

SUP # 201A-00132



Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 529 E. Howell Ave

ZONE: CSL TAX MAP REFERENCE: 035.03-04-29

APPLICANT'S INFORMATION:

Applicant: EMS Food Group LLC Business/Trade Name: Flat Top Burger

Address: 529 E. Howell Ave, Alex. VA 22301

Phone: 571-970-1006

Email: flattopburger@gmail.com

PROPOSED USE:

- | | |
|--|--|
| <input type="checkbox"/> Animal Care Facility with Overnight Boarding | <input type="checkbox"/> Outdoor Display |
| <input type="checkbox"/> Automobile and Trailer Rental and Sales | <input type="checkbox"/> Outdoor Food and Crafts Market Center |
| <input type="checkbox"/> Catering Business | <input type="checkbox"/> Outdoor Garden Center |
| <input type="checkbox"/> Day Care | <input checked="" type="checkbox"/> Restaurant |
| <input type="checkbox"/> Health and Athletic Club | <input type="checkbox"/> Valet Parking |
| <input type="checkbox"/> Light Auto Repair | |
| <input type="checkbox"/> Live Theater | |
| <input type="checkbox"/> Massage Establishment | |
| <input type="checkbox"/> Motor Vehicle Storage/Parking for 20 or more Vehicles | |
| <input type="checkbox"/> Outdoor Dining (exclude King Street Retail Overlay) | |

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: Eric Dorn

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.

SUP = 2017-00132

Worksheet for specific use from Checklist and Worksheet package.

Other materials, as required by specific use (see Guide to Administrative SUPs Checklist & Worksheets).

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 529 E. Howell Ave
 (property address), for the purposes of operating a restaurant (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: 529 Garsay LLC Phone: 571-277-0744
 Address: 605 Deerfield Blvd Ct. Email: agarcia@AOL.com
Great Falls VA 22066
 Signature: [Signature] Date: 11/20/2017

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

Erik Dorn	1200 Chadwick Ave, Alex VA 22308	50%
John Southerd	102 E. Gleba Rd Alex VA 22305	10%
Asif Mahmood	1200 Collingwood Rd Alex VA 22308	20%
Michael Southerd	102 Cahill Dr. Alex VA 22314	10%
Dan Dever	4007 Woodley Dr. Alex VA 22309	10%

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.

USE CHARACTERISTICS

2. Please give a brief statement describing the use:

Burger restaurant currently open from 11AM
to 10 PM. under SUP #14-068 Requesting change
in hours to allow opening at 7 AM until 10 PM

3. Please describe the proposed hours of operation:

Days	Hours
Daily	

Or give hours for each day of the week

Monday	7 AM - 9 PM
Tuesday	7 AM - 9 PM
Wednesday	7 AM - 9 PM
Thursday	7 AM - 9 PM
Friday	7 AM - 10 PM
Saturday	7 AM - 10 PM
Sunday	7 AM - 9 PM

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).

100 Patrons per day

B. How many employees, staff and other personnel do you expect? Specify time period (i.e., day, hour, or shift).

4 employees during the day and 5 employees @ night

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

11 Standard and compact spaces
1 Handicapped accessible spaces
 _____ Other



SUPPLEMENTAL APPLICATION

RESTAURANT

All applicants requesting a Special Use Permit or an Administrative Use Permit for a restaurant shall complete the following section.

1. How many seats are proposed?
Indoors: 48 Outdoors: 10 Total number proposed: 48 Total at any one time

2. Will the restaurant offer any of the following?
Alcoholic beverages (SUP only) Yes No
Beer and wine — on-premises Yes No
Beer and wine — off-premises Yes No

3. Please describe the type of food that will be served:
Burgers, Salads, Fries, milkshakes
Sandwiches under current SUP # 2014-0068

4. The restaurant will offer the following service (check items that apply):
 table service bar carry-out delivery

5. If delivery service is proposed, how many vehicles do you anticipate? NA
Will delivery drivers use their own vehicles? Yes No
Where will delivery vehicles be parked when not in use?

6. Will the restaurant offer any entertainment (i.e. live entertainment, large screen television, video games)?
 Yes No
If yes, please describe:
2 TVs and 2 Arcade games for customers
to use while they wait for their food.

Parking Impacts. Please answer the following:

1. What percent of patron parking can be accommodated off-street? (check one)
 100%
 75-99%
 50-74%
 1-49%
 No parking can be accommodated off-street

2. What percentage of employees who drive can be accommodated off the street at least in the evenings and on weekends? (check one)
 All we only have 1 employee that drives a car
 75-99%
 50-74%
 1-49%
 None

3. What is the estimated peak evening impact upon neighborhoods? (check one)
 No parking impact predicted
 Less than 20 additional cars in neighborhood
 20-40 additional cars
 More than 40 additional cars

Litter plan. The applicant for a restaurant featuring carry-out service for immediate consumption must submit a plan which indicates those steps it will take to eliminate litter generated by sales in that restaurant.

Alcohol Consumption and Late Night Hours. Please fill in the following information.

1. Maximum number of patrons shall be determined by adding the following:
+ 42 Maximum number of patron dining seats
+ 6 Maximum number of patron bar seats
+ - Maximum number of standing patrons
= 48 Maximum number of patrons

2. 4 Maximum number of employees by hour at any one time

3. Hours of operation. Closing time means when the restaurant is empty of patrons. (check one)
 Closing by 8:00 PM
 Closing after 8:00 PM but by 10:00 PM
 Closing after 10:00 PM but by Midnight
 Closing after Midnight

4. Alcohol Consumption (check one)
 High ratio of alcohol to food
 Balance between alcohol and food
 Low ratio of alcohol to food

- B. Please give the number of:
Parking spaces on-site 12
Parking spaces off-site 0

If the required parking will be located off-site, where will it be located?

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

- A. How many loading spaces are available for the use? NA
- B. Where are off-street loading spaces located? Loading is done
on our parking lot
- C. During what hours of the day do you expect loading/unloading operations to occur? 8 AM - 12 PM
- D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? 1-2 deliveries per day Monday - Friday

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:

NA

APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: ED 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: ED 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.

Erik Dorn
Print Name of Applicant or Representative

Erik Dorn
Signature

Date 11/3/17

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: _____