



APPLICATION SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

Change of Ownership Minor Amendment

[must use black ink or type]

PROPERTY LOCATION: 10 EAST GLEBE RD 22305

TAX MAP REFERENCE: .015.040406, .015.040407, .015.040408 ONE: CL AND 09

APPLICANT

Name: MERIDIAN PLACE FOOD GROUP LLC

Address: 10 EAST GLEBE RD 22305

PROPERTY OWNER M.R.S REAL ESTATE INVESTMENT PROPERTIES LLC.

Name: _____

Address: #245 LORD FAIRFAX DR, VIENNA, VA 22182

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.

Hubert G. Benson Jr.

Print Name of Applicant or Agent

815 S. WASHINGTON ST.

Mailing/Street Address

Alex, VA 22314

City and State

Zip Code

Hubert G. Benson Jr.

Signature

703-598-5726 703-549-6981

Telephone #

Fax #

hgbenenson1@gmail.com

Email address

3-18-16

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 # 2009-0077

Date approved: 2 / 1 / 2 / 2010
 month day year

Name of applicant on most recent special use permit STEVEN LECUREUX / CHEZ ANDREE, INC

Use OUTDOOR PATIO SEATING TO ~~AN~~ GRANDFATHERED 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.)

The property at 10 E. Glebe has functioned as a full service restaurant dba. Chez Andree for over 50 years. Our new venture, Meridian Place Food Group LLC (principles from Southside 815) are going to do minor ~~are~~ renovations to bathrooms and kitchen and plan to operate a neighborhood restaurant that focuses on the desires and needs of the surrounding community. We anticipate requirements for staffing to be in line with the number of employees retained by Chez Andree. We will continue to provide a total of 47 off street parking spaces. We envision our efforts in renovations and ~~in~~ in turn operating a restaurant for the community would be welcomed and enjoyed by the ^{residents of the} North end of Del Ray and the City of Alexandria.

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)

The new RESTAURANT will operate much as
the old one regarding # of employees and
parking requirements. Changes will consist
be in design and footprint and any code
requirements by city of Alexandria.

See plans included

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

If the use is closed, provide the date closed. 8 1 1 2015
month day year

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

ADD 1 HOUR PER DAY TO CURRENT OPERATIONAL HOURS
LIVE ACOUSTIC MUSIC

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

If yes, list the current hours and proposed hours:

Current Hours:

Proposed Hours:

By SOP # 2009-0071

6:00 AM AND 11:00 PM
SUNDAY - THURSDAY AND
BETWEEN 6:00 AM AND 12:00
MIDNIGHT FRIDAY - SATURDAY

TO ADD ONE HOUR EACH
DAY - SUN-THUR - 6:AM TO 12: MIDNIGHT
FRI + SAT 6AM TO 1:00 AM

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:

30-35

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.

REPLACE EXISTING OUTDATED EQUIPMENT, NEW EXHAUST HOOD,
GREASE TRAPS AND CONVERT BATHROOMS TO MEET HANDICAP CODES.

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?
~~None~~ 45 STANDARD PARKING SPACES NEXT TO LOCATION
2 HANDICAPPED SPACES

11. Is off-street parking provided for your customers? Yes ___ No

If yes, how many spaces, and where are they located?
45 STANDARD PARKING SPACES NEXT TO LOCATION
2 HANDICAPPED SPACES

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:

Meridian Place Food Group LLC
 HUBERT G. BENSON 2304 N. Glebe Rd Arlington VA 22207 80%
 Gregory F. Dushaw 8602 CONOVER PL. ALEXANDRIA VA 22308 20%
 JOHN E. KURTZ 4914 ELAND CT. FAIRFAX, VA 22032 20%
 KEVIN M. KEEFER 3536 HUNTLEY MANOR LN. ALEXANDRIA VA 22306 10%
 TERESA KEEFER 3536 HUNTLEY MANOR LN ALEXANDRIA VA 22306 10%

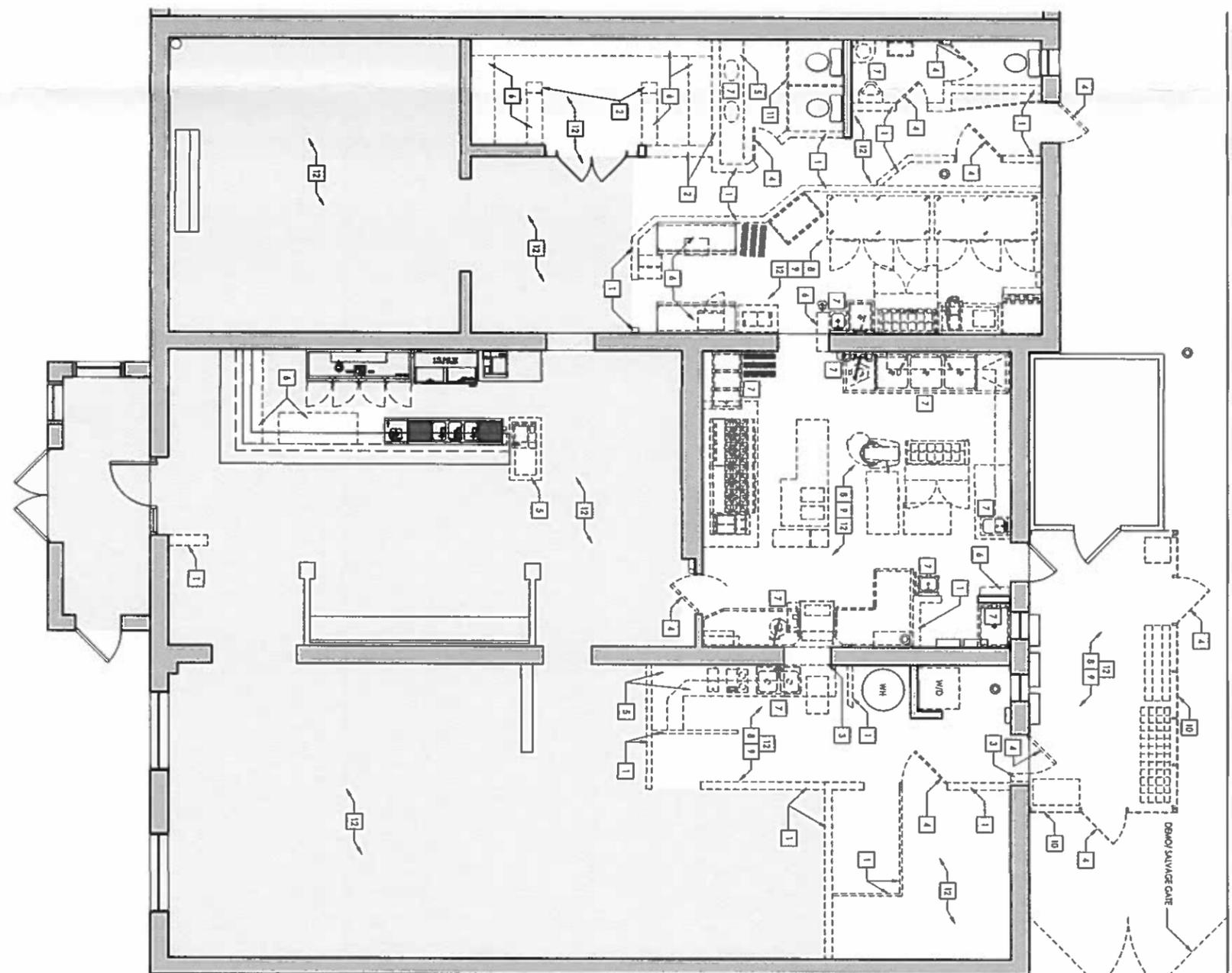
DATE	REVISION
05/17/2016	CLIENT REVIEW
DATE	REVISION
DATE	REVISION
DATE	REVISION

BEN BENSON

101 E. WASHINGTON ST.
 FALLS CHURCH, VA
 703.271.1111

CHEZ ANDRE RESTAURANT RENOVATION

101 E. CLAY ST.
 FALLS CHURCH, VA
 PROJECT NUMBER 1418



KEYED DEMOLITION & REPAIR NOTES

- 1 REMOVE NON-LOAD BEARING PARTITION WALL, G.C. TO VERIFY WALL IS NON-LOAD BEARING AND PROVIDE TEMPORARY SUPPORT AS NEEDED.
- 2 REMOVE NON-LOAD BEARING MAJOR WALL, G.C. TO VERIFY WALL IS NON-LOAD BEARING AND PROVIDE TEMPORARY SUPPORT AS NEEDED.
- 3 REMOVE LOAD BEARING WALL, G.C. TO COORDINATE WORK WITH STRUCTURAL BENCHMARKS AND PROVIDE TEMPORARY SUPPORT AS NEEDED.
- 4 REMOVE & SALVAGE DOOR, FRAME & HARDWARE, REUSE AT OWNER'S DISCRETION.
- 5 REMOVE & SALVAGE CABINETS AND COUNTERTOP, REUSE AT OWNER'S DISCRETION.
- 6 REMOVE & SALVAGE BATH/WALK-IN REFRIGERATOR, REUSE AT OWNER'S DISCRETION.
- 7 REMOVE & RELOCATE EXISTING PLUMBING FIXTURE, REUSE AT OWNER'S DISCRETION. CAP OFF WATER AND DRAIN LINES IN WALL/FLOOR.
- 8 REMOVE & SALVAGE EXISTING TRICHEM EQUIPMENT, HOOD AND ALL ASSOCIATED TRICHEM EQUIPMENT CONNECTIONS, CONDENS, PLUMBING, ELECTRICAL WIRING AND GAS LINES FROM PREVIOUS REPAIR BACK TO THE MAIN SHUT OFF OR PANEL, AS APPLICABLE. REUSE AT OWNER'S DISCRETION.
- 9 REMOVE & DISCARD ALL ABANDONED ELECTRICAL, MECHANICAL, AND PLUMBING THROUGHOUT BACK TO THE MAIN SHUT OFF OR PANEL, AS APPLICABLE.
- 10 REMOVE EXISTING WALK-IN COOLER ENCLOSURE AND PREPARE FOR NEW BLDG. CASE.
- 11 REMOVE & SALVAGE TOILET PARTITION, REUSE AT OWNER'S DISCRETION.
- 12 PATCH & REPAIR EXISTING WALL, FLOOR & CEILING FINISHES THROUGHOUT AS NEEDED.
- 13 REMOVE EXISTING STYROFOAM CEILING FINISH AND ASSOCIATED GRID SYSTEM, PATCH & REPAIR WALLS AS NEEDED.
- 14 REMOVE EXISTING CEILING FINISH, COORDINATE WORK WITH NEW CONSTRUCTION FLOOR AND RELECTED CEILING PLAN.
- 15 REMOVE & SALVAGE EXISTING LIGHT FIXTURE, REUSE AT OWNER'S DISCRETION.

1 EXISTING/DEMOLITION FLOOR PLAN

14181507-050-01

