SUP #

Administrative Special Use Permit Application

PROPERTY LOCATION: 1707 Osage St, Suite 400, Alexandria 22302

ZONE: _____ TAX MAP REFERENCE: _____

APPLICANT'S INFORMATION:

Applicant: Amy E Smith, CMT Business/Trade Name: Amy E Smith, CMT

Address: 1707 Osage St, Suite 400 Alexandria VA 22302

Phone: 703-370-1800 Email: JOHN.DOE@THEREALDOE.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
- [x] 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.

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PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 1707 Osage St, Suite 400 (property address), for the purposes of operating a Therapeutic massage, craniosacral, Medical (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: Chris Lindsay Phone: 4/20/16 703 998 6600

Address: 1525 Kenwood Ave Email: Clin65@aol.com

Signature: [signature] Date: 4/20/16

1. The applicant is the (check one):
   - [ ] Owner
   - [ ] Contract Purchaser
   - [x] 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.

N/A

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.

N/A

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USE CHARACTERISTICS

2. Please give a brief statement describing the use:

The space will be used for health services primarly craniosacral, medical and theraputic massage. I am one of ~~two~~ three health care professionals in the office, one is a chiropractor & one is an osteopath.

3. Please describe the proposed hours of operation:

Days	Hours
Daily	7

Or give hours for each day of the week

Monday	closed
Tuesday	10-5
Wednesday	10-5
Thursday	10-5
Friday	8-4
Saturday	closed
Sunday	closed

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).

5 clients per day

B. How many employees, staff and other personnel do you expect? Specify time period (i.e., day, hour, or shift). none It's only me.

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

65 Standard and compact spaces
2 Handicapped accessible spaces
53 Other Street parking

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B. Please give the number of:

Parking spaces on-site 65

Parking spaces off-site 0

If the required parking will be located off-site, where will it be located? NO

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

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

2 loading spaces on side of building

B. Where are off-street loading spaces located? none

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

No loading operations are needed for my business

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

loading operations are not required for my business

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 of those materials are needed for my business

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APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: AS 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: AS 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.

Amy E. Smith
Print Name of Applicant or Representative

Signature

4-19-16
Date

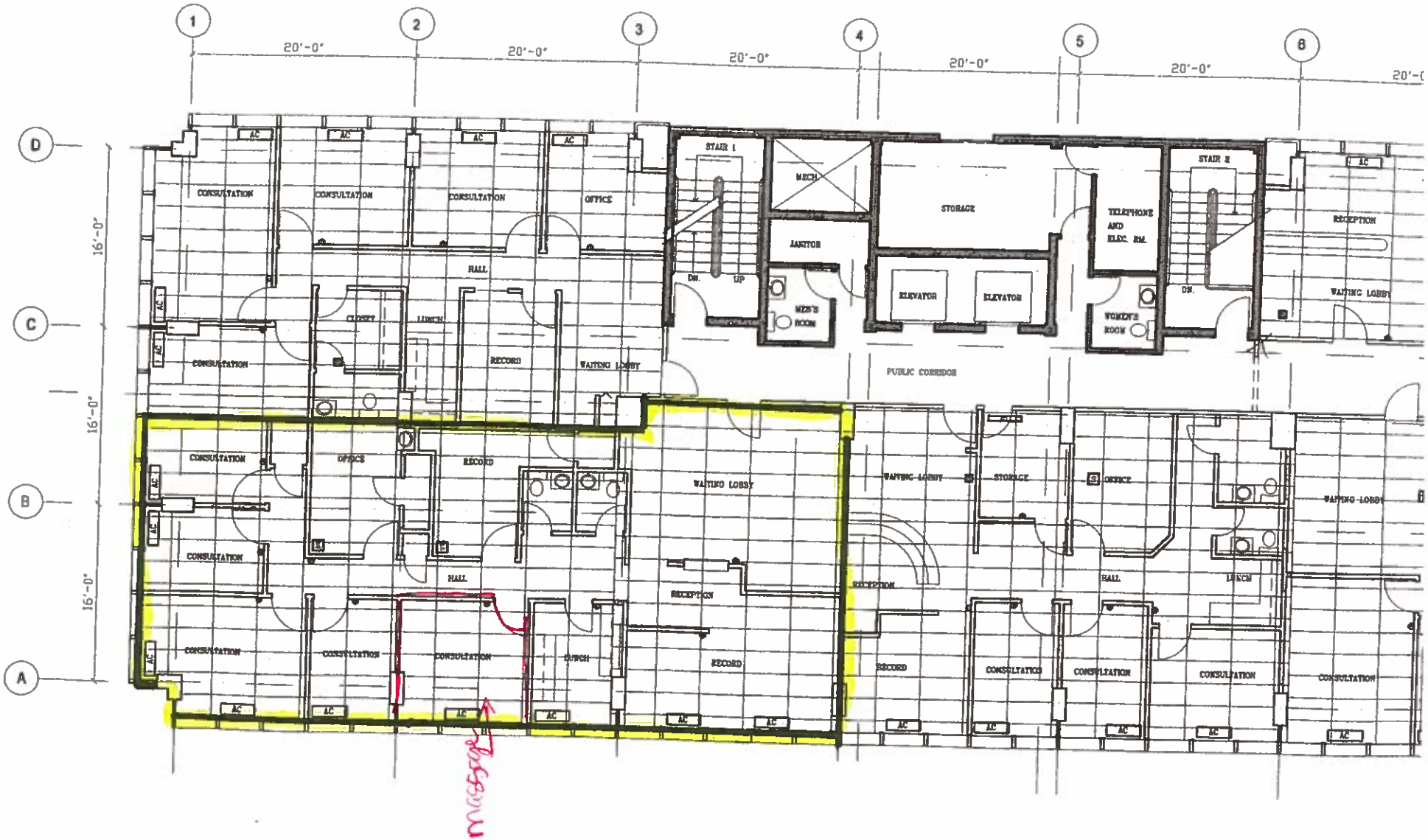
If this application is being filed by someone other than the business owner (such as an agent or attorney), please provide the information below:

Representative's Address:

Phone: _____

Email: _____

Fax: _____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Google Maps 1707 Osage St

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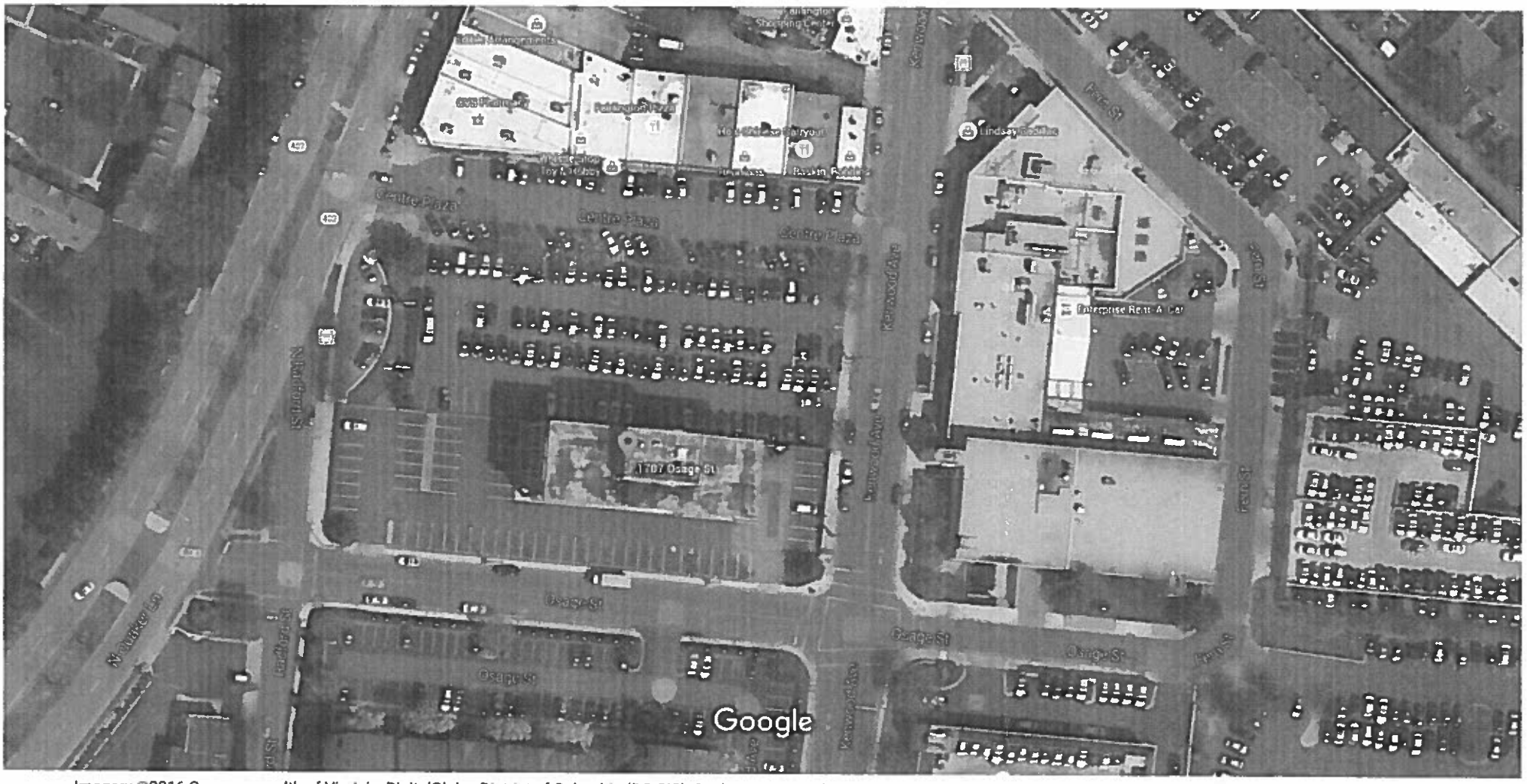

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