



SUP #

Administrative Special Use Permit Application

PROPERTY LOCATION: 1800 A Diagonal Road, Alexandria, Virginia 22314

ZONE: OCH/Office Commerc TAX MAP REFERENCE: _____

APPLICANT'S INFORMATION:

Joe Theismann's Restaurant

Applicant: Charlotte A. Hall Business/Trade Name: _____

Address: 1800 A Diagonal Road, Alexanria, Virginia 22314

Phone: (703) 675-7829

Email: Chall@alexrestpart.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: Charlotte A. Hall

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.

USE CHARACTERISTICS

2. Please give a brief statement describing the use:

We would like to offer Valet Parking for our customers.

3. Please describe the proposed hours of operation:

Days	Hours
Daily	5

Or give hours for each day of the week

Monday	5:30 - 10:30 PM
Tuesday	5:30 - 10:30 PM
Wednesday	5:30 - 10:30 PM
Thursday	5:30 - 10:30 PM
Friday	5:30 - 10:30 PM
Saturday	5:30 - 10:30 PM
Sunday	5:30 - 10:30 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).

Approx. 20 customers per shift.

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

We plan to hire 2 attendants.

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

26 Standard and compact spaces
3 Handicapped accessible spaces
 _____ Other

B. Please give the number of:

Parking spaces on-site 35 in garage

Parking spaces off-site 3 for valet service

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

In the garage located under the building at 1800 Diagonal Road.

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

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

Three - 3

B. Where are off-street loading spaces located?

Reinekers Lane

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

5:30 - 10:30 PM

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

This is a valet parking service. Customer will come once a day/night. We hope 20 customers per day/night.

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,

NA

APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: CAH 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: CAH 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.

Charlotte A. Hall
Print Name of Applicant or Representative

Charlotte A. Hall
Signature

10/30/19
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:

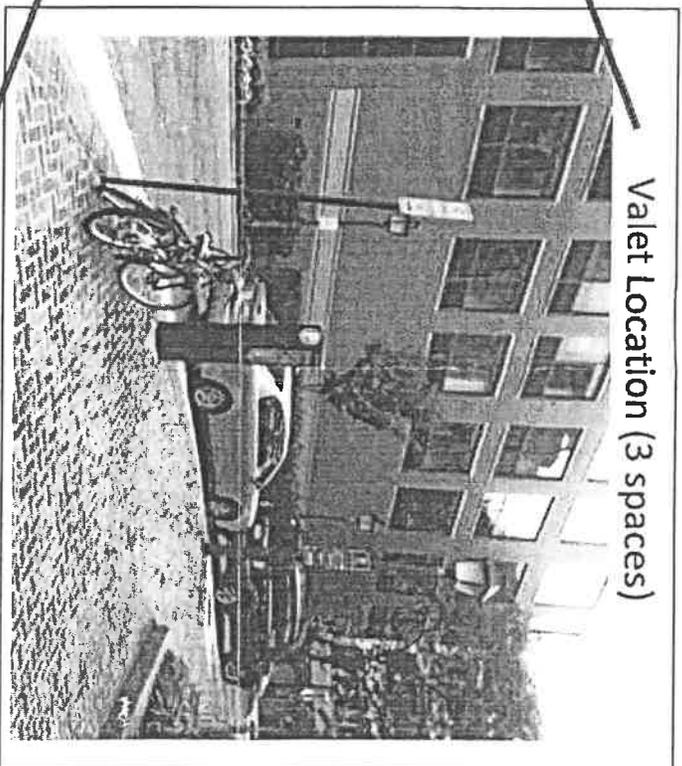
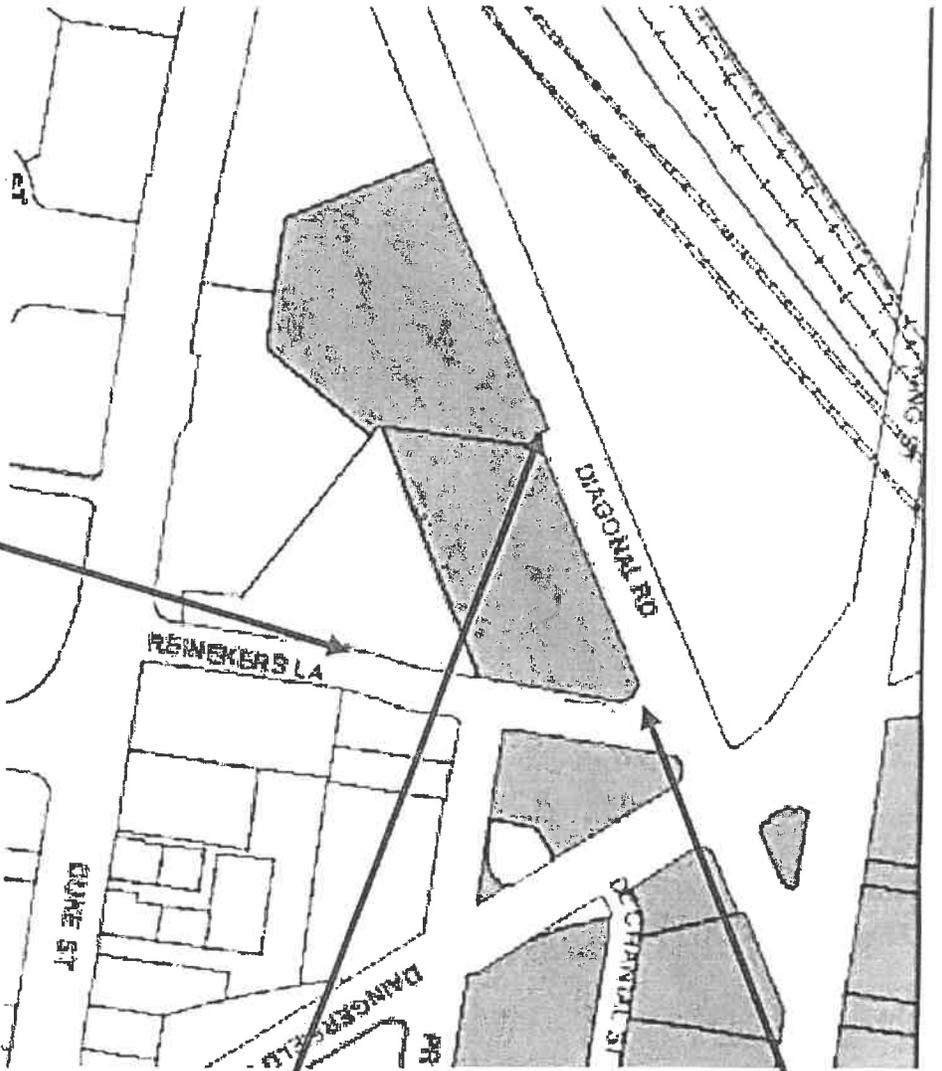
Representative's Address:

Phone: _____

Email: _____

Fax: _____

Joe Theismann's Restaurant Valet Parking



Car Entrance



Valet Parking





King Street Outdoor Dining Overlay Zone

3
5

(Approved by Ordinance 4414 ~ adopted June 21, 2005)





**CITY OF ALEXANDRIA, VIRGINIA
DEPARTMENT OF PLANNING AND ZONING**

RECEIPT

Applicant's Name Charlotte A Hall Telephone Number _____
 Mailing Address 1800 A Diagonal Rd, Alexandria, VA 22314
 Property Location 1800 A Diagonal Rd

NOTE: Acceptance of payment does not imply acceptance of the application. All applications will be reviewed for accuracy, including accurate fee payments. Non-acceptance of an application or overpayment of fees will result in a refund to the applicant.

Application Types and Associated Fees: (Circle Type)

	P&Z Fee		Code Fee	
DSP / DSUP / TMP SUP /	<input type="checkbox"/> 11300190 - 49133	\$ _____	<input type="checkbox"/> 25571479 - 49024 - 30043 (DSP)	\$ 75.00
CDD Concept /			<input type="checkbox"/> 11000000 - 250114 0.2%	\$ _____
DSP or DSUP Amendment /			<input type="checkbox"/> 11000000 - 250191 5.0%	\$ _____
Final Site Plan Reviews			<input type="checkbox"/> 25571479 - 49026 - 30043 (DSUP)	\$ 200.00
			<input type="checkbox"/> 11000000 - 250114 0.2%	\$ _____
			<input type="checkbox"/> 11000000 - 250191 5.0%	\$ _____
Special Use Permit	<input checked="" type="checkbox"/> 11300192 - 49133	\$ <u>250</u>	<input checked="" type="checkbox"/> 25571479 - 49025 - 30043	\$ 75.00
Rezoning / Master Plan	<input type="checkbox"/> 11300192 - 49133	\$ _____	<input type="checkbox"/> 11000000 - 250114 0.2%	\$ _____
Amendment			<input type="checkbox"/> 11000000 - 250191 5.0%	\$ _____
BZA (Variance / Special Exception)	<input type="checkbox"/> 11300192 - 49133	\$ _____	<input type="checkbox"/> 25571479 - 49036 - 30043	\$ 35.00
Subdivision/Other	<input type="checkbox"/> 11300192 - 49133	\$ _____		
BAR / Historic Preservation	<input type="checkbox"/> 11300194 - 49133	\$ _____	<input type="checkbox"/> 25571479 - 49036 - 30043	\$ 35.00
Vacation / Encroachment	<input type="checkbox"/> 11300192 - 49135	\$ 500.00		
Pedestrian Wayfinding	<input type="checkbox"/> 11300192 - 49133	\$ _____		
Historic Preservation Fines	<input type="checkbox"/> 25301446 - 47516	\$ _____		
Maps / Copying Charges / Documents / GIS DVD	<input type="checkbox"/> 11300186 - 49131	\$ _____		

TOTAL, All Fees and Charges \$ 325

FOR INTERNAL USE ONLY

Date Received 10/30/19 Staff Name (Print) Lia Niebauer
 Cash Check Check Number 1580 Check Date 10/30/19
 Credit Master Card Visa Payer ARP 1800 LLC d/b/a Theismann's Restaurant & BAR