



APPLICATION SPECIAL USE PERMIT

**ADMINISTRATIVE CHANGE OF OWNERSHIP
OR MINOR AMENDMENT**

Change of Ownership Minor Amendment

[must use black ink or type]

PROPERTY LOCATION: 100 S. Patrick Street, Alexandria, VA 22314
TAX MAP REFERENCE: 074.01-06-01 **ZONE:** KR

APPLICANT

Name: YogaWorks
Address: 5780 Uplander Way Culver City, CA 90230

PROPERTY OWNER

Name: Cielo Property Group
Address: 823 Congress Ave, Ste 600 Austin, TX 78701 sraina@cielo-re.com

SITE USE: Yoga studio

Business Name: **Current:** YogaWorks **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.

Patty Loch
Print Name of Applicant or Agent
5780 Uplander Way
Mailing/Street Address
Culver City, CA 90230
City and State Zip Code

Signature
310-564-5470
Telephone # Fax #
pattyL@yogaworks.com
Email address
May 1, 2018
Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____
Legal advertisement: _____
ACTION - PLANNING COMMISSION _____

Fee Paid: \$ _____
ACTION - CITY COUNCIL _____

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 # 2018-0021

Date approved: April, 10, 2018
month day year

Name of applicant on most recent special use permit Yogaworks

Use Yoga studio

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.)

Yoga studio & clothing/props for yoga students. Hours of operation change to Mon-Fri 6:00am to 9:00pm and Sat/Sun 9:00am-6:00pm. One full time employee with part time employees covering other shifts. Employees take public transportation to work. However, if they drive, they use off-street parking. The studio has two practice rooms which each has a maximum capacity of 23 students. Clothing, props, beverages and snack bars are sold for students that attend our classes.

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)

We would like to change the hours of operation from 6:30am to 6:00am Monday thru Friday.

Lined area for providing additional details or attachments as requested in the instructions.

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:
We would like to open the studio at 6:00am vs 6:30am Monday thru Friday

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

If yes, list the current hours and proposed hours:

Current Hours:
6:30am Mon thru Fri

Proposed Hours:
6:00am Monday thru Friday

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:
1 full time employee

Proposed Number of 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:

10. Is off-street parking provided for your employees? Yes No
 If yes, how many spaces, and where are they located?
 There is street parking all around the studio and in the neighborhood.

11. Is off-street parking provided for your customers? Yes No
 If yes, how many spaces, and where are they located?
 There is street parking all around the studio and in the neighborhood.

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:
23 per each practice room

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 _____ Prospective business owner
 other, please describe: Tenant in the building - current owner of yoga studio

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:

Yogaworks is a Corporation and publicly traded on the stock exchange.
