



## Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 2419 Mount Vernon Avenue

ZONE: CL TAX MAP REFERENCE: 034.02-04-02

**APPLICANT'S INFORMATION:**

The Snack Bar, LLC by:  
 Applicant: M. Catharine Puskar, Attorney/Agent Business/Trade Name: TBD

Address: 2200 Clarendon Blvd, Suite 1300, Arlington, VA 22201

Phone: 703-528-4700 Email: cpuskar@thelandlawyers.com

**PROPOSED USE:**

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

**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: *M. C. Puskar*

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.

SUP # \_\_\_\_\_

Worksheet for specific use from Checklist and Worksheet package.

Other materials, as required by specific use (see Guide to Administrative SUPs Checklist & Worksheets).

<b>PROPERTY OWNER'S AUTHORIZATION</b>	
As the property owner, I hereby grant the applicant use of _____ (property address), for the purposes of operating a <u>Please see attached.</u> _____ (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: _____	Phone: _____
Address: _____	Email: _____
Signature: _____	Date: _____

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.

Please see attached.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

N/A

The Snack Bar, LLC  
2419 Mount Vernon Ave  
Alexandria, VA, 22301

Karl Moritz  
301 King Street  
City Hall, Room 2100  
Alexandria, Virginia 22314

Re: Authorization to File an Administrative Special Use Permit for a Restaurant  
Applicant: The Snack Bar, LLC  
2419 Mount Vernon Avenue, Tax Map ID: 034.02-04-02 (the "Property")

Dear Mr. Moritz:

The Snack Bar, LLC hereby authorizes Walsh, Colucci, Lubeley & Walsh, P.C. to act as agent on its behalf for the filing and representation of an application for an administrative Special Use Permit for a restaurant on the Property and any related requests.

Very truly yours,

The Snack Bar, LLC

By: 

Its: Owner

Date: Aug. 29, 2018

Mount Vernon Properties of Delaware LLC  
618 S Alfred Street  
Alexandria, VA 22314

Karl Moritz  
301 King Street  
City Hall, Room 2100  
Alexandria, Virginia 22314

Re: Consent to File an Administrative Special Use Permit for a Restaurant  
Applicant: The Snack Bar, LLC  
2419 Mount Vernon Avenue, Tax Map ID: 034.02-04-02 (the "Property")

Dear Mr. Moritz:

As owner of the above-referenced Property, Mount Vernon Properties of Delaware LLC, hereby consents to the filing of an administrative Special Use Permit application for a restaurant and any related applications and requests on the Property by The Snack Bar, LLC.

Very truly yours,

Mount Vernon Properties of Delaware LLC

By: 

Its: Member Manager

Date: Aug. 29, 2018

Mount Vernon Properties of Delaware LLC  
618 S Alfred Street  
Alexandria, VA 22314

**OWNERSHIP BREAKDOWN**

**J. LAWRENCE HIRSCH 50%**

**SCOTT MITCHELL 50%**

Very truly yours,

Mount Vernon Properties of Delaware LLC

By: *Scott Mitchell*

Its: *Member Manager*

Date: *8-29-2018*

The Snack Bar, LLC  
2419 Mount Vernon Ave  
Alexandria, VA, 22301

**OWNERSHIP BREAKDOWN**

**SCOTT MITCHELL 100%**

Very truly yours,

The Snack Bar, LLC

By: *S. Mitchell*

Its: Owner

Date: 8/29/18

**USE CHARACTERISTICS**

**2. Please give a brief statement describing the use:**

The Applicant is proposing a new restaurant concept in an existing restaurant tenant space. The existing Snack Bar restaurant has closed. The Applicant intends to renovate the space and reopen with a new restaurant concept.

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

Days	Hours
Daily	

Or give hours for each day of the week

Monday	6:00 AM - 11:00 PM
Tuesday	6:00 AM - 11:00 PM
Wednesday	6:00 AM - 11:00 PM
Thursday	6:00 AM - 11:00 PM
Friday	6:00 AM - midnight
Saturday	6:00 AM - midnight
Sunday	6:00 AM - 11:00 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).

The restaurant will serve up to approximately 150 patrons per day.

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

The Applicant will employ up to 15 staff per day.

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

0 \_\_\_\_\_ Standard and compact spaces  
 0 \_\_\_\_\_ Handicapped accessible spaces  
 0 \_\_\_\_\_ Other

**Per Section 8-200 of the Zoning Ordinance, no parking is required. The restaurant space is under 2,000 sf and does not trigger parking in the Enhanced Transit Zone. Please see attached floor plan.**

SUP # \_\_\_\_\_

- B. Please give the number of:  
Parking spaces on-site 0 N/A. No loading is required per  
Section 8-200 B. 5. of the Zoning  
Ordinance.  
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? N/A
- 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? Loading will occur between the hours of 11PM and 7AM.
- D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? As often as necessary.

**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:**

No hazardous materials other than standard cleaning materials will be use on the property. Cleaning supplies will be disposed of in accordance with all applicable codes.

**APPLICANT'S SIGNATURE**

Please read and initial each statement:

Initial: mp 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: mp 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.

M Catharine Puskar, atty/agent  
Print Name of Applicant or Representative

mp Puskar  
Signature

8/30/18  
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: 2200 Clarendon Blvd, Suite 1300

Arlington, VA 22201

Phone: 705-528-4700

Email: cpuskar@thelandlawyers.com

Fax: 703-525-3197



# 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: 100                      Outdoors: 20                      Total number proposed: 120

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:  
The Applicant is still developing the new restaurant concept and menu.  
\_\_\_\_\_  
\_\_\_\_\_

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? No delivery service.  
Will delivery drivers use their own vehicles?       Yes       No  
Where will delivery vehicles be parked when not in use?  
N/A  
\_\_\_\_\_

6. Will the restaurant offer any entertainment (i.e. live entertainment, large screen television, video games)?  
 Yes       No  
If yes, please describe:  
The Applicant is requesting limited live entertainment and large screen TVs.  
\_\_\_\_\_  
\_\_\_\_\_

**OUTDOOR DINING**  
Zoning Ordinance Section 11-513(M)

**Qualify for Administrative Review?**

Is the proposed outdoor dining accessory to an approved indoor restaurant?  Yes      No

Will the hours for outdoor dining be the same as those approved for the indoor restaurant?      Yes  No \*

Will the outdoor dining have 20 seats or fewer?  Yes      No      \*The outdoor dining area will close at 10 PM daily.

Will live entertainment be **prohibited** from the outdoor seating area?  Yes      No

Will advertising be **excluded** from the outdoor seating area?  Yes      No

Will an employee be assigned to the outdoor dining area to make sure it is cleared and washed at the close of each business day?  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. A layout plan must be reviewed and approved for the outdoor dining.**

**Note: This process does not apply to businesses within the King Street Retail Overlay. Please speak to P&Z staff about a different administrative process for outdoor dining.**

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

**PART OF APPROVED INDOOR RESTAURANT**

**Outdoor dining must be connected to an approved indoor restaurant.**

What restaurant is the outdoor dining connected to?

The proposed outdoor dining is connected to the restaurant located at 2419 Mount Vernon Avenue.

**HOURS**

**The hours of operation for the outdoor dining must be the same as permitted for the indoor restaurant, unless there is a neighborhood standard for a different time. In the NR (Arlandria), Mount Vernon Avenue Overlay and West Old Town neighborhood areas, outdoor dining shall be closed and cleared of all customers by 10pm Sunday through Thursday and by 11pm Friday and Saturday.**

What are the proposed hours for the outdoor dining?

The restaurant will adhere to the standards for the Mount Vernon Avenue Overlay, 6AM - 10 PM.

**LOCATION ON PRIVATE PROPERTY**

**Outdoor dining, including seats, planters, wait stations and barriers, must be located on private property unless authorized by an encroachment ordinance.**

Will the outdoor dining be located only on private property?

What steps will you take to ensure that components, such as planters and barriers, do not encroach onto the public sidewalk?

The all components of the outdoor dining are located on private property.

**NUMBER OF SEATS**



Only 20 seats may be located at outdoor tables in front of the restaurant.

How many seats will be included in the outdoor seating?

20 outdoor seats total.

**ALCOHOL SERVICE**



Alcohol service, to the extent allowed for indoor dining, is permitted; no off-premise alcohol sales are permitted.

Is on-premise alcohol service proposed?

Yes, the applicant is requesting on-premise alcohol sales.

**OUTDOOR DINING PLAN**



**Please submit a detailed plan with your application**

A plan for layout of the outdoor dining must be submitted for review and approval by the director. The business must maintain compliance with the approved layout. Any changes to the approved layout may require further review by staff.

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



**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.

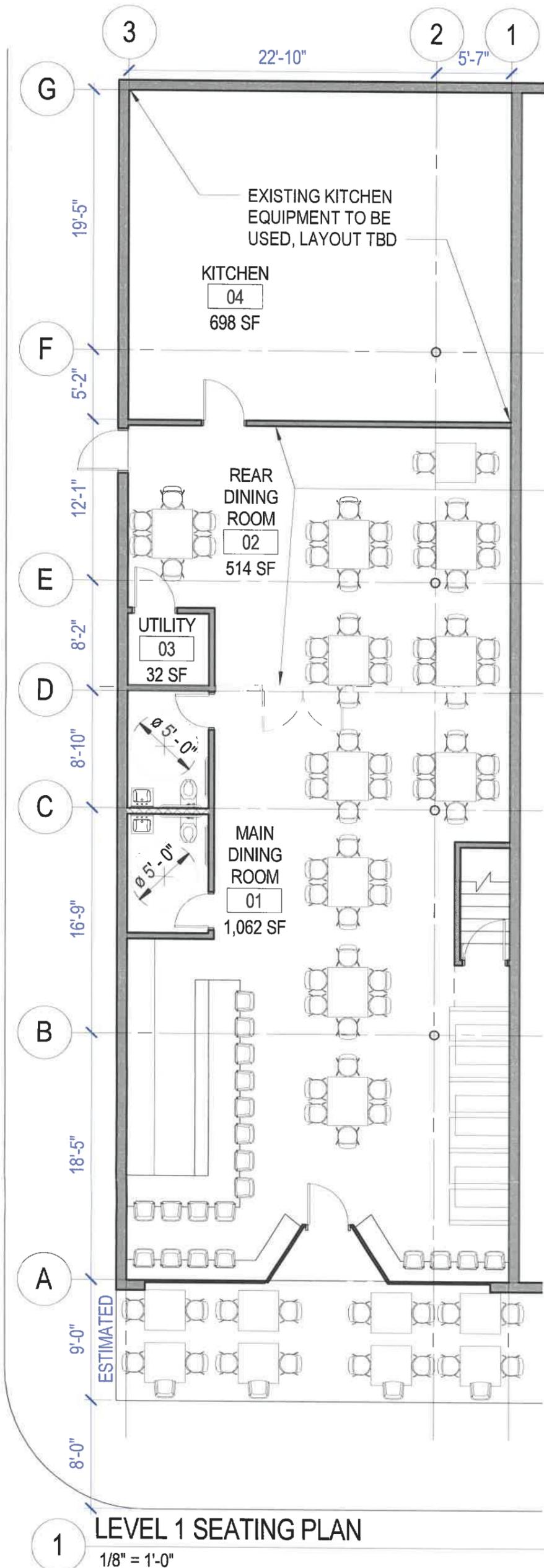
Within the Mount Vernon Avenue Overlay zone, the NR zone (Arlandria) and the West Old town neighborhood areas, alcohol may only be served at tables. Within the West Old Town neighborhood (bounded by Cameron, North West, Wythe and North Columbus Streets), no alcohol shall be served before 11 am or after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

Sketch Title:  
NEW SEATING PLAN



**GENERAL NOTES - SEATING PLAN**

TABLE/SEAT TYPE: SEATS:

**INTERIOR**

6 TOP TABLES: 10	60
6 TOP BOOTHS: 3	18
2 TOP TABLES: 1	02
BAR SEATS: 20	20
<b>TOTAL INTERIOR SEATS:</b>	<b>100</b>

**EXTERIOR**

2 TOP TABLES: 4	8
3 TOP TABLES: 4	12
<b>TOTAL EXTERIOR SEATS:</b>	<b>20</b>

**TOTAL SEATS: 120**

EXISTING WALL  
BETWEEN KITCHEN A  
AND DINING ROOM  
TO BE RELOCATED



**2 SITE PLAN**  
1" = 100'-0"