

**REVISED**

SUP # 2017-0095



**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 15                      Outdoors 20                      Total number proposed 35

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:

Carry-out restaurant. Hand pies and pastries made off-site and served at the Ice House. Coffee, espresso and beverages for sale.

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? 1

Will delivery drivers use their own vehicles?                        ✓   Yes                             No

Where will delivery vehicles be parked when not in use?

Off-site, Fairfax VA

6. Will the restaurant offer any entertainment (i.e. live entertainment, large screen television, video games)?

       Yes                        ✓   No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Administrative Special Use Permit  
Restaurant  
Prescreening Checklist**

To qualify for the administrative special permit review process, the proposed restaurant must be able to meet the following standards:

- 100 indoor seats or fewer
- Located outside of the W-1, WPR, RC, RC-X, & RD Zones
- If delivery service will be offered, must have a minimum of 20 seats & will be limited to 2 vehicles with dedicated off street parking.

Two delivery vehicles are allowed and there must be a dedicated parking place for it which is not on the public street. No delivery of alcoholic beverages is permitted.

- Restaurant hours must open at or later than 5:00 am & close at or before midnight

Meals ordered before the closing hour may be served, but no new patrons may be admitted, no new meals ordered, and no alcohol served after the closing hour. All patrons must leave by one hour after the closing hour.

Within the Mount Vernon Avenue Overlay zone and the NR zone (Arlandria) areas, hours are limited to from 6:00 a.m. to 11:00 p.m., Sunday through Thursday, and from 6:00 a.m. to midnight, Friday and Saturday, although the closing hour for indoor seating may be extended until midnight four times a year for special events.

- On premise alcohol service only

Full alcohol service, consistent with a valid ABC license is permitted. No alcohol sales for off premise consumption are permitted.

Within the Mount Vernon Avenue Overlay zone, the NR zone (Arlandria) and the West Old town neighborhood areas, alcohol may only be served at tables. Within the West Old Town neighborhood (bounded by Cameron, North West, Wythe and North Columbus Streets), no alcohol shall be served before 11 am or after 10 pm daily.

- Limited live entertainment only (with noise restrictions); Nightclub entertainment is not permitted.

- Restaurants in Old Town Small Area Plan must satisfy Old Town restaurant policies.

- Restaurants in Waterfront Small Area Plan must satisfy Waterfront restaurant policies.

If your business cannot meet the standards above, please speak with Planning and Zoning staff about the full hearing SUP process.

In addition to the use-specific standards listed above, all uses must follow additional general standards. To review the general standards, [click here](#) or contact Planning and Zoning staff for assistance (703)-746-4666. Additional conditions of approval will apply.

SUP 2017-035



# Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: Ice House 200 Commerce St

ZONE: CL TAX MAP REFERENCE: 074.01-02-13

## APPLICANT'S INFORMATION:

Applicant: Markos Panas Business/Trade Name: \_\_\_\_\_

Address: 2132 FARRINGTON AVE ALEXANDRIA, VA 22303

Phone: 415.999.6691 Email: markopanas@mac.com

## PROPOSED USE:

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

## 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: \_\_\_\_\_

## 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 interior 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.

**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  
 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:  
 Maximum number of patron dining seats  
+  Maximum number of patron bar seats  
+  Maximum number of standing patrons  
=  Maximum number of patrons
  
2. 3 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

X

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 200 COMMERCE ST  
 (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: Boyd Walker Phone: 703-732-7269

Address: 1307 King St Email: boydwalker2012@gmail.com

Signature: Boyd Walker Date: 8-3-17

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.

n/a

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:**

Carry-out restaurant. Hand pies, and pastries made off-site and served at the Ice House.

Coffee, espresso, and beverages also for sale.

**3. Please describe the proposed hours of operation:**

Days	Hours
Daily	

Or give hours for each day of the week

Monday	<del>7a-7p</del> 11 am
Tuesday	<del>7a-7p</del> 11 pm
Wednesday	<del>7a-7p</del> 11 am
Thursday	<del>7a-7p</del> 12 am
Friday	<del>7a-7p</del> 12 am
Saturday	<del>8a-5p</del> 12 am
Sunday	<del>8a-5p</del> 11 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).**

50 per day

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

2 shifts of 1 person per shift

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

- 0 Standard and compact spaces
- 0 Handicapped accessible spaces
- 0 Other

B. Please give the number of:  
Parking spaces on-site 1 staff

APPLICANT'S SIGNATURE

Parking spaces off-site 0

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

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

A. How many loading spaces are available for the use? 1

B. Where are off-street loading spaces located? n/a

C. During what hours of the day do you expect loading/unloading operations to occur? 8a-7a, and 2p-3p

D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? Daily

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:

N/A

Representative's Address:

Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Fax \_\_\_\_\_

**APPLICANT'S SIGNATURE**

Please read and initial each statement:

Initial: MAP 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: MAP 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.

MARKOS A. PAJAS

Print Name of Applicant or Representative

[Signature]

Signature

8/2/17

Date

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: \_\_\_\_\_

200 COMMERCE ST SITE PLAN

