



APPLICATION SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP
OR MINOR AMENDMENT

Change of Ownership Minor Amendment

[must use black ink or type]

PROPERTY LOCATION: 139 South Fairfax Street, Alexandria VA 22314
TAX MAP REFERENCE: Map 75.01, Block 08, Lot 15 **ZONE:** RM

APPLICANT

Name: McCarthy Flowers Inc
Address: PO Box 464, 545 Northern Blvd., Chinchilla PA 18410

PROPERTY OWNER

Name: Phyllis Kennedy
Address: 139 South Fairfax Street, Alexandria VA 22314

SITE USE: Retail Florist Shop

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

McCarthy Flowers Inc
Print Name of Applicant or Agent
PO Box 464, 545 Northern Blvd.
Mailing/Street Address
Chinchilla PA 18410
City and State Zip Code

Signature
570-587-8787 570319-6997
Telephone # Fax #
mccarthyflowerspa@aol.com
Email address
1/11/19
Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____ Fee Paid: \$ _____
Legal advertisement: _____
ACTION - PLANNING COMMISSION _____ ACTION - CITY COUNCIL: _____

Item 2 – Description of the Existing Operation

The existing retail florist shop, doing business under the name "The Enchanted Florist" is a full service flower shop serving the neighboring residential community, with approximately 80% of business coming from the immediate surrounding area. Having been in continuous operations since 1983 the current services provided include a wide variety of custom designed floral arrangements and plants for individuals in addition to providing floral product for special occasions, weddings, funerals and standing weekly orders for the local business community. Daily operations are currently directed by local resident Phyllis Kennedy, who will continue to perform in that capacity after the change in ownership. Ms Kennedy's responsibility to include the oversight of the existing 11 member staff, marketing activities, and production coordination with an offsite warehouse facility located in the nearby community. Additionally Ms. Kennedy will continue to reside in a residence located immediately above the retail store.

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 - McCarthy Flowers Inc

Brian J McCarthy, as President & 100% Owner

6081 Silver King Blvd

Cape Coral, Fl 33914

10. Is off-street parking provided for your employees? Yes No
If yes, how many spaces, and where are they located?

2 Spaces at St Mary's Church and space at a local warehouse facility.

11. Is off-street parking provided for your customers? Yes No
If yes, how many spaces, and where are they located?

Available off street parking. Additionally a designated loading area is provided on the street in front of the store.

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:

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: _____

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:
No changes requested.

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

Current Hours:	Proposed Hours:
_____	_____
_____	_____
_____	_____
_____	_____

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:	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:

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 applicant is not proposing any amendments or changes to the existing SUP #2425-A as was obtained by the current location owner, Phyllis Kennedy. The only change being requested is relative to the change in ownership.

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 # 2425-A

Date approved: 9 / 3 / 1991
 month day year

Name of applicant on most recent special use permit Phyllis Kennedy, DBA The Enchanted Florist

Use Retail Florist Store

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.)

Please See Attached
