



SUP # 208-0002

Administrative Special Use Permit Application

PROPERTY LOCATION: 405 Farnow St Alexandria V.A 22301

ZONE: 1 (Industrial) TAX MAP REFERENCE:

APPLICANT'S INFORMATION:

Applicant: Abdemalik Bryan Mossif Business/Trade Name: MADISON CLEY SCHOOL Galaxy schools

Address: 405 Farnow St Alex V.A 22301

Phone: 703-863-6071

Email: info@madisoncley.school.com

PROPOSED USE:

- | | | | |
|-------------------------------------|------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | Day Care Center | <input type="checkbox"/> | Restaurant |
| <input type="checkbox"/> | Light Auto Repair | <input type="checkbox"/> | Outdoor Dining (exclude King Street Retail) |
| <input type="checkbox"/> | Overnight Pet Boarding | <input type="checkbox"/> | Live Theater |
| <input type="checkbox"/> | Outdoor Garden Center | <input type="checkbox"/> | Outdoor Food and Crafts Market Center |
| <input type="checkbox"/> | Catering Business | <input type="checkbox"/> | Outdoor Display |
| <input type="checkbox"/> | Valet Parking | <input type="checkbox"/> | Massage Establishment |

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: [Handwritten 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 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.

Worksheet for specific use from Checklist and Worksheet package.

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PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 405 Fannon Street (property address), for the purposes of operating a Day Care Facility (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: John Sheridan Phone: 703-2200-7720
Address: 405 F, LLC; PO Box 236, McLean, VA 22101 Email: john.sheridan@cbre.com
Signature: [Signature] Date: 10/15/2018 2:11:06 PM PDT

- 1. The applicant is the (check one):
[checked] 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.

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.

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USE CHARACTERISTICS

2. Please give a brief statement describing the use:

Child Care Center

3. Please describe the proposed hours of operation:

Days	<i>5</i>	Hours	<i>11-Hours.</i>
Daily	<i>M-F</i>		

Or give hours for each day of the week

Monday	<i>7-6</i>
Tuesday	<i>7-6</i>
Wednesday	<i>7-6</i>
Thursday	<i>7-6</i>
Friday	<i>7-6</i>
Saturday	<i>N/A</i>
Sunday	<i>N/A</i>

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).

200 kids.

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

35 -> 40.

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

- 5 Standard and compact spaces
- 1 Handicapped accessible spaces
- Other

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B. Please give the number of:

Parking spaces on-site 5

Parking spaces off-site 5

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

Self storage on the north side of Fannon . ST

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

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

5

B. Where are off-street loading spaces located?

in front of Building

C. During what hours of the day do you expect loading/unloading operations to occur?

*From 7:00 AM - 9:00 AM
4:30 P.M. - 6:00 P.M.*

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

2 times Per DAY

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

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APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: *[Signature]* 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: *[Signature]* 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.

Abderrahmane Dayan Moussouf
Print Name of Applicant or Representative

[Signature]
Signature

9/21/18
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: _____

DAY CARE IN A CHURCH OR SCHOOL BUILDING

Zoning Ordinance Section 11-513(D)

Qualify for Administrative Review?

Will the day care be located in any one of the residential zones? Yes No

Will the day care be located in a church or school building? Yes No

If yes to all questions, the business qualifies for administrative review. If no to any question, speak to P&Z staff about the full SUP process.

Note: City staff will need to determine if the proposed location provides adequate drop off and pick up, and if there is an adequate buffer between the day care and near-by residents.

WORKSHEET – Answer each question. Attach a separate sheet of paper if necessary.

DROP OFF AREA

There must be an area that is large enough to pick up and drop off the children without interfering with other cars and pedestrians.

Where will the pick-up/drop-off area be located?

in front of Building

How many cars will fit in the area at one time?

5 → 16.

The pick up/drop off area must be shown on the site plan which is part of the application.

PROTECTION FOR NEARBY HOMES

The location must be far enough away from nearby homes and apartments so they will not be affected by the operations of the day care facility.

Where in the church or school building will the day care be located? (i.e. basement, upper floors, west side of the building)

How large an area is proposed for day care's operations? *17,714* sq. feet

What steps will be taken to buffer the day care from nearby residences (ex. shrubbery, fencing, etc.)?

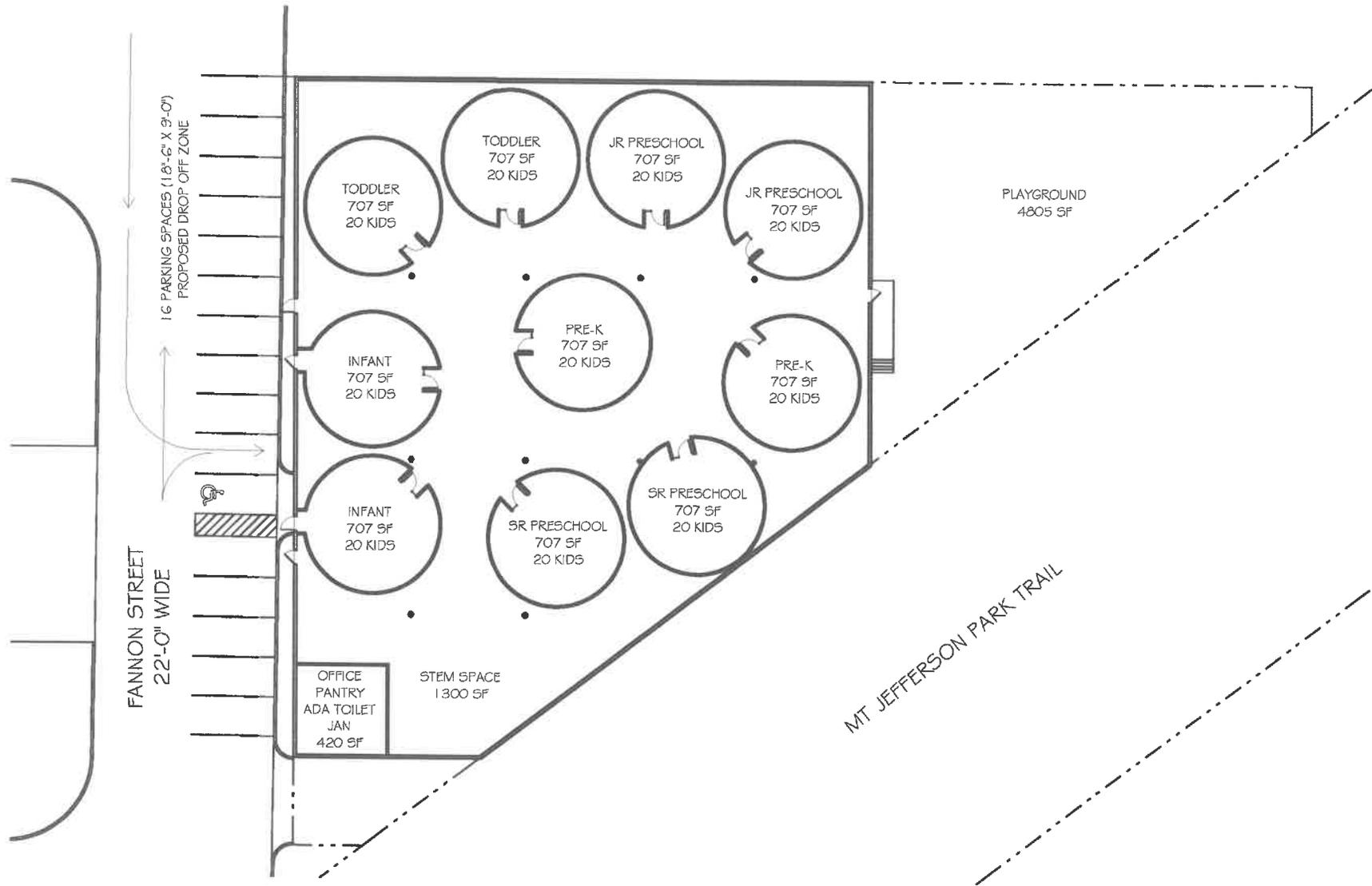
Fencing

The location of the child care in relation to nearby homes and apartments must be shown on the site plan which is part of the application.

Complete the Administrative Special Use Permit Application on the following pages.

Exhibit A





Cole&DennyArchitects

333 North Fairfax Street
Alexandria, VA 22314

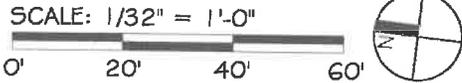
703.684.5994
coleanddenny.com

Concept 1 Floor Plan

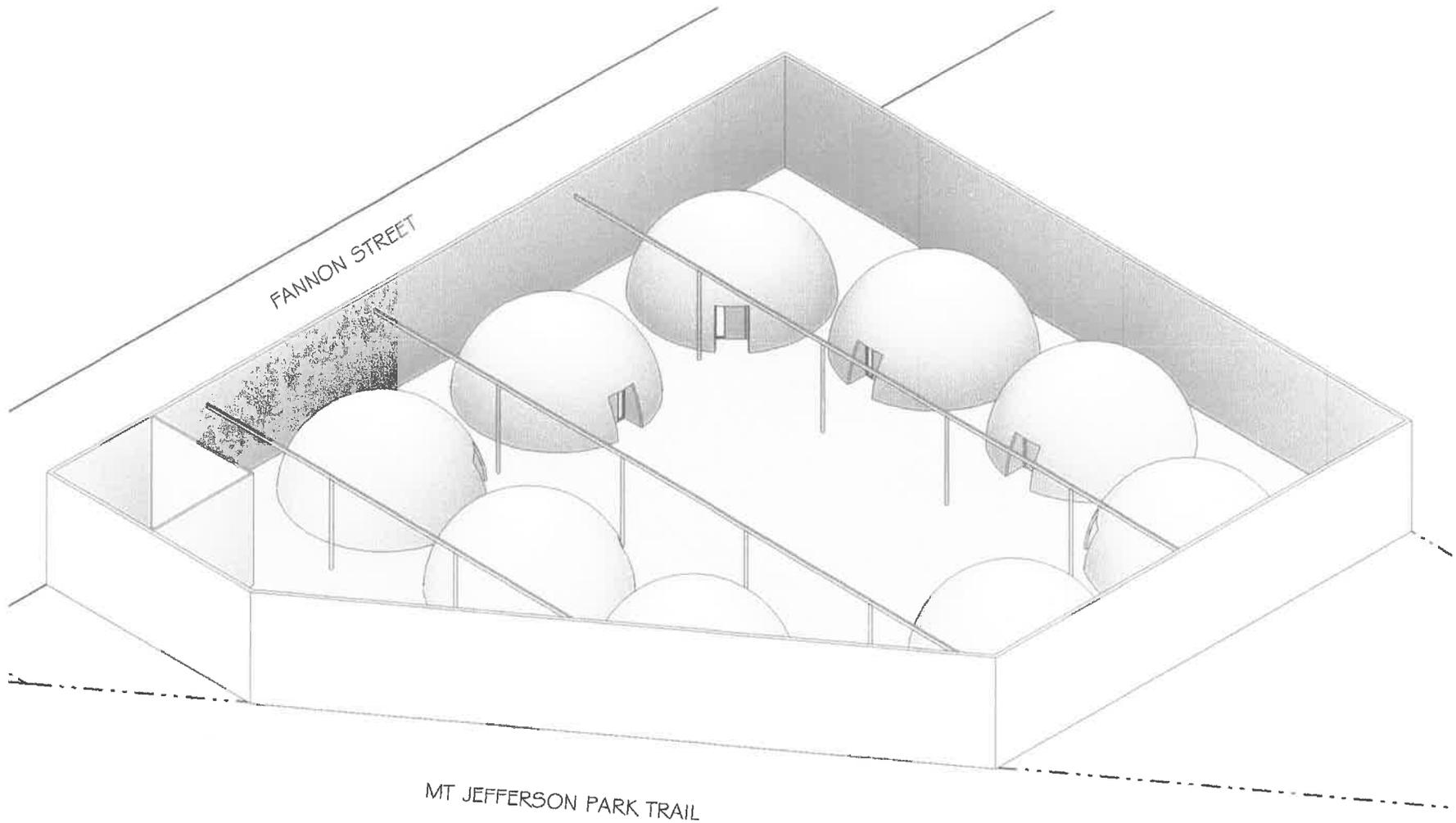
Proposed Daycare 405 Fannon Street

SK-01

18001.1



DATE: 04/25/2018



Cole&DennyArchitects

333 North Fairfax Street
Alexandria, VA 22314

703.684.5994
coleanddenny.com

Concept 1 3D View

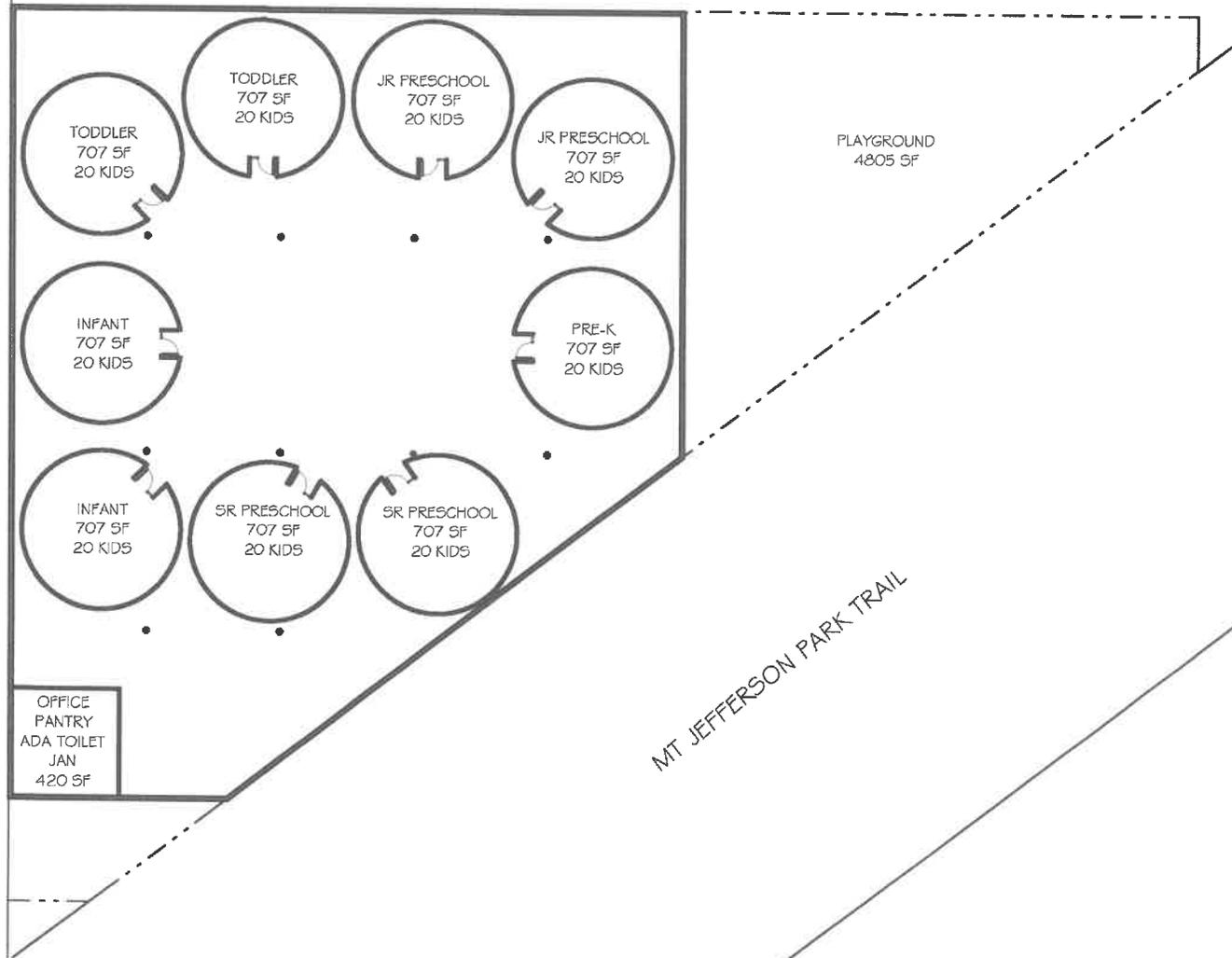
Madison Day School 405 Fannon Street

ASK-02

1801.1

DATE: 04/19/18

FANNON STREET



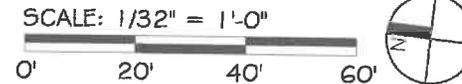
Cole&DennyArchitects

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Alexandria, VA 22314

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coleanddenny.com

Concept 1 Floor Plan

Madison Day School 405 Fannon Street



ASK-01

1801.1

DATE: 04/19/2018



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coleanddenny.com

Existing Conditions

Proposed Daycare 405 Fannon Street



EX

18001.1

DATE: 04/25/2018

City of Alexandria, Virginia, Planning and Zoning Department
Day Care Drop-Off/Pickup Plan for Special Use Permit Staff Review

In addition to completing this form, please submit a site plan that identifies the building, the location of off-street parking spaces, and the movement of vehicles during drop-off and pick-up times.

Return to: SUP Planner, Department of Planning and Zoning, Room 2100, City of Alexandria, VA, 22314.

1. Name of day care establishment:

Galaxy School - Madison Day School

2. Address:

405 Fannon Street, Alexandria VA 22301

3. Business owner:

Abderrahim Moussaif

4. Business owner phone and email:

703-853-6071 info@madisondayschool.com

5. Description of day care establishment:

Fun-loving, safe environment for children to learn and grow

6. Number of children at the site at any one time and their ages:
200 between 6 weeks to 5 years

7. Number of classrooms:

10

8. Number of employees on-site at any one time:

35

9. Overall hours of operation:

7 am - 6 pm, Monday to Friday

10. Peak times of drop-off/pickup

7 - 9 am and 4:30 - 6 pm

11. Number of off-street parking spaces available for the day care use:

A. Number for employees: 5

B. Number for parents/guardians (if parking and walking children into site during drop-off/pickup): 5-16

C. Total Number: 10 - 26

12. Method of transferring children between staff and parents/guardians:

Parents/guardians will park vehicles and walk children to meet daycare center staff.

Parents/guardians will wait in their vehicles in driveway/parking area and daycare center staff will meet children at vehicle.

Other, please describe. _____

13. Written description of drop-off/pickup plan including direction of travel for vehicles entering/exiting site. Attach a site plan that illustrates the proposed plan including the building, the location of off-street parking spaces, and the movement of vehicles during drop-off and pickup times.

There will be an assigned person to help with the traffic during the peak times. The person will have a handheld STOP sign. Please find the attached traffic pattern design to assist with your decision making process.
