



SUP #

# Administrative Special Use Permit Application

PROPERTY LOCATION: 2121 Eisenhower Ave. # 101

ZONE: CCD#2 TAX MAP REFERENCE: 073.03-01-06

### APPLICANT'S INFORMATION:

Applicant: Marc Parson Business/Trade Name: Massage by Marc LLC

Address: 838 Fontaine St, ALEX, VA 22302

Phone: 703 597 4555

Email: JOHN.DOE@THEREALDOE.COM  
mparson@comcast.net

### 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: Marc Parson

### 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.

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 2121 EISENHOWER AVE.  
(property address), for the purposes of operating a MASSAGE PRACTICE (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: DON SIMPSON JR

Phone: 703.299.0079

Address: 2331 MILL RD ALEX. VA

Email: dsimpson@simpsonalex.com

Signature: [Handwritten Signature]

Date: 11/10/15

1. The applicant is the (check one):

- Owner
- Contract Purchaser
- Lessee or
- Other: sub-lesser

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.

MARC PARSONT, 838 Fontaine Street, Alexandria, VA 22302  
100%

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 N/A

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:

To provide therapeutic massage and relaxation massage. Massages are by appointment only. No walk-in traffic solicited for mass. I will not queue at the entrance to the suite and walk the back to my room. We have not yet determined a Wexler, I will provide any services at any cost to MBM or any other tenant for suite 101. Restrooms are available to all clients and are maintained by Simpson Mgmt.

3. Please describe the proposed hours of operation:

Days	Hours
Daily	

Or give hours for each day of the week

Monday	9-6 pm
Tuesday	9-6 pm
Wednesday	9-7:30 p.m
Thursday	9-6 pm
Friday	9-6 pm
Saturday	Closed (By appt only - Emergencies)
Sunday	Closed (By appt only - Emergencies)

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). A massage therapist can only see one person at a time. A massage can run 30 minutes, 60 minutes or one hour and a half.

4-5 client MAX/Day

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

(1) Marc Parsons 9-6 M-F except Wednesday from 9-7:30 p.m

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

Plan attached for review

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

B. Please give the number of:

Parking spaces on-site \_\_\_\_\_ *Please see attached parking plan*

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

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

*N/A*  
*In order to make the client process as pleasant as possible, they are invited to use the visitor spot onsite. If these are filled, I am happy to offer guest passes for the visit.*

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

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

*Not applicable*

B. Where are off-street loading spaces located?

*Not applicable*

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

*NEVER expect to do ANY loading or unloading of any kind, ever.*

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

*NEVER Ø*

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 Ø*

APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: MP 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: MP 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.

MARC PARSONS

Print Name of Applicant or Representative

[Handwritten Signature]

Signature

11/4/15

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:

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

## Settings / Business Profile

Help ▾

Contact details

Logo

Staff

Services

Operating hours

Closed dates

Search categories

## Add, configure, and manage your Services

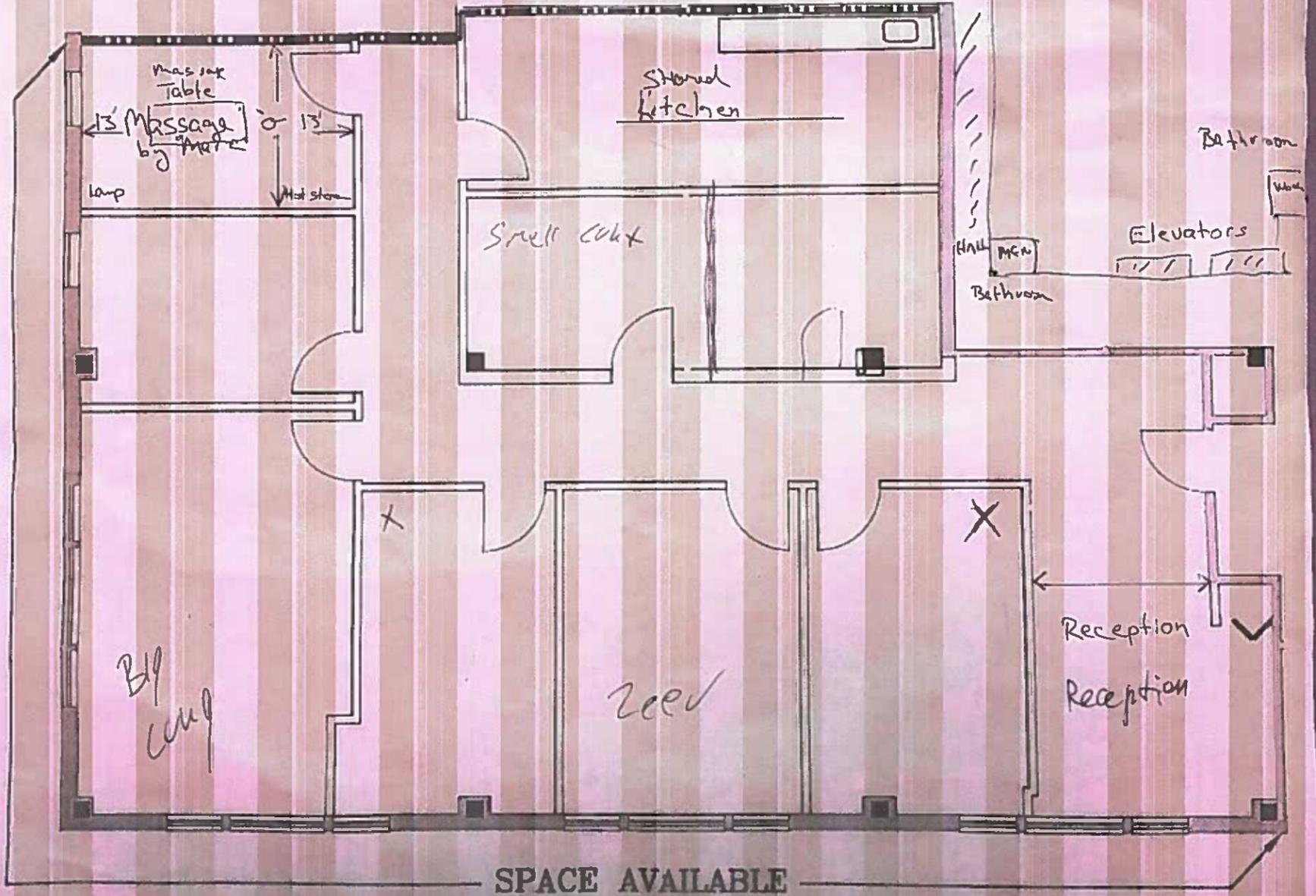
- ⓘ List similar Services in Categories.
- ⓘ Services and Categories will appear in this order on your Scheduling Webpage.

+ Create a new Category

Services 

Service Name	Duration	Cost	Online	
60 Minute Massage with Marc P.	65 mins	\$90.00	Yes	<input checked="" type="checkbox"/>
90 Minute Massage with Marc P.	110 mins	\$130.00	Yes	<input checked="" type="checkbox"/>
Hot Stone Massage w/Marc P.	60 mins	\$130.00	Yes	<input checked="" type="checkbox"/>
Aromatherapy-add on with Marc P.	15 mins	\$5.00	Yes	<input type="checkbox"/>
Hot Stone Massage (90') w/Marc P	90 mins	\$150.00	Yes	<input checked="" type="checkbox"/>
30' Massage or Reflexology w/Marc P.	45 mins	\$50.00	Yes	<input checked="" type="checkbox"/>
USPTO (ID required)	60 mins	-	Yes	<input checked="" type="checkbox"/>
The Patent Examiner	20 mins	\$35.00	Yes	<input checked="" type="checkbox"/>
SHRM (ID required)	60 mins	\$75.00	Yes	<input checked="" type="checkbox"/>

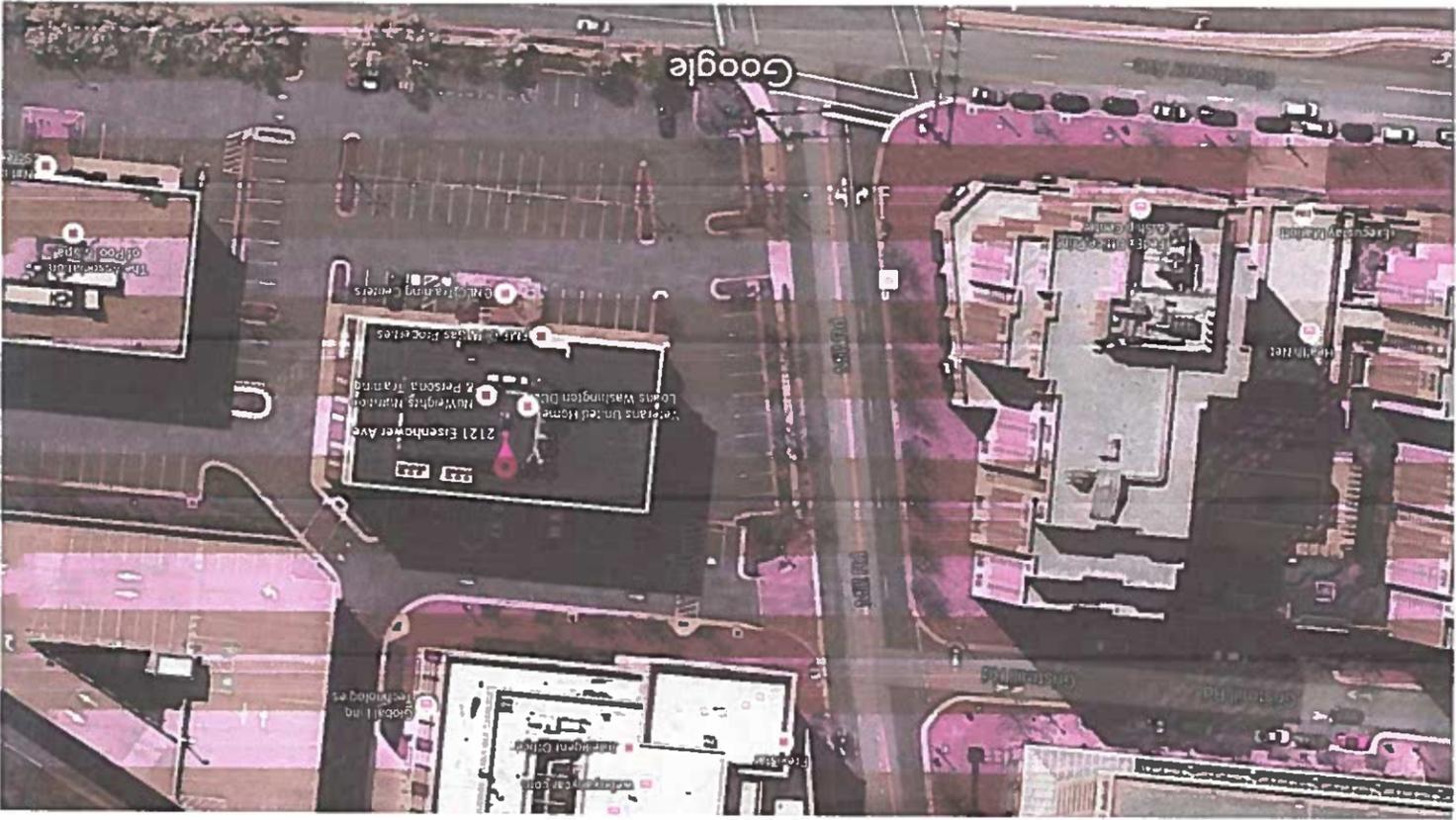
Mill Road



SPACE AVAILABLE  
SUITE #101

Eisenhower Av

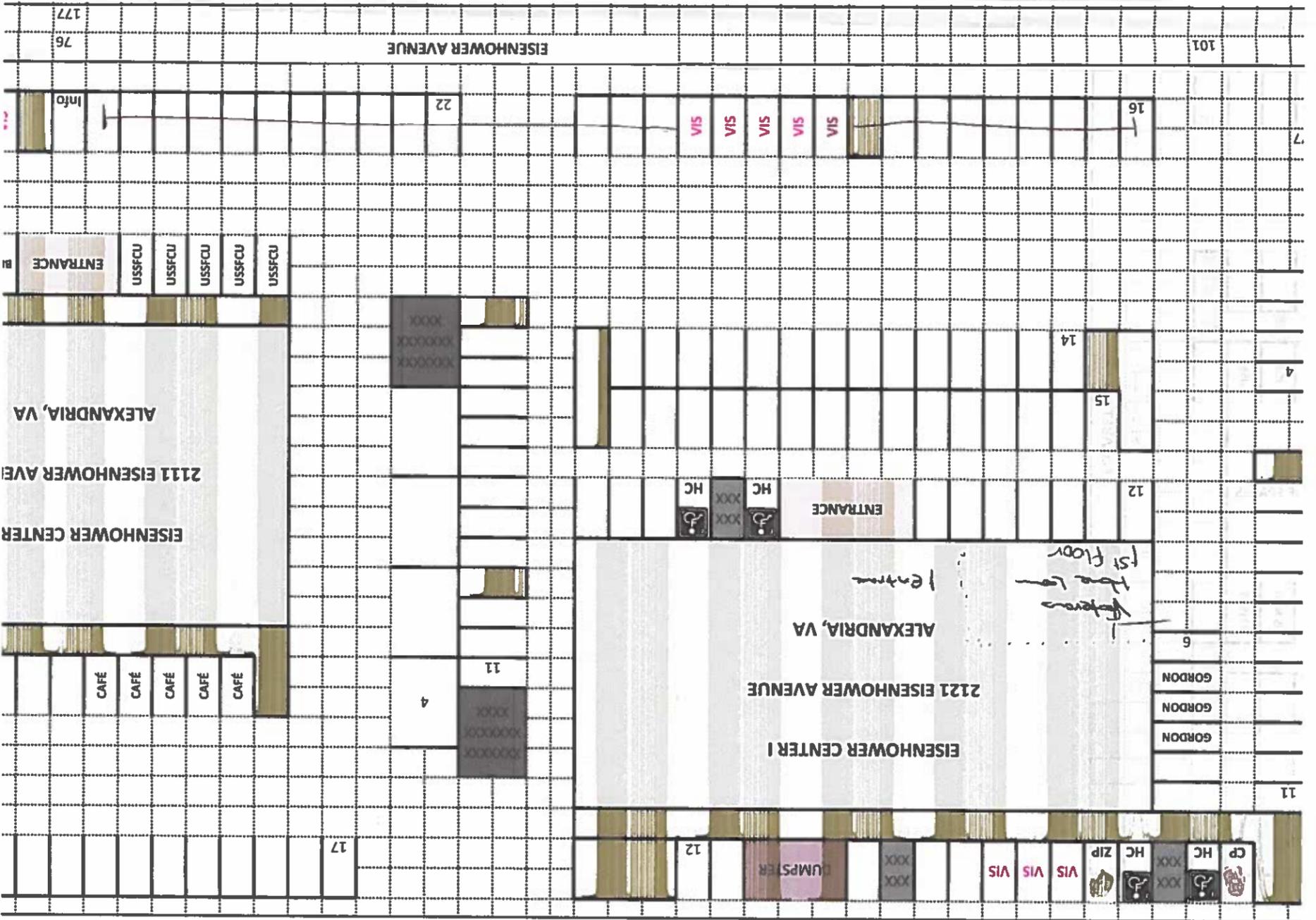
Elizabeth Lee



Imagery ©2015 Google, Map data ©2015 Google 50 ft

Site Plan

Google Maps



Parking

MILL ROAD

Massage by Marc, LLC  
SUP  
2121 Eisenhower Ave., Suite 101  
Alexandria, VA 22302

In accordance with the laws and regulations of the City of Alexandria, I am applying for an SUP for one room in 2121 Eisenhower Ave., to perform both therapeutic and relaxation massage therapy.

Marc Parsont is the sole owner, proprietor and nationally certified massage therapist of this office. The office itself is composed of the main tenant, Zeev Wexler, Wexler LLC, a marketing firm with the potential for two other professional services to work in the same office.

Wexler provides most of the services and we have not yet discussed how the reception will function. I meet my guests at the front door and escort them back to the room.

Bathrooms are located just outside the door. I provide bottled and tap water on demand.

If no visitor spots are available, I provide clients with a guest pass.

I provide massage by appointment only. Walk-ins may or may not be accepted. My hours currently run from M-F from 9-6 with a longer day scheduled on a Tuesday or Wednesday. Emergency sessions are definitely by appointment only.

At most a decent therapist can do 20-25 clients per week or 4-5 appointments per day. Since I am the only occupant currently using the space, there is no overlap. I would guess that my current volume is 10-15 clients per week.

I offer several different types of massage modalities. Please see addendum with my offerings.

I am available to offer any questions city staff might have.

Sincerely,  
Marc Parsont  
11/9/15

# APPLICANT'S PROCESS CHECKLIST

## Before Submitting Your Application

<input type="checkbox"/>	<p><b>Schedule a Meeting (Recommended)</b> It is strongly recommended that you schedule a meeting with P&amp;Z staff for information about the application process and advice to help your business open smoothly. Contact Planning and Zoning Staff at 703/838-4666.</p>
<input checked="" type="checkbox"/>	<p><b>Contact the Small Business Development Center (Recommended)</b> The Small Business Development Center (703/778-1292) is a helpful resource before, during and after the Administrative SUP process.</p>
<input checked="" type="checkbox"/>	<p><b>Review Small Business Guide (Recommended)</b> It is recommended that you read the Alexandria Small Business Guide for additional information about opening a business in Alexandria. The Small Business Guide is available on the Planning &amp; Zoning Website at <a href="http://www.alexandriava.gov/planning">www.alexandriava.gov/planning</a>.</p>

## Submit Your Application

<input type="checkbox"/>	<p><b>Submission Requirements</b> The required Administrative SUP application includes:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Application Form</li> <li><input type="checkbox"/> Supplemental Worksheet for Specific Use</li> <li><input type="checkbox"/> Floor Plan</li> <li><input type="checkbox"/> Site Plan/Survey Plat</li> <li><input type="checkbox"/> Application Fee - \$250.00</li> <li><input type="checkbox"/> Other items that may be required by City staff</li> </ul>
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## It is in your best interest to do the following while your application is being processed

<input checked="" type="checkbox"/>	<p><b>Research Other Required Licenses or Permits</b> Depending on your business, you may need several other city or state licenses or permits. For example, you may need to contact the Virginia Alcohol, Beverage and Control Board, the Building &amp; Code Administration or the State Department of Social Services. All agencies have different requirements and processes for issuing licenses or permits, so <b>contact them early in the process.</b></p>
<input checked="" type="checkbox"/>	<p><b>Contact Associations and Neighbors</b> It is recommended that you contact your local civic and business associations, as well as immediate neighbors. Letting them know about your business will help the application process go smoothly. It also may help in the marketing of your business. Planning and Zoning staff can help you locate contact information.</p>

## After your request has been approved

<input type="checkbox"/> <i>N/A</i>	<p><b>Pick Up Administrative SUP Certificate</b> When your application has been approved, you will be contacted by Planning and Zoning staff. <u>A \$500 contribution to the Streetscape Improvement Fund is required BEFORE the SUP certificate for any new business can be released.</u> After the \$500 contribution is received, you will need to sign and agree to follow the conditions of the administrative special use permit. <i>Not a New Business</i></p>
<input checked="" type="checkbox"/>	<p><b>Get Business Licenses and Other Permits</b> You will need to apply for other permits and licenses such as building permits, health permit, child care permits. The Planning and Zoning staff will sign off on your business license after you sign for the Administrative SUP.</p>