



APPLICATION

ADMINISTRATIVE USE PERMIT REQUEST

ADMINISTRATIVE USE PERMIT # _____

For uses in the NR Zone in accordance with Article IV, Section 4-1400

For uses in the Mt. Vernon Avenue Urban Overlay Zone in accordance with Article VI, Section 6-600

PROPERTY LOCATION: _____

TAX MAP REFERENCE: _____ ZONE: _____

APPLICANT

Name: _____

Address: _____

PROPERTY OWNER

Name: _____

Address: _____

PROPOSED USE: _____

THE UNDERSIGNED hereby applies for an Administrative Use Permit in accordance with the provisions of Article IV, Section 4-1400 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

THE UNDERSIGNED hereby applies for an Administrative Use Permit in accordance with the provisions of Article VI, Section 6-600 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

THE UNDERSIGNED, having obtained permission from the property owner, hereby grants permission to the City of Alexandria to post placard notice on the property for which this application is requested, pursuant to Article IV, Section 4-1404(D)(7) of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

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 Agent

Signature

Mailing/Street Address

Telephone # Fax #

City and State Zip Code

Email address

Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____

Fee Paid: \$ _____

Legal Advertisement: _____

ADMINISTRATIVE ACTION: _____

Director of Planning and Zoning/Date

Administrative Use Permit # _____

Arlandria NR Zone

Mt. Vernon Avenue Urban Overlay Zone

**ALL APPLICANTS MUST COMPLETE THIS FORM.
Supplemental forms are required for restaurants (see attached form).**

1. The applicant is: *(check one)*

the 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, unless the entity is a corporation or partnership in which case identify each owner of more than ten percent.

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.

2. Submit a floor plan and a plot plan with parking layout of the proposed use.

One 8 ½ x 11 copy of each plan. The planning director may waive requirements for plan submission upon receipt of a written request that adequately justifies a waiver.

Administrative Use Permit # _____
[] Arlandria NR Zone
[] Mt. Vernon Avenue Urban Overlay Zone

USE CHARACTERISTICS

4. The proposed special use permit request is for: *(check one)*
- Administrative approval for a use allowed subject to standards in the Arlandria NR zone
 - Administrative approval for a use allowed subject to standards in the Mt. Vernon Avenue Urban Overlay zone
 - Other. Please describe: _____
5. 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).

6. Please describe the proposed hours and days of operation of the proposed use:
- | | |
|-------|--------|
| Day: | Hours: |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
7. Please describe any potential noise emanating from the proposed use:
- A. Describe the noise levels anticipated from all mechanical equipment and patrons.

 - B. How will the noise from patrons be controlled?

8. Describe any potential odors emanating from the proposed use and plans to control them:

Administrative Use Permit # _____
[] Arlandria NR Zone
[] Mt. Vernon Avenue Urban Overlay Zone

9. Please provide information regarding trash and litter generated by the use:

- A. What type of trash and garbage will be generated by the use?

- B. How much trash and garbage will be generated by the use?

- C. How often will trash be collected?

- D. How will you prevent littering on the property, streets and nearby properties?

10. Will any hazardous materials, as defined by the state or federal government, be handled, stored, or generated on the property?

[] Yes. [] No.

If yes, provide the name, monthly quantity, and specific disposal method below:

11. Will any organic compounds, for example paint, ink, lacquer thinner, or cleaning or degreasing solvent, be handled, stored, or generated on the property?

[] Yes. [] No.

If yes, provide the name, monthly quantity, and specific disposal method below:

12. What methods are proposed to ensure the safety of residents, employees and patrons?

Administrative Use Permit # _____ <input type="checkbox"/> Arlandria NR Zone <input type="checkbox"/> Mt. Vernon Avenue Urban Overlay Zone
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ALCOHOL SALES

13. Will the proposed use include the sale of beer and/or wine?

Yes. No.

If yes, describe alcohol sales below, including if the ABC license will include on-premises sales.

PARKING AND ACCESS REQUIREMENTS

14. Please provide information regarding the availability of off-street parking:

A. How many parking spaces are required for the proposed use pursuant to Section 8-200 (A), Section 4-1400 (Arlandria NR zone) or Section 6-600 (Mt. Vernon Avenue Urban Overlay Zone) of the Zoning Ordinance?

B. How many parking spaces of each type are provided for the proposed use?

_____ Standard spaces
 _____ Compact spaces
 _____ Handicapped accessible spaces
 _____ Other

C. Where is required parking located? on-site off-site (check one)

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

Pursuant to section 8-200 (C) of the zoning ordinance, commercial and industrial uses may provide off-site parking within 500 feet of the proposed use, provided that the off-site parking is located on land zoned for commercial or industrial uses. All other uses must provide parking on-site, except that off-street parking may be provided within 300 feet of the use with a special use permit.

D. If a reduction in the required parking is requested, pursuant to section 8-100 (A) (4) or (5), Section 4-1404 or Section 6-604 of the zoning ordinance, complete the PARKING REDUCTION SUPPLEMENTAL APPLICATION.

Administrative Use Permit # _____ <input type="checkbox"/> Arlandria NR Zone <input type="checkbox"/> Mt. Vernon Avenue Urban Overlay Zone
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15. Please provide information regarding loading and unloading facilities for the use:
- A. How many loading spaces are required for the use, per section 8-200 (B) of the zoning ordinance? _____
 - B. How many loading spaces are available for the use? _____
 - C. Where are off-street loading facilities located? _____

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

 - E. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate?

16. Is street access to the subject property adequate or are any street improvements, such as a new turning lane, necessary to minimize impacts on traffic flow?

SITE CHARACTERISTICS

17. Will the proposed uses be located in an existing building? Yes No
 Do you propose to construct an addition to the building? Yes No
 How large will the addition be? _____ square feet.

18. What will be the total area occupied by the proposed use?
 _____ sq. ft. (existing) + _____ sq. ft. (addition if any) = _____ sq. ft. (total)

19. The proposed use is located in: *(check one)*
 a stand-alone building a warehouse
 a shopping center. Please provide name of the center: _____
 an office building. Please provide name of the building: _____
 other, please describe: _____