SUP #

Administrative Special Use Permit Application

PROPERTY LOCATION: 2003 A Mount Vernon Ave. Alexandria VA 22301

ZONE: CL TAX MAP REFERENCE: 034.04-05-18

APPLICANT'S INFORMATION:

Applicant: HEWAN SEIFU Business/Trade Name: Dolce and Bean, LLC

Address: 6631 Hunter Creek Lane Alexandria VA 22315

Phone: 703-926-9712 Email: cookie.seifu@gmail.com

PROPOSED USE:

- [ ] Day Care Center
- [ ] Light Auto Repair
- [ ] Overnight Pet Boarding
- [ ] Outdoor Garden Center
- [ ] Catering Business
- [ ] Valet Parking
- [X] Restaurant
- [ ] Outdoor Dining (exclude King Street Retail
- [ ] Live Theater
- [ ] Outdoor Food and Crafts Market Center
- [ ] Outdoor Display
- [ ] Massage Establishment

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 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.

Worksheet for specific use from Checklist and Worksheet package.

SUP #

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 2003A Mt. Vernon Ave. Alexandria VA 22301 (property address), for the purposes of operating a Gelato/ice cream/chocolate/coffee shop (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: Dennis H. Reeder

Phone 703-346-4515

Address: 8 E Bellefonte Ave., 22301

Email: drchapiii@gmail.com

Signature:

Date: 29 Feb 16

1. The applicant is the (check one):

- [ ] Owner
- [ ] Contract Purchaser
- [x] 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.

1) Dennis H. Reeder - 8 E Bellefonte Ave. - 80%

2) Margaret Maguire - 631 Maryland Ave, NW Wash. DC 20002 - 20%

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
- [x] No. The agent shall obtain a business license prior to filing application, if required by the City Code.

SUP #

USE CHARACTERISTICS

2. Please give a brief statement describing the use:

establishment serving -gourmet gelato/ice cream
-gourmet chocolate + candy
-coffee + pastry
Customers will be served at the counter, then proceed to sit indoors or outdoors.

3. Please describe the proposed hours of operation:

Days	Hours
Daily	7 AM to 11 PM

Or give hours for each day of the week

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

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).

approx. 30 clients / day

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

1 part-time, 1 full time employees - / per day

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

2 Standard and compact spaces
_____ Handicapped accessible spaces
_____ Other

SUP #

B. Please give the number of:

Parking spaces on-site _____

Parking spaces off-site _____

If the required parking will be located off-site, where will it be located?

6. Please provide information regarding loading and unloading for the use:

A. How many loading spaces are available for the use?

1 space available

B. Where are off-street loading spaces located?

In the back of the building -

C. During what hours of the day do you expect loading/unloading operations to occur?

Mornings -

D. How frequently are loading/unloading operations expected to occur per day or per week?

twice a week

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:

N/A

SUP #

APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: H.S 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: H.S 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.

HEWAN SEIFU

Print Name of Applicant or Representative

Signature

40 2-29-2016

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:

PETROS GHEBRE-EGZIABHER

Phone: 703-981-8144

Email: petros.forgam@gmail.com

Fax: _____

SUP #_____

RESTAURANTS

Zoning Ordinance Section 11-513(L)

Qualify for Administrative Review?

Will the restaurant have 100 indoor seats or fewer? [X] Yes [ ] No

Will the restaurant be located outside of Old Town (CD and KR zones)? [X] Yes [ ] No

If delivery service will be offered, does the restaurant have 40 seats or more? [ ] Yes [X] No

Will wait service be provided at preset tables with printed menus and non-disposable tableware (not applicable to coffee/ice cream shops)? [ ] Yes [ ] No N/A

If alcohol service will be offered, will it be on premise alcohol service only (alcohol will not be carried out of the restaurant)? [ ] Yes [ ] No N/A

Will the restaurant open at or later than 5:00 am? [X] Yes [ ] No

Will the restaurant close at or before midnight? [X] Yes [ ] No

If yes to all questions, the business qualifies for administrative review. Complete the questions below and the Administrative SUP Application form. If no to any question, speak to Planning & Zoning staff about the process for consideration by Planning Commission and City Council.

***See Zoning Ordinance Section 2-190.3 for coffee or ice cream shop definition.**

Note: Hours for restaurant operations are different in the Mount Vernon Overlay and NR (Arlandria) zones. Planning & Zoning staff can provide more information.

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

SEATS

The restaurant may not include more than 100 indoor seats.

How many indoor seats are proposed? 8 seats

ALCOHOL

Full alcohol service, consistent with a valid ABC license is permitted. No off-premise alcohol sales 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.

Contact ABC for information about obtaining an ABC license (703/313-4432)

Will the restaurant offer alcohol service? [ ] **Yes** [X] **No**

DELIVERY SERVICE

If you have at least 40 seats, you may include delivery service. Only one delivery vehicle is 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.

Is delivery service proposed? ☐ Yes ☒ No

Where will the delivery vehicle be parked?

HOURS

The hours of operation may be similar to other restaurants in the area, but must close by 12:00 midnight and may not open before 5:00 a.m. Meals ordered before the closing hour may be served, but no new patrons may be admitted after the closing hour, and all patrons must leave by one hour after the closing hour. The hours of operation as well as the location of all off street parking must be posted at the entrance to the restaurant.

HOURS IN MOUNT VERNON OVERLAY OR NR ZONE (Arlandria) AREAS

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.

What hours are proposed?

Monday to Sunday: 7:00 AM – 11:00 PM

DELIVERIES TO THE RESTAURANT

Deliveries to the restaurant may only take place between 7:00 a.m. and 11:00 p.m.

What days will deliveries occur?

Twice a week as ~~N/A~~ needed

Where will deliveries to the restaurant occur? ~~N/A~~

In the back of the building.

SUP #_____

SOLID WASTE AND RECYCLING

The applicant must provide storage space for solid waste and recyclable materials containers as outlined in the City's "Solid Waste and Recyclable Materials Storage Space Guidelines," or to the satisfaction of the Director of Transportation & Environmental Services. The City's storage space guidelines and required Recycling Implementation Plan forms are available at: www.alexandriava.gov or contact the City's Solid Waste Division at 703-519-3486 ext.132.

Where will the waste and recycling containers be located?

They are located in the back of the building -

CONTROLLING ODORS AND SMOKE

The applicant must control odors and smoke from the property to prevent them from becoming a nuisance to neighboring properties, as determined by the Department of Transportation and Environmental Services.

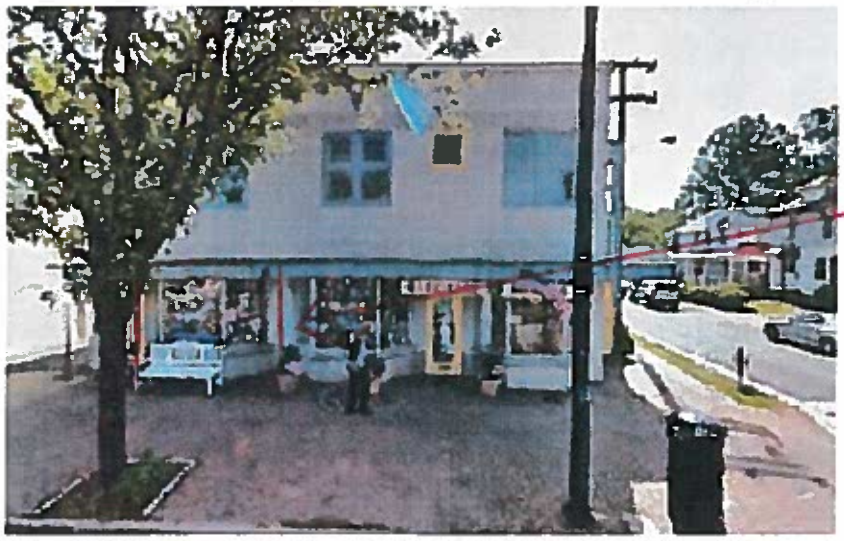
What equipment is included in the building to help control odors and smoke?

There won't be any cooking.
Mostly it will be warming pastry in a little oven.

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

Google Maps 2003 Mt Vernon Ave

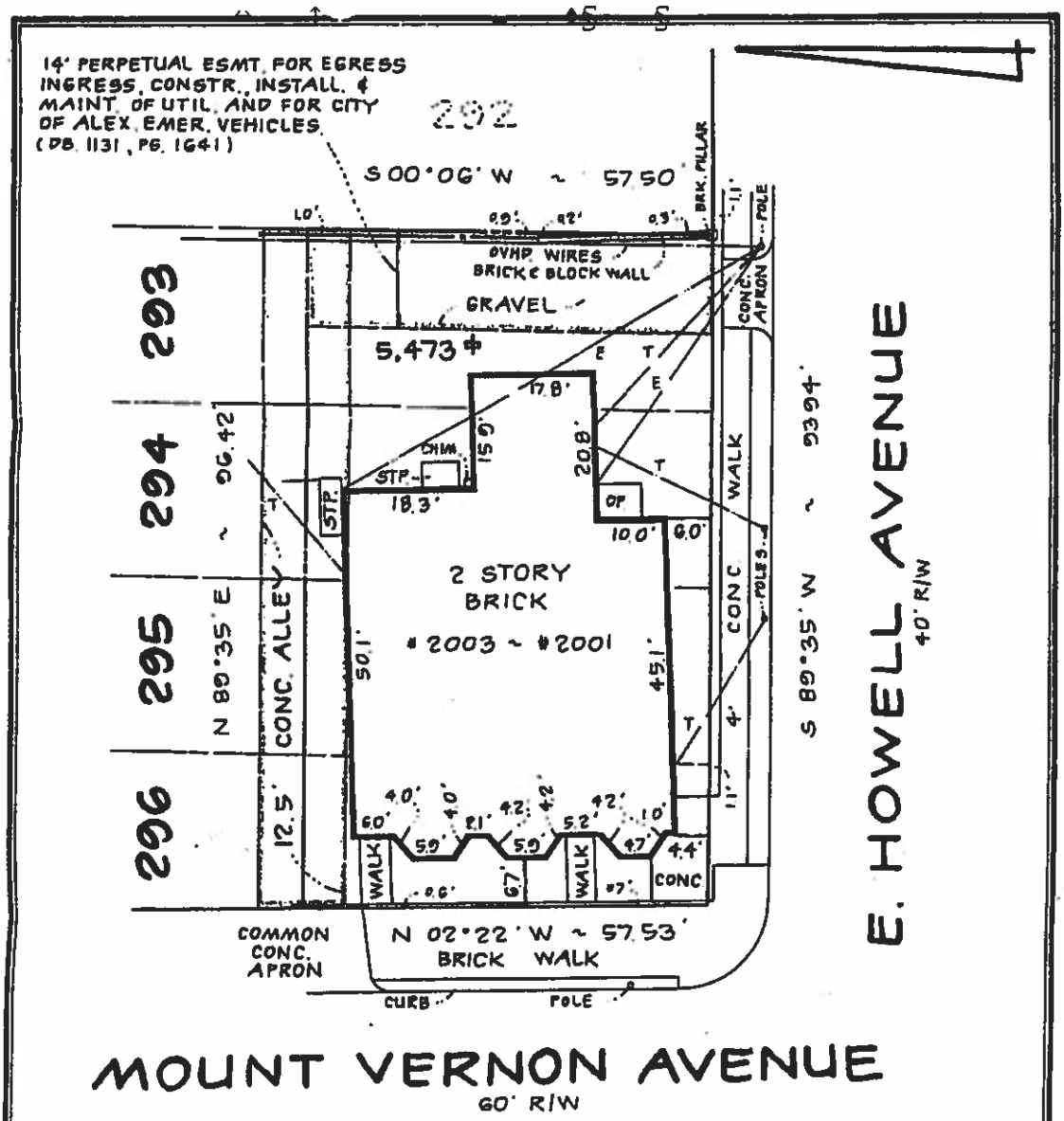
Imagery ©2016 Google, Map data ©2016 Google 50 ft



2003 A Mount Vernon Ave -
Alexandria VA 22301

2003 Mt Vernon Ave

Alexandria, VA 22301



PLAT

SHOWING BUILDING LOCATION ON
SOUTHERLY 1/2 OF LOTS 293 THRU 296

DEL RAY

CITY OF ALEXANDRIA, VIRGINIA

SCALE: 1" = 20' JANUARY 2, 1990

THIS PROPERTY IS NOT LOCATED IN A H.U.D. DESIGNATED FLOOD HAZARD ZONE

PLAT SUBJECT TO RESTRICTIONS OF RECORD

TITLE REPORT NOT FURNISHED

I HEREBY CERTIFY THAT THE POSITIONS OF ALL THE EXISTING IMPROVEMENTS HAVE BEEN CAREFULLY ESTABLISHED BY A TRANSIT TAPE SURVEY AND UNLESS OTHERWISE SHOWN THERE ARE NO VISIBLE ENCROACHMENTS.

Kenneth W. White
KENNETH W. WHITE L.S.

COMMONWEALTH OF VIRGINIA
KENNETH W. WHITE
LICENSE NO
1277 B
LAND SURVEYOR

CASE NAME

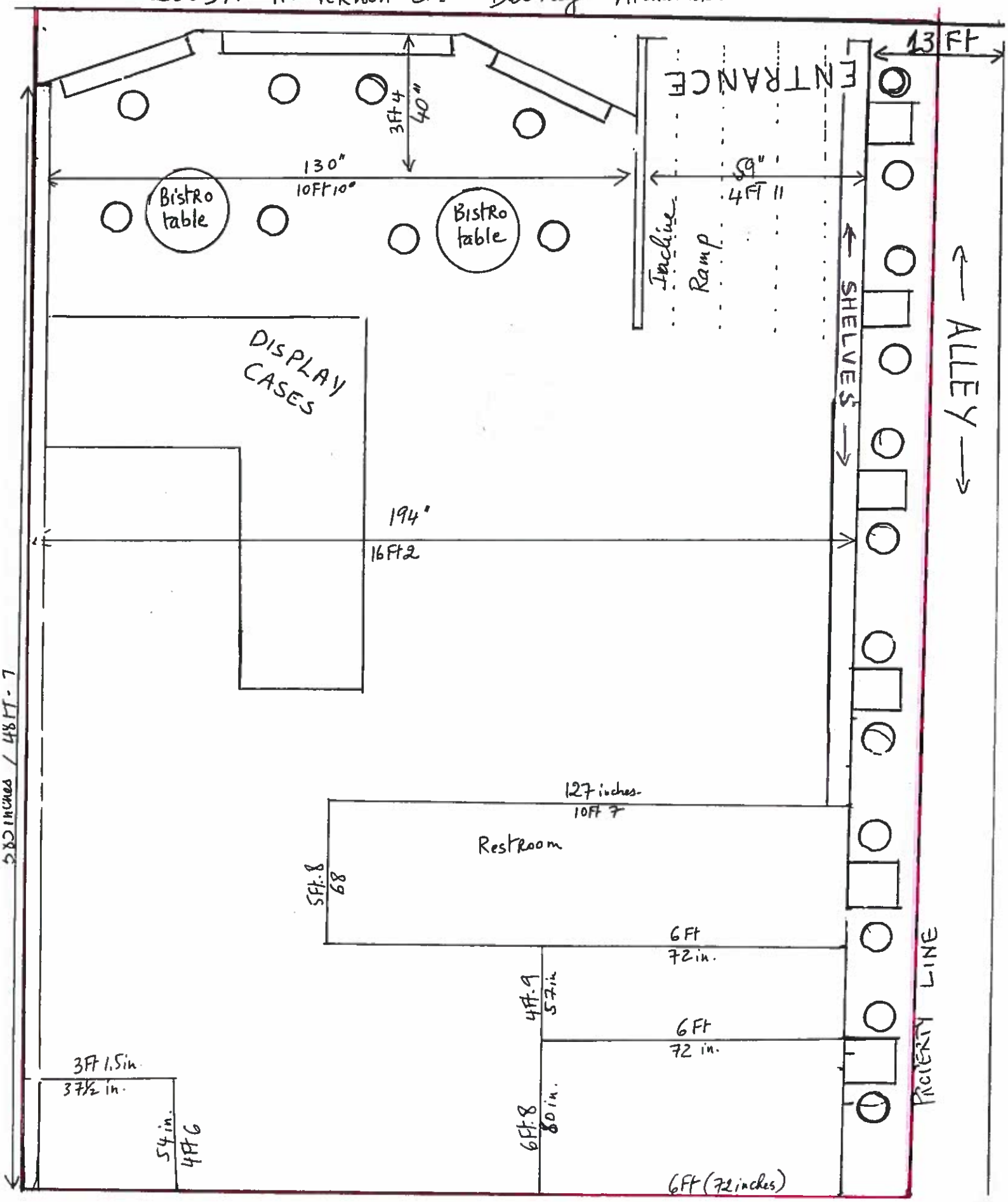
PAGE ~ REEDER

KASS, SKALET, SEGAN & SPEVACK

ALEXANDRIA SURVEYS INC
6343 SOUTH KINGS HIGHWAY
ALEXANDRIA VIRGINIA 22306
703 660 6615
FAX 703 768 7764

FCA 301 585-3340

2003A Mt. Vernon St. Del Ray Alexandria VA.



January 8, 2016

To Whom It May Concern:

I, the undersigned Hewan Seifu of 6631 Hunter Creek Lane, Alexandria, VA 22315, authorize Petros Ghebre-Egziabher to act on my behalf with the city of Alexandria, the State of Virginia, in the matter of processing all legal steps in forming and establishing the coffee shop, Café Lulu LLC. in DelRay at 2003A Mount Vernon Avenue, Alexandria, VA, 22301.

I authorize Petros Ghebre-Egziabher to handle all paperwork, administrative and otherwise on my behalf.

Sincerely,

Hewan Seifu

COURTLAND BROWN JR
NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES NOV. 30, 2018
COMMISSION # 7603908

City/County of Fairfax
Commonwealth of Virginia
The foregoing instrument was acknowledged before me this 09 day of Jan, 2016 by
HEWAN SEIFU
(Name of person seeking acknowledgment)

Notary Public's signature
Notary registration number: 7603908
My commission expires: 11/30/18