SUP #

Administrative Special Use Permit Application

PROPERTY LOCATION: _____

ZONE: _____ TAX MAP REFERENCE: _____

APPLICANT'S INFORMATION:

Applicant: _____ Business/Trade Name: _____

Address: _____

Phone: _____ Email: JOHN.DOE@THEREALDOE.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 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.

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PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of _____ (property address), for the purposes of operating a _____(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:_____ Phone:_____

Address:_____ Email: _____

Signature:_____ Date: _____

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.

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.

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USE CHARACTERISTICS

2. Please give a brief statement describing the use:

3. Please describe the proposed hours of operation:

Days	Hours
Daily	

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).

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

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

_____ Standard and compact spaces
_____ Handicapped accessible spaces
_____ Other

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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?

B. Where are off-street loading spaces located?

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

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:

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APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial:_____ 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:_____ 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.

_____
Print Name of Applicant or Representative

_____ _____
Signature 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: _____