



APPLICATION SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP
OR MINOR AMENDMENT

Change of Ownership Minor Amendment

[must use black ink or type]

PROPERTY LOCATION: 6245 DUKE ST
TAX MAP REFERENCE: 048.04-02-01 ZONE: OCMSO

APPLICANT
Name: HAREGEWINE MESSERT (CHEZ HAREG CAFE)
Address: 5245 DUKE ST ALEX VA 22304

PROPERTY OWNER
Name: Land Mark Center LLC
Address: 7717 CARLTON PL MCLEAN

SITE USE: RESTAURANT
Business Name: Current: YAMMI CAFE Proposed (if changing): CHEZ HAREG CAFE

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.

HAREGEWINE MESSERT
Print Name of Applicant or Agent
5245 DUKE ST
Mailing/Street Address
ALEX VA 22304
City and State Zip Code

Haregewine Messert
Signature
703-989-2091
Telephone # Fax #
haregewine@icloud.com
Email address
9/21/17
Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____	Fee Paid: \$ _____
Legal advertisement: _____	_____
ACTION - PLANNING COMMISSION _____	ACTION - CITY COUNCIL: _____

Special Use Permit # _____

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 # 2015-0068

Date approved: AUG, 04, 2015
month day year

Name of applicant on most recent special use permit YAMMI MARKET & CAFE

Use FOR A NEW RESTAURANT WITHIN AN EXISTING MARKET

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.)

THERE IS NO CHANGE WITH THE EXCEPTION OF
NO SEATING ADD ON OF 8 CHAIRS; WORKING
HOURS OF 5AM-12 MIDNIGHT AND FUTURE BEER
& ALCOHOL SALE WITH OUTSIDE SEATING

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)

(1) HOUR OF OPERATION - 5 AM - 12 MIDNIGHT

(2) SEATING - ADDING "8" EIGHT more seats-

(3) OUTSIDE SEATING - USE OF PATIO FOR OUTSIDE SEATING 20

(4) BEER & MELLOR - SERVE BETWEEN 11 AM - 11:30 PM FOR LUNCHEON & DINNER

Special Use Permit # _____

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:

SEE SECTION 2 PAGE 3

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

If yes, list the current hours and proposed hours:

Current Hours:

8am - 10pm MON-FRI
5am - 10pm SAT
10am - 10pm SUN

Proposed Hours:

5am - 12 MIDNIGHT
5am - 12 MIDNIGHT
5am - 12 MIDNIGHT

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:

2 EMPLOYEES

Proposed Number of Employees:

2 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:

TO OFFER ALCOHOLIC BEVERAGE FOR LUNCH
AND DINNER

Special Use Permit # _____

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

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

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:

20 INDOOR SEATS

Proposed:

28 INDOOR SEATS

20 OUTSIDE PATIO

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: _____

Special Use Permit # _____

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:

MRS. HAREGEWINE M. MESSERT
NAME OF BUSINESS: CHEZ HAREE CAFE
FULL OWNERSHIP OF 100%

location of outdoor seating =

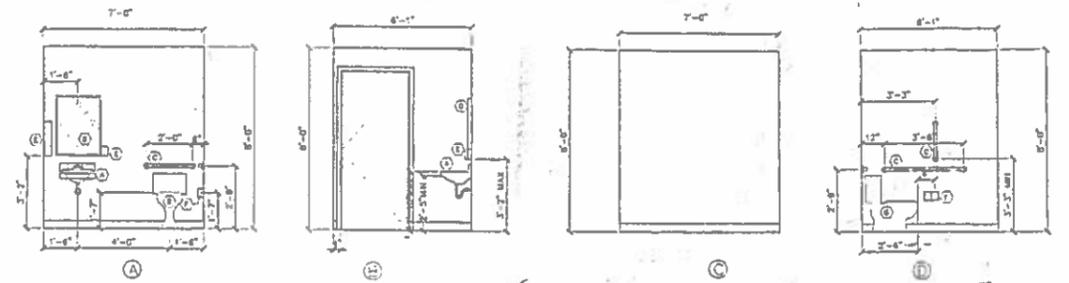
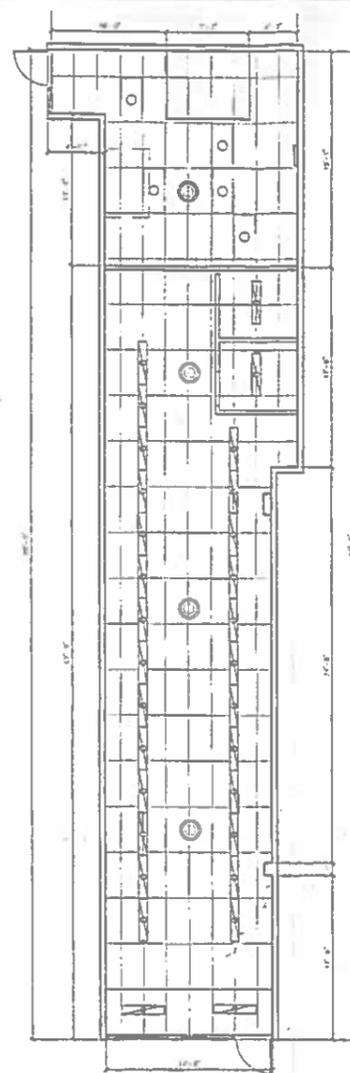
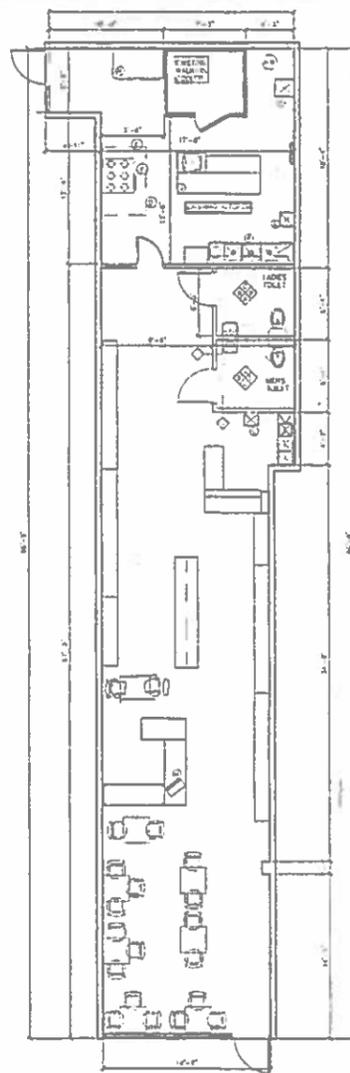
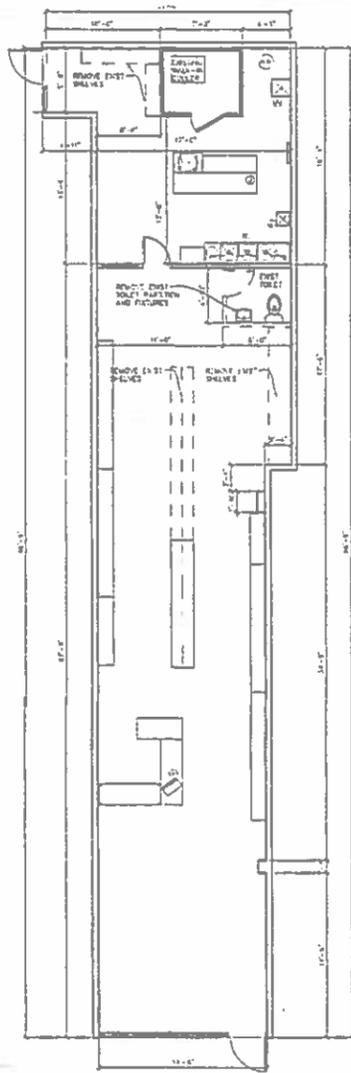


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4 H.C. TOILET ELEVATIONS

A1.0 1/4" = 1'-0"

KEYED NOTES

KEYED NOTES INDICATED WITH "A" SYMBOL ON THIS SHEET ONLY.

A. LAUNDRY (H.C.) - SEE PLUMBING DRAWINGS FOR SPEC. RELOCATE EXH. ADA COMPLIANT LAV.

B. WATER CLOSET (H.C.) - SEE PLUMBING DRAWINGS FOR SPEC.

C. STAINLESS STEEL 1/4" DIAMETER GRAB BAR AT 3'-3" AFF. INSTALL HORIZONTAL BLOCKING WALL AT 4'-0" AFF. FOR SOLE BOARDING (TYPICAL). BORDER: 3" x 3". INSTALL 30" GRAB BAR AT WALL ADJACENT TO WATER CLOSET. INSTALL 36" GRAB BAR AT WALL BEHIND WATER CLOSET.

D. 8" x 36" MIRROR

E. SOAP DISPENSER

F. SURFACE MOUNTED TOILET PAPER DISPENSER - DOUBLE ROLL. MODEL: E-27-0.

G. PAPER TOWEL DISPENSOR

H. TOILET EXHAUST FAN - SEE PLUMBING DRAWINGS FOR SPEC.



1 DEMOLITION PLAN

A1.0 1/6" = 1'-0"

2 FLOOR PLAN

A1.0 1/8" = 1'-0"

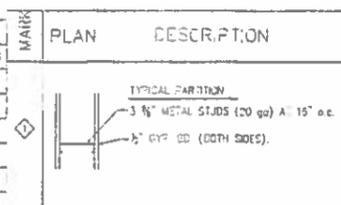
3 REFLECTED CEILING PLAN

A1.0 1/8" = 1'-0"

FINISH SCHEDULE

RM #	ROOM NAME	FLOOR	BASE	WALLS	CEILING	CL. HT.	COMMENTS
01	CAFE SEATING	HARDWOOD	PT. TYPICAL	STANDARD FRP WALL PANEL BY MERLITE OR SATUR OTHER	C	9'-4"	MERLITE BASE MOLDING
02	MFC-DN	CERAMIC TILE EXISTING	WHYL	EXIST. PTD	EXIST.	9'-4"	
03	VERSANTILE/SALES	CERAMIC TILE	WHYL	EXIST. PTD	EXIST.	9'-4"	
04	MEN H.C. TOILET	CERAMIC TILE	WHYL	PTD	EXIST.	9'-4"	
05	LADIES H.C. TOILET	CERAMIC TILE	WHYL	PTD	EXIST.	9'-4"	

WALL TYPES



1. KITCHEN & CAFE COUNTER CEILING SYSTEM
ATMOSPHERIC HEALTH ZONE OPTIMA.
CLEANABLE MINERAL FIBER TILE W/
WHITE METAL CEILING SUSPENSION
SYSTEM.

KITCHEN EQUIPMENT SCHEDULE

ITEM #	DESCRIPTION	MFG.	MODEL #	SIZE	REMARKS	QTY.
(A)	MOP SINK				EXISTING	1
(B)	3 COMP. S.S. SINK			7'-6" X 2'-0"	EXISTING	1
(C)	S.S. HAND SINK		304-18-B SERIES	13 1/2" X 9 3/4"		2
(D)	S.S. HOOD, (SEE MECHANICAL PLAN)			6'-0" X 4'-0"	SEE CUT SHEETS	1
(E)	RANGE, 4 BURNER	GARLAND	GAR-024-4L	2'-0" X 2'-5"		1
(F)	FRYER	SATURN	SAT-100-FRF-40	15 1/2" X 30 1/2"		1
(G)	COMMERCIAL MICROWAVE					1
(H)	REACH-IN FREEZER	TRUE	RTU-T-48F	48" X 29 1/2" X 78"		1
(I)	S.S. WORK TABLE					1
(J)	POS SYSTEM					1
(K)	REFRIGERATED DISPLAY CASE					1
(L)	ESPRESSO/COFFEE MACHINE					1
(M)	WALK-IN COOLER					1

NOTE: