

**OUTDOOR DISPLAY**  
Zoning Ordinance Section 11-513(H)

**Qualify for Administrative Review?**

- Will the proposed outdoor display be located in the Mount Vernon Avenue Overlay zone?      Yes      No
- Will the goods displayed be in conjunction with an adjacent existing retail store?      Yes      No
- Will the outdoor display be located on private property?      Yes      No

**If yes to all questions, the business qualifies for administrative review. If no to any question, speak to P&Z staff about the full SUP process.**

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

**DISPLAY OF RETAIL GOODS**

**Only goods from the adjacent store are permitted to be displayed.**

What is proposed to be displayed outside?

**LOCATION ON PRIVATE PROPERTY**

**The outdoor sales may not encroach into the public right-of-way.**

What steps will you take to ensure that the display does not encroach onto the public sidewalk?

**SIGNAGE**

**Signage for the outdoor display is allowed in addition to signage otherwise permitted for the business, but must be limited to a maximum aggregate size of one square foot.**

Is signage proposed for the outdoor display?

How large is the proposed sign?

**Please supply a copy or sample of the sign with your application.**

**PROHIBITIONS**

**All sales must take place from inside the business, not in the outdoor display area.**

**Structures or other permanent changes to the exterior are not permitted in the outdoor display area.**

**Music, speakers, or amplified sounds associated with the outdoor display are not permitted.**

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



SUP #

# Administrative Special Use Permit Application

PROPERTY LOCATION: \_\_\_\_\_

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

## APPLICANT'S INFORMATION:

Applicant: \_\_\_\_\_ Business/Trade Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## PROPOSED USE:

- |   |  |
|---|--|
| <input type="checkbox"/> Day Care Center        | <input type="checkbox"/> Restaurant                                  |
| <input type="checkbox"/> Light Auto Repair      | <input type="checkbox"/> Outdoor Dining (exclude King Street Retail) |
| <input type="checkbox"/> Overnight Pet Boarding | <input type="checkbox"/> Live Theater                                |
| <input type="checkbox"/> Outdoor Garden Center  | <input type="checkbox"/> Outdoor Food and Crafts Market Center       |
| <input type="checkbox"/> Catering Business      | <input type="checkbox"/> Outdoor Display                             |
| <input type="checkbox"/> Valet Parking          | <input type="checkbox"/> 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 \_\_\_\_\_  
(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.

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

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, be handled, stored, or generated on the property, provide the name, monthly quantity, and specific disposal method below:

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: \_\_\_\_\_