



APPLICATION SPECIAL USE PERMIT

SUP 2016-00087

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

Change of Ownership Minor Amendment

[must use black ink or type]

PROPERTY LOCATION: 2121 Eisenhower Ave
TAX MAP REFERENCE: 073.03-01-06 ZONE: CCD#2

APPLICANT

Name: MARC PARSONT
Address: 2121 Eisenhower Ave, Suite 101

PROPERTY OWNER

Name: Simpson Prop. Mgmt Don Simpson Jr
Address: 2331 Mill Rd. Alexandria VA 22314
SITE USE: MASSAGE Practice

Business Name: **Current:** **Proposed (if changing):**

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.

MARC PARSONT
Print Name of Applicant or Agent
838 Fontaine St
Mailing/Street Address
Alex., VA 22302
City and State Zip Code

Mark Parson
Signature
703 5974555 _____
Telephone # Fax #
m.parson@comcast.net
Email address
11/9/16
Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____
Legal advertisement: _____
ACTION - PLANNING COMMISSION _____

Fee Paid: \$ _____
ACTION - CITY COUNCIL: _____

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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 # 2015-0119

Date approved: _____ / _____ / _____
month day year

Name of applicant on most recent special use permit MARC PARSONI

Use Massage Therapy

- 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.)

Providing relaxation and therapeutic massage in
one room of a suite. Room is in far left corner
9'x18' room adjacent to kitchen. Currently working
weekdays from 9-7³⁰ pm. One part-time
contractor works this week. My average is 2-3
massages/day, maybe 10 massages/week. The contractor
has had 2 massages over the course of a month. Only one
massage therapist is on site per massage. The Booking program
I use is set to add 15 minutes per service, allowing room
client and therapist changeover. Surface parking has 100
parking spaces for tenants including visitors spaces.
Therapists

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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)

Proposed Changes:

ADD Weekend Hours 9 a.m. - 5 p.m.

ADD ADDITIONAL 10x10 WORKSPACE

ADD ADDITIONAL CONTRACTORS (MAX 5)*

Parking is not impacted under my proposal to add an extra 100 square feet according to approved SUP

One more person would be on site if second

room used. Only one practitioner per client,

per service would be on site at one time.

The majority of any increase in business would come after normal business hours. My hope/goal

is to increase massage in Room 1 to 4-5 hrs. per

day. Room 2 would cover duplicate time requests

from patrons and hopefully add 2-3 massages per day

for a max of 10 massages weekdays. Massages

booked evenings and weekends would have no impact on

parking whatsoever.

* As Determined by City Staff + Marc Parsons, MSW

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:
Adding part-time contractors - NOT Employees (5)
Adding one 10x10 room
Adding weekend hours

6. Are the hours of operation proposed to change? Yes No
If yes, list the current hours and proposed hours:
Current Hours: M-F 9am - 7:30 pm
Proposed Hours: M-F 9am - 7³⁰ pm
Saturday 9-5
Sunday 9-5

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: (1) MRM Max Parodi
Proposed Number of Employees: 5 contractors
Owner **CONTRACTORS**

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.
Chest of drawers, massage table, lamp
Wall Hangings/pix

9. Are you proposing changes in the sales or service of alcoholic beverages? Yes No
If yes, describe proposed changes:

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

11. Is off-street parking provided for your customers? Yes No
If yes, how many spaces, and where are they located?
Available if necessary on Eisenhower Ave

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: 2-3 per day Proposed: 3-5 per day

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: 117 square feet Proposed: Additional 100 square feet

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: _____

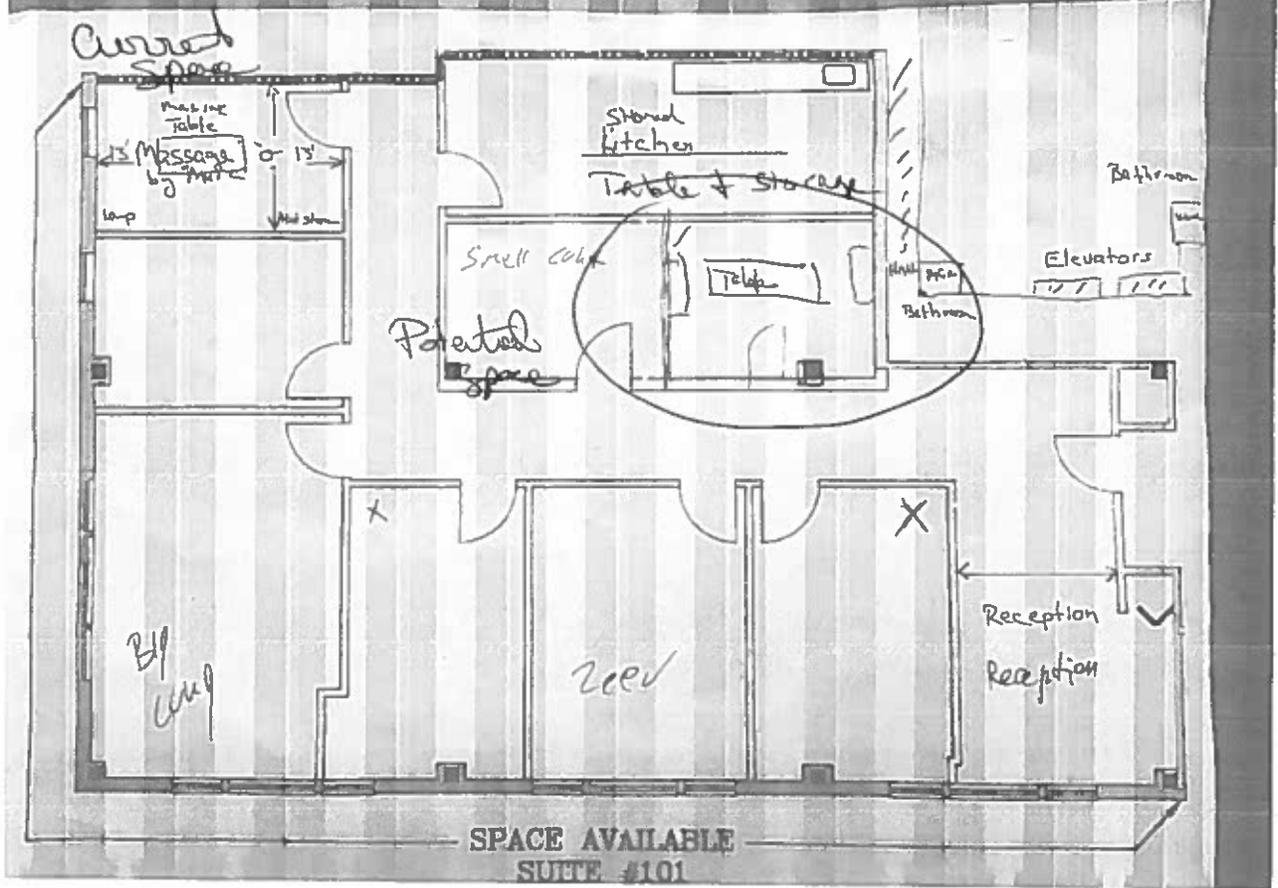
17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant is a corporation, each person owning an interest in excess of ten percent (3%) 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:

MARC Parson, Owner Massage by Marc, LLC

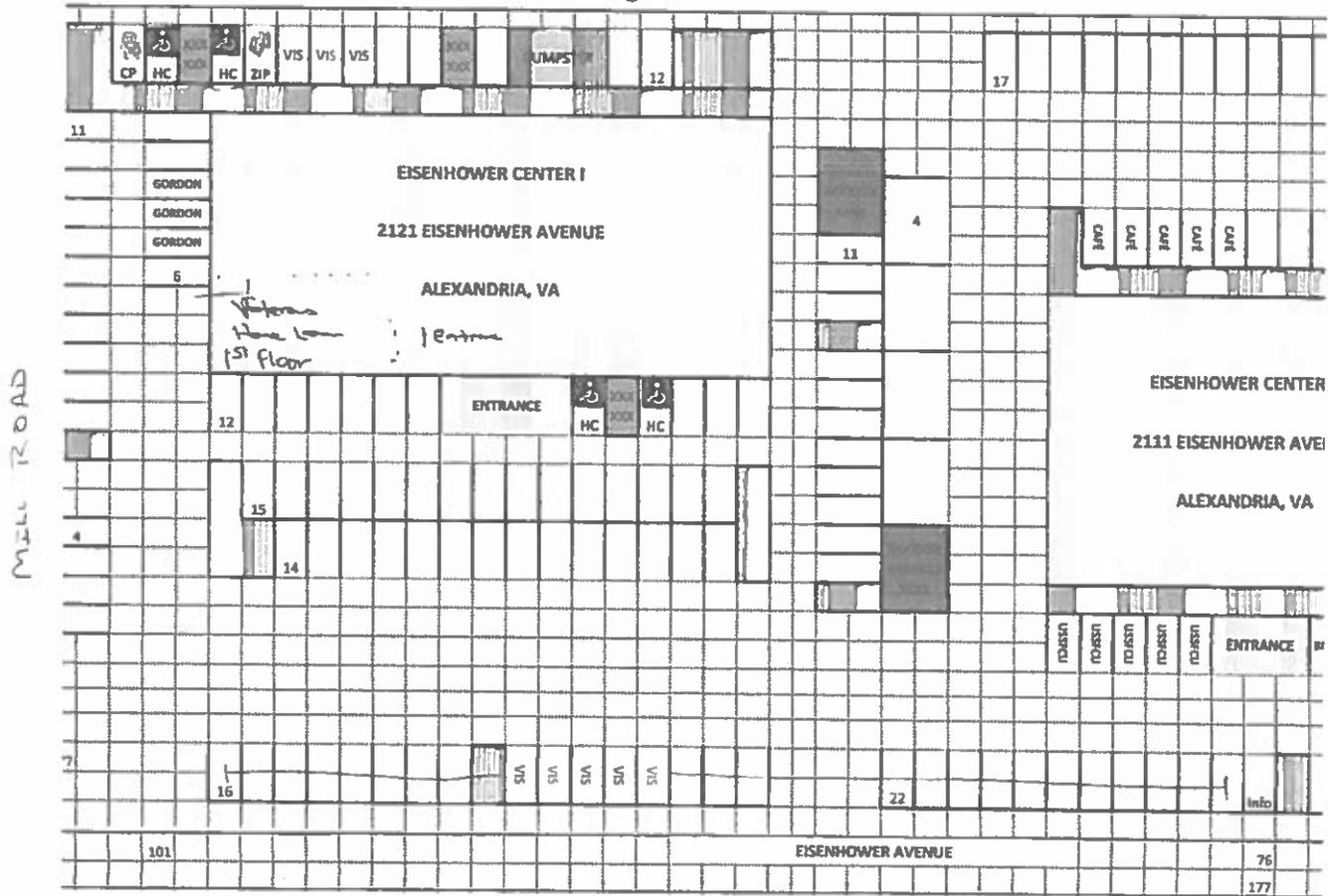
Mill Road



SPACE AVAILABLE
 SUITE #101
 Eisenhower Ave

Elizabeth Lane

Parking



MILL ROAD

Google Maps Google Maps

Site Plan

