

SUP2019.00019



# APPLICATION SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP  
OR MINOR AMENDMENT

**Change of Ownership**       **Minor Amendment**

[must use black ink or type]

**PROPERTY LOCATION:** 4946 B EISENHOWER AVE ALEX. VA 22304

**TAX MAP REFERENCE:** \_\_\_\_\_ **ZONE:** \_\_\_\_\_

**APPLICANT**

Name: RAFAEL LABUNA

Address: 6904 VICTORIA DR ALEX VA 22310

**PROPERTY OWNER**

Name: RAFAEL LABUNA

Address: 6904 VICTORIA DR ALEX VA 22310

**SITE USE:** \_\_\_\_\_

**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.

RAFAEL LABUNA  
Print Name of Applicant or Agent

[Signature]  
Signature

6904 VICTORIA DR  
Mailing/Street Address

\_\_\_\_\_  
Telephone #      Fax #

ALEX VA      22310  
City and State      Zip Code

CHAVACATON@NETS.BGMAIL.COM  
Email address

\_\_\_\_\_  
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 # 2017-00099

Date approved: Oct / 11 / 2017  
month day year

Name of applicant on most recent special use permit \_\_\_\_\_

Use \_\_\_\_\_

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.)

Auto Repair  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Special Use Permit # \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_ 2 \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Use Permit # \_\_\_\_\_

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

6 - PARKING LOT

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

4 - PARKING LOT

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: PARTNER

Special Use Permit # \_\_\_\_\_

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:**

- 1 RAFAEL LAQUANA % 20.  
6904 Victoria Dr. Alex. VA 22304
- 2 WILLIAM MUIR % 40.  
3406 BEAUMONT Rd. Woodbridge VA - 22193
- 3 IRENE RODRIGUEZ % 40  
28 HESH Av. #1 Westminister Md. 21157