

SUP # _____



Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 2415 Eisenhower Ave Alexandria VA 22314

ZONE: CDD#2

TAX MAP REFERENCE: _____

APPLICANT'S INFORMATION:

Applicant: Hee Lee Business/Trade Name: Subway

Address: 3184 Ariana Dr. Oakton VA 22124

Phone: (571)334-6835

Email: SubwayAlexandriaVA@gmail.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.

Handwritten signature/initials

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USE CHARACTERISTICS

2. Please give a brief statement describing the use:

Subway Sandwich Quick Service Restaurant

3. Please describe the proposed hours of operation:

Days	Hours
Daily	

Or give hours for each day of the week

Monday	7 AM to 11 PM
Tuesday	7 AM to 11 PM
Wednesday	7 AM to 11 PM
Thursday	7 AM to 11 PM
Friday	7 AM to 11 PM
Saturday	8 AM to 10 PM
Sunday	9 AM to 10 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).

100 to 200 lunch time shift, ±50 all other shifts

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

5 Weekdays daytime, 2 all other times and weekends

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

_____ Standard and compact spaces
_____ Handicapped accessible spaces
N/A Other

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- B. Please give the number of:
Parking spaces on-site N/A
Parking spaces off-site N/A

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? One

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? During Business hours - PRIVATE ENCLOSED LOADING DOCK

D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? once a week - PRIVATE ENCLOSED LOADING DOCK

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

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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 _____
 (property address), for the purposes of operating a _____ (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: **SEE ATTACHMENT # 1** 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.

Hee C. Lee (100%)

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.

Melissa Webb
Rappaport
mwebb@rappaportco.com **SEE ATTACHMENT # 2**

Handwritten signature/initials

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APPLICANT'S SIGNATURE

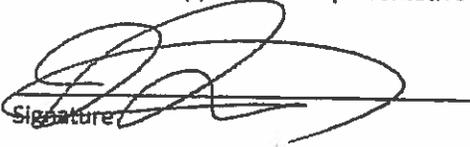
Please read and initial each statement:

Initial: HCL 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: HCL 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.

Hee C. Lee

Print Name of Applicant or Representative

Signature 

Date 6/21/18

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: _____

Handwritten note: 2w 6/21/18

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SUPPLEMENTAL APPLICATION

RESTAURANT

All applicants requesting a Special Use Permit or an Administrative Use Permit for a restaurant shall complete the following section.

- How many seats are proposed?
Indoors: 21 Outdoors: _____ Total number proposed: 21
- 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
- Please describe the type of food that will be served:
Subway Submarine Sandwiches, Wraps, Personal Pizza, cookies, Chips, Bottled Sodas, and Fountain Sodas
- The restaurant will offer the following service (check items that apply):
_____ table service _____ bar carry-out _____ delivery
- If delivery service is proposed, how many vehicles do you anticipate? N/A
Will delivery drivers use their own vehicles? _____ Yes _____ No
Where will delivery vehicles be parked when not in use?
N/A
- Will the restaurant offer any entertainment (i.e. live entertainment, large screen television, video games)?
_____ Yes No
If yes, please describe:

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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:

_____	N/A	Maximum number of patron dining seats
+	_____	N/A Maximum number of patron bar seats
+	_____	N/A Maximum number of standing patrons
=	_____	N/A Maximum number of patrons

2. 6 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

fw upch

**Signature page of Property Owner to Administrative Special Use Permit Application
City of Alexandria**

USGBF NSF, LLC,
a Delaware limited liability company

By: US Government Building Open-End Operating Partnership, LP,
a Delaware limited partnership, its sole member

By: USAA GB OP GP, LLC,
a Delaware limited liability company, its general partner

By: US Government Building Open-End REIT, LLC,
a Delaware limited liability company, its manager

By: US Government Building US Lux JV, LP,
a Delaware limited partnership, its manager

ATTEST/WITNESS: By: USAA GB PP GP LLC,
a Delaware limited liability company, a general partner

Carol N. Bordenay
TITLE: SR. EXEC. ASSISTANT

By: [Signature]
Name: PETER MCLAUGHLIN
Title: Managing Director

ATTEST/WITNESS: By: US GB EU 1 GP LLC,
a Delaware limited liability company, a general partner

Carol N. Bordenay
TITLE: SR. EXEC. ASSISTANT

By: [Signature]
Name: PETER MCLAUGHLIN
Title: Managing Director

ATTEST/WITNESS: By: US GB EU 2 GP LLC,
a Delaware limited liability company, a general partner

Carol N. Bordenay
TITLE: SR. EXEC. ASSISTANT

By: [Signature]
Name: PETER MCLAUGHLIN
Title: Managing Director

ATTACHMENT #1

