



# APPLICATION SPECIAL USE PERMIT

*Revised name*  
*SUP 2016*  
*00093*

## ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

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

[must use black ink or type]

**PROPERTY LOCATION:** 480 King Street, Alexandria, Virginia

**TAX MAP REFERENCE:** 074.02-07-01

**ZONE:** King Street Retail Urban  
Overlay (KR)

**APPLICANT**

Name: AB/FH Alexandrian Hotel Owner LLC

Address: AB Global, 1345 Avenue of the Americas, New York, NY 10105, Attn: Blake Mastalir

**PROPERTY OWNER**

Name: CLPF King Street Venture, L.P.

Address: 480 King Street, Alexandria, VA 22314

**SITE USE:** Restaurant Operation SUP #2006-0048

**Business Name:**      **Current:** Hotel Monaco      **Proposed (if changing):** The Alexandrian Hotel

**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.

Duncan W. Blair, Esquire  
Print Name of Applicant or Agent  
524 King Street  
Mailing/Street Address  
Alexandria, VA                      22314  
City and State                      Zip Code

*[Signature]*  
Signature  
703-836-1000                      703-549-3335  
Telephone #                      Fax #  
dblair@landcarroll.com  
Email address  
November 30, 2016  
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 # 2006-0048

Date approved: 07 / 11 / 2006  
month day year

Name of applicant on most recent special use permit CLPF Old Town Operating Company, LLC

Use Restaurant Operation.

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 restaurant operates out of Hotel Monaco, providing dining services to hotel guests and  
outside patrons.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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:  
No changes are proposed.

6. Are the hours of operation proposed to change?  Yes  No  
If yes, list the current hours and proposed hours:

Current Hours:	Proposed Hours:
_____	_____
_____	_____
_____	_____

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:
_____	_____

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?  
Underground parking garage with 170 spaces to service guests, employees,  
monthly parkers and general public/hourly.

11. Is off-street parking provided for your customers?  Yes  No  
If yes, how many spaces, and where are they located?  
Underground parking garage with 170 spaces to service guests, employees,  
monthly parkers and general public/hourly.

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: Contract Purchaser

16. The applicant is the (check one)  Current business owner  Prospective business owner  
 other, please describe: Property Owner Contract Purchaser

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:**

See Attached

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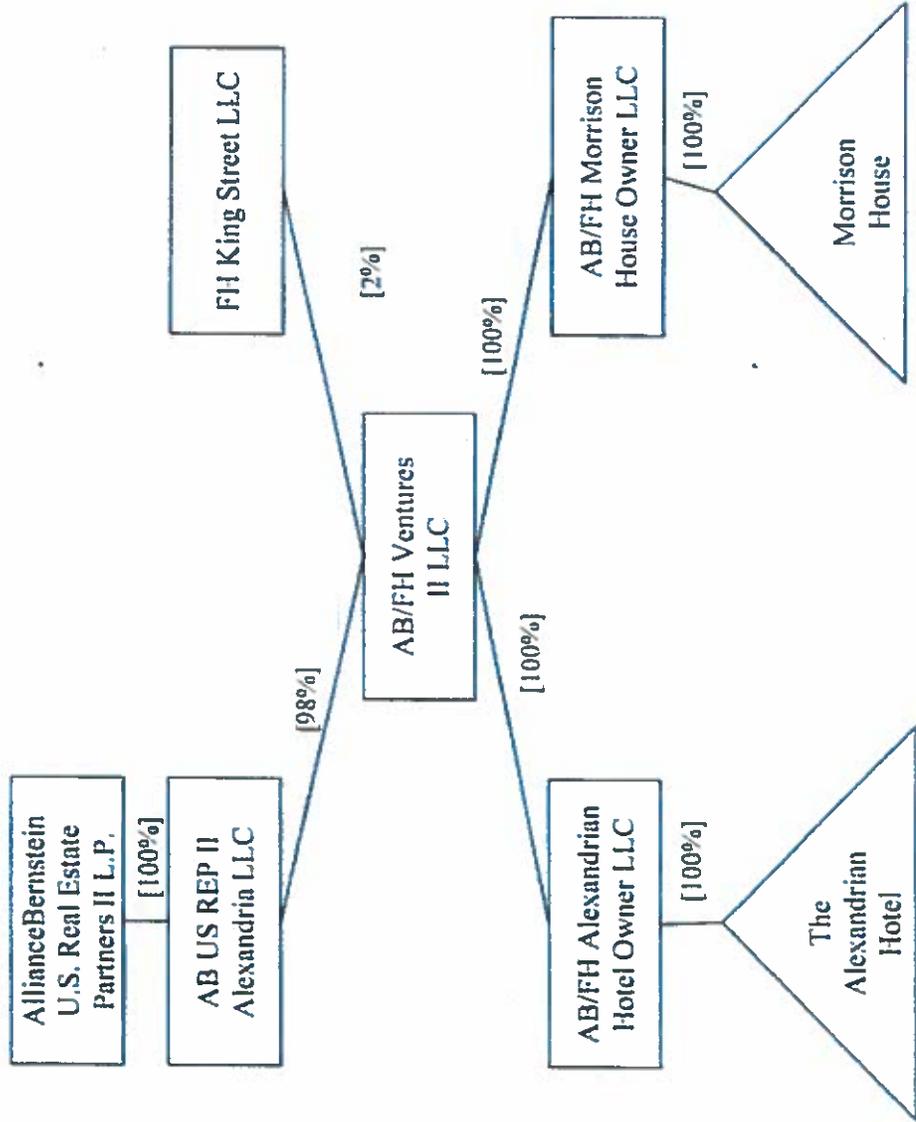
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# AB/Fulcrum Structure Chart

SUP  
2016.  
00093



All entities are Delaware unless otherwise noted