



APPLICATION SPECIAL USE PERMIT

SUP 2017-00137

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

Change of Ownership **Minor Amendment**

[must use black ink or type]

PROPERTY LOCATION: 2912 Duke Street, Alexandria, Virginia
TAX MAP REFERENCE: 62.03 03 04-01 **ZONE:** CG Commercial General

APPLICANT
Name: CB Squared

Address: _____

PROPERTY OWNER
Name: Duke Street Lubrication, Inc.

Address: PO Box 472, Phoenix Md. 21131

SITE USE: Light Automobile repair - Jiffy Lube

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

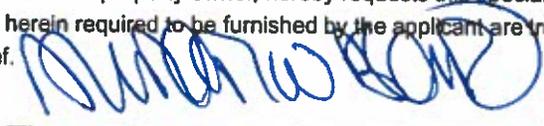
THE UNDERSIGNED hereby applies for a Special Use Permit for **Change in Ownership**, in accordance with the provisions of Article XI, Division A, Section 11-503 (5)(f) of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

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.

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


Signature
703 836 1000 549 3335
Telephone # Fax #
dblair@landcarroll.com
Email address
12/19/2017
Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

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

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 to the operation of the Jiffy Lube 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 ^{None} _____ 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 ^{N/A} _____ 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?

11. Is off-street parking provided for your customers? YES 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: _____ 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 ^X _____ 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:

CB Squared Services Inc., is a Virginia corporation. The only entities owning an interest

in excess of three (3%) are: ESOP 44.13%, Carlos Clement 35.55% and Charles Day 20.32%.
