ownership at an  
existing restaurant in a three-story office building at 1900 N Beauregard St.  
The change of ownership request will transfer the Deni H. Jung to Ji Eun Suh.  
Our hour of business is from 6:30am to 4:30pm daily. The applicant plans to  
continue operating the deli-style restaurant under the name of 'Café-Gloria.'  
We have two employees include the applicant and our building is sharing  
about 50 spaces of parking. None of changes to the business are expected.

**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)**

None.

There ~~is~~ will be no changes to the business.

4. Is the use currently open for business?  Yes  No

If the use is closed, provide the date closed. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

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

NONE.  
There will be no changes.

6. Are the hours of operation proposed to change?  Yes  No

If yes, list the current hours and proposed hours:

Current Hours:

Proposed Hours:

6:30 am to 4:30 pm  
(Mon. to Fri.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Will the number of employees remain the same?  Yes  No

If no, list the current number of employees and the proposed number.

Current Number of Employees:

Proposed Number of Employees:

One.

Two.

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are you proposing changes in the sales or service of alcoholic beverages? \_\_\_\_\_ Yes  No

If yes, describe proposed changes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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.)

Current:	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:**

Sole Ownership 100%  
Ji Eun Suh (703-399-5738 / cafetbakery@gmail.com)  
4809 Great Heron Ter. Fairfax, VA 22033