Administrative Special Use Permit
Animal Care Facility with Overnight Accommodations
Prescreening Checklist

To qualify for the administrative special use permit review process, you must be able to meet the following standards:

☐ **Animal care facility with overnight accommodations business must be located in a shopping center.**

Note: The zoning ordinance defines a shopping center as: a building or complex of buildings under common ownership and control which includes at least five independent retail businesses, provides shared parking, and is at least 35,000 square feet of floor area in size.

☐ **Contact the Health Department at (703)-838-4400**

The Health Department must review and approve a plan that shows proposed methods of ventilation, storage and operations. All issues, including noise, and waste and odor control must be addressed.

☐ **The business must comply with the Virginia Department of Agriculture and Consumer Services Division of Animal Industry Services laws and Animal Care, Control, Property, and Prosecution of Laws of Virginia regarding Boarding Establishments.**

If your business cannot meet the standards above speak to Planning and Zoning staff about the full hearing SUP process.

In addition to the use-specific standards listed above, all uses must follow additional general standards. To review the general standards, click here or contact Planning and Zoning staff for assistance (703)-746-4666

Note: Staff will need to determine if the proposed location provides adequate ventilation, noise and storage controls.

SUP #_____

Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: _____

ZONE: _____ **TAX MAP REFERENCE:** _____

APPLICANT'S INFORMATION:

Applicant: _____ Business/Trade Name: _____

Address: _____

Phone: _____ Email: _____

PROPOSED USE:

[ ] Animal Care Facility with Overnight Boarding
[ ] Automobile and Trailer Rental and Sales
[ ] Catering Business
[ ] Day Care
[ ] Health and Athletic Club
[ ] Light Auto Repair
[ ] Live Theater
[ ] Massage Establishment
[ ] Motor Vehicle Storage/Parking for 20 or more Vehicles
[ ] Outdoor Dining (exclude King Street Retail Overlay)
[ ] Outdoor Display
[ ] Outdoor Food and Crafts Market Center
[ ] Outdoor Garden Center
[ ] Restaurant
[ ] Valet Parking

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.

Other materials, as required by specific use (see Guide to Administrative SUPs Checklist & Worksheets).

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, as appropriate? _____

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: _____