APPLICATION
SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

[X] Change of Ownership [ ] Minor Amendment

[must use black ink or type]

PROPERTY LOCATION: 134 Jasper PL

TAX MAP REFERENCE: 059.02-03-40 ZONE: R2-5

APPLICANT

Name: Julie Alvarado

Address: 134 Jasper PL, Alexandria, VA, 22304

PROPERTY OWNER

Name: Carmen Alvarado

Address: 134 Jasper PL, Alexandria, VA, 22304

SITE USE: To continue the SUP state licensed Child care provider, to continue buisnesst under new owner

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

[X] 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.

[X] 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.

[X] 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.

Julie Alvarado
Print Name of Applicant or Agent

Julie Alvarado
Signature

134 Jasper PL
Mailing/Street Address

571-241-1144 —
Telephone # Fax #

Alexandria, VA 22304
City and State Zip Code

alvarado.julie7@gmail.com
Email address

7-2-2018
Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____ Fee Paid: $_____

Legal advertisement: _____

ACTION - PLANNING COMMISSION _____ ACTION - CITY COUNCIL: _____

Special Use Permit #_____

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 # 2012-0045

Date approved: 09 / 15 / 2012
month day year

Name of applicant on most recent special use permit Carmen Alvarado

Use Family Day Home, State licensed, Business

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.)

The existing operation is a state licensed child care provider home. The department of zoning had previously approved this business to care for up to 9 (nine) children. The hours of operation are from 7:00am to 6:00pm, five days a week.
Parking is located on the property's driveway and street parking is available as well. There are two employees.
Our family owned business may be small, but it is beautiful. For the last 17 years, we have provided a warm, loving, and educational environment for anyone who enters our home; we aspire to continue to do so until time tells us otherwise.

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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)

The capacity of children that was approved was 9(nine);that number will remain the same. The number of employees will still be two. The hours and parking are the exact same. Very little noise is emitted due to the scope in nature of it being a small business.

The main thing that is changing is the name in the ownership section. My mom, Carmen Alvarado, is the current owner, and I want to be at the forefront of the business to help look after my family.

We also teach and advocate having good manners to all the children to reduce any anticipated noise levels;they are always busy and learning. Children's activities are on property grounds that is secured with a fence.

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4. Is the use currently open for business? [X] 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:

Change of ownership name to Julie Alvarado

6. Are the hours of operation proposed to change? [ ] Yes [X] No
If yes, list the current hours and proposed hours:

Current Hours:	Proposed Hours:
7:00 am - 6:00 pm	

7. Will the number of employees remain the same? [ ] Yes [X] No
If no, list the current number of employees and the proposed number.

Current Number of Employees:	Proposed Number of Employees:
3	2

8. Will there be any renovations or new equipment for the business? ____ Yes X 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 X No
If yes, describe proposed changes:

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10. Is off-street parking provided for your employees? [X] Yes [ ] No
If yes, how many spaces, and where are they located?
Driveway parking is available as well as (front of home) street parking, about 8 spaces are available for use, on off street, 3 on driveway =11 spaces

11. Is off-street parking provided for your customers? X 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 [X] 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:
9	9

13. Are physical changes to the structure or interior space requested? [ ] Yes [X] 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 [X] 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
[X] other, please describe: daughter. I live at this location.

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:

Applicant: Julie Alvarado; 134 Jasper PL, Alexandria, VA, 22304
I, Julie Alvarado, will have 100% ownership of the business. The property owner is Carmen Alvarado, my mother, and we both reside at 134 Jasper PL, Alexandria, VA, 22304