



SUP # 2015-60125

Administrative Special Use Permit Application

PROPERTY LOCATION: 5999 Stevenson Ave. Suite 221 Alexandria, VA
22304

ZONE: OCM-5D TAX MAP REFERENCE: 047.03-04-17

APPLICANT'S INFORMATION:

Applicant: Jennifer Dipasupil Business/Trade Name: Simply Therapeutic

Address: 5805 Washington Blvd. Apt. 108 Arlington, VA 22205

Phone: 571-477-1877

Email: jennydipasupil@gmail.com

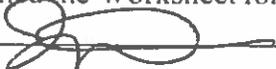
PROPOSED USE:

- Day Care Center
- Light Auto Repair
- Overnight Pet Boarding
- Outdoor Garden Center
- Catering Business
- Valet Parking

- 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 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.

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 suite 221, -5999 STACEY AVE. ALEX, VA. (property address), for the purposes of operating a MASSAGE ESTABLISHMENT (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: MARK STAPKO

Phone: MARK STAPKO

Address: 5999 STACEY AVE. ALEX, VA. 22001

Email: MARK.STAPKO@BELZOU.NET

Signature: [Handwritten Signature]

Date: 11/16/15

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.

Jennifer Dipasupil - 100% ownership

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.

USE CHARACTERISTICS

2. Please give a brief statement describing the use:

massage therapy sessions for the purpose of pain relief and relaxation using a variety of techniques such as deep tissue massage and Swedish massage.

3. Please describe the proposed hours of operation:

Days	Hours
Daily	

Or give hours for each day of the week

Monday	10am - 7pm
Tuesday	closed
Wednesday	10am - 7pm
Thursday	closed
Friday	10am - 2:30 pm
Saturday	9am - 1pm
Sunday	closed

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).

Up to 6 clients on days opened 10am - 7pm.
Up to 3 clients on Fridays and Saturdays.

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

Self - sole proprietorship

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

103 Standard and compact spaces
5 Handicapped accessible spaces
 Other

B. Please give the number of:

Parking spaces on-site 108

Parking spaces off-site 0

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?

~~N/A, loading and unloading facilities not required for massage therapy sole proprietorship.~~

B. ~~Where are off-street loading spaces located?~~

Clients will take the elevator to the 2nd floor. There is a communal waiting area or lobby directly across from the elevators where clients can sit if I am still in session.

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

The suite space is one room - the treatment room. Clients will book sessions online with my online scheduler or over the phone or through email with me.

D. How frequently are loading/unloading operations expected to occur per day or per 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, will 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: JD 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: JD 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.

Jennifer Dipasupil
Print Name of Applicant or Representative

[Signature]
Signature

11/16/15
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:

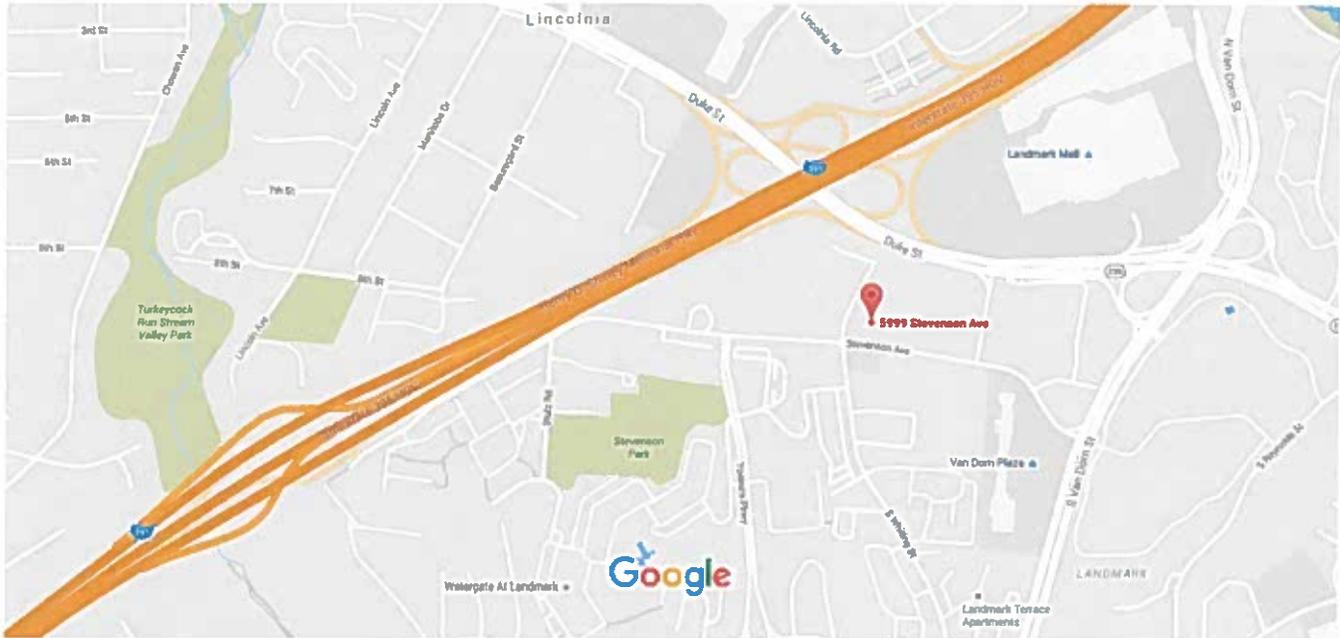
Phone: _____

Email: _____

Fax: _____

Jennifer Dipasupil Simply Therapeutic, Suite 221

Google Maps 5999 Stevenson Ave



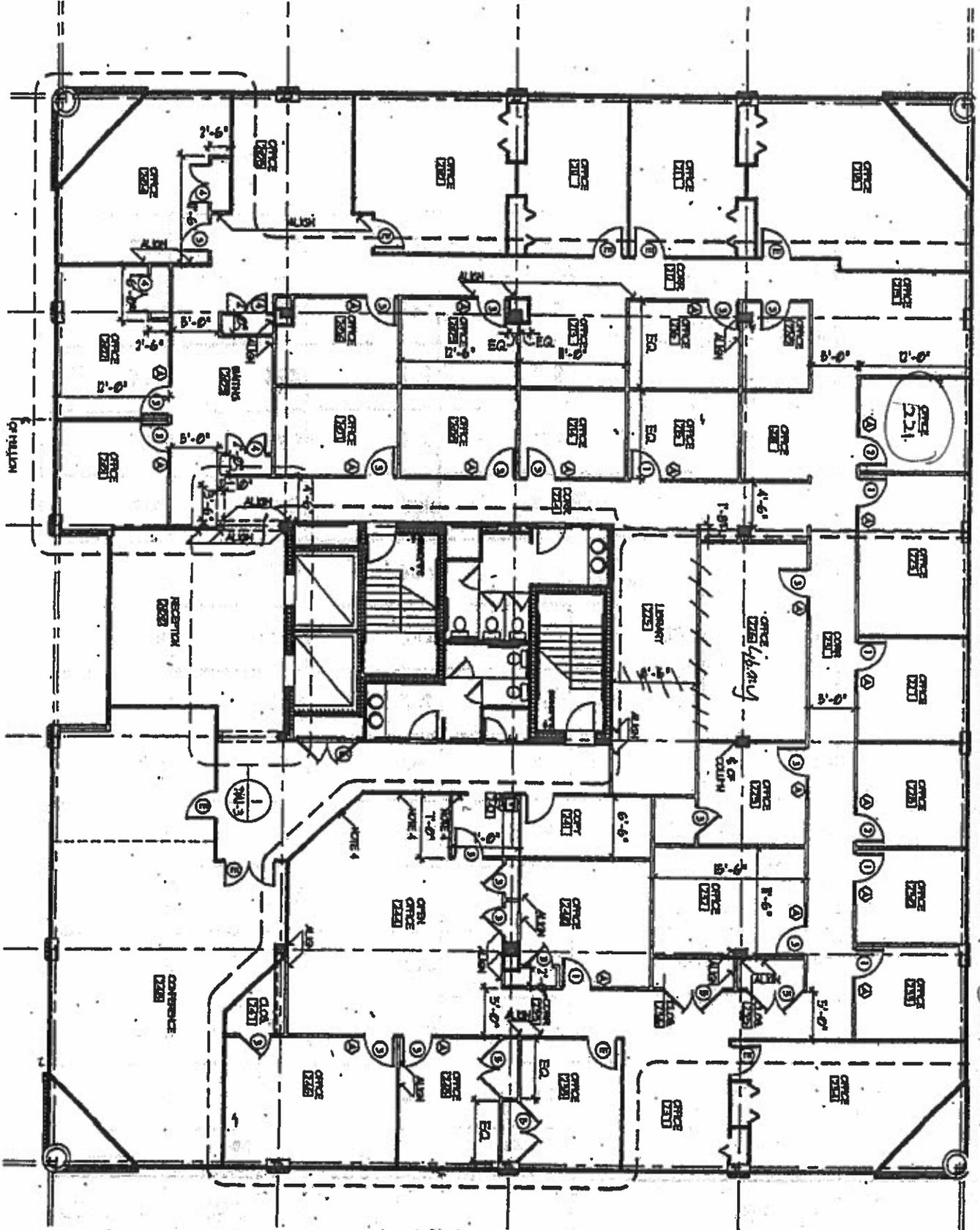
Map data ©2015 Google 500 ft



5999 Stevenson Ave
Alexandria, VA 22304



5999 Stevenson Ave. 2nd Floor Alexandria, VA 22304 Suite 2A1



Uennifer Dipsasupil
Simply Therapeutic