



APPLICATION

SPECIAL USE PERMIT

SPECIAL USE PERMIT # _____

PROPERTY LOCATION: 6001 Duke Street

TAX MAP REFERENCE: 047.02-03.10 **ZONE:** CDD #29

APPLICANT:

Name: Inova Health Care Services

Address: 8095 Innovation Park Drive Fairfax, Virginia 22031

PROPOSED USE: Tier III Transportation Management Plan

- THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 4-11-500 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 staff and Commission Members to visit, inspect, and photograph the building premises, land etc., connected with the application.
- 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.

M. Catharine Puskar
 Print Name of Applicant or Agent
2200 Clarendon Blvd, Ste. 1300
 Mailing/Street Address
Arlington, VA 22201
 City and State Zip Code

MC Puskar 12/20/2022
 Signature Date
703-528-4700 _____
 Telephone # Fax #
cpuskar@thelandlawyers.com
 Email address

PROPERTY OWNER'S AUTHORIZATION

As the property owner of See attached., I hereby
(Property Address)
grant the applicant authorization to apply for the _____ use as
(use)
described in this application.

Name: _____ Phone _____

Please Print

Address: _____ Email: _____

Signature: _____ Date: _____

1. Floor Plan and Plot Plan. As a part of this application, the applicant is required to submit a floor plan and plot or site plan with the parking layout of the proposed use. The SUP application checklist lists the requirements of the floor and site plans. The Planning Director may waive requirements for plan submission upon receipt of a written request which adequately justifies a waiver.

Required floor plan and plot/site plan attached. **N/A**

Requesting a waiver. See attached written request.

2. 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 of more than three percent.

See attached.

ALEXANDRIA INDUSTRIAL DEVELOPMENT AUTHORITY

December 20, 2022

Directors

Dwight Dunton

Chair

Jennifer Atkins

Vice Chair

Christopher Hartman

Secretary

Lisa Edouard

Dak Hardwick

Tom Hyde

Eric Strickland

Mr. Karl Moritz
Director, Department of Planning & Zoning
City of Alexandria
301 King Street
City Hall, Room 2100
Alexandria, Virginia 22314

Re: Consent to File Development Special Use Permit Application and Any
Associated Applications
6001 Duke Street
Tax Map ID: 047.02-03-10 (the "Property")

Dear Mr. Moritz:

The Industrial Development Authority of the City of Alexandria, as the owner of the above-referenced Property, hereby consents to the filing of a Development Special Use Permit application and any related requests by Inova Health Care Services associated with the development of the Inova at Landmark Hospital Campus.

Very truly yours,

Counsel to the AIDA

Michael W. Graff, Jr.

McGuireWoods LLP

Staff to the AIDA

Stephanie Landrum

Christina Mindrup

Wynn Hunsaker

AEDP, Inc.



Industrial Development Authority of the City of Alexandria

By: Stephanie Landrum

Its: Assistant Secretary and Administrator

Date: December 20, 2022

INOVA Health Care Services
C/O Inova Realty
8095 Innovation Park Drive, Building 8D
Fairfax, Virginia 22031

Karl Moritz
301 King Street
City Hall, Room 2100
Alexandria, Virginia 22314

Re: Authorization to File Development Special Use Permit Application and Any Associated Applications
6001 Duke Street
Tax Map ID: Tax Map ID: 047.02-03-10 (the "Property")

Dear Mr. Moritz:

INOVA Health Care Services authorizes Walsh, Colucci, Lubeley & Walsh, P.C. to act as agent on its behalf for the filing and representation of a Development Special Use Permit application and any related applications and requests associated with the development of the Inova at Landmark Hospital Campus.

Very truly yours,

INOVA Health Care Services

By: H. Thomas McDuffie

Its: Senior Vice President

Date: 11/2/2022

OWNERSHIP AND DISCLOSURE STATEMENT

Use additional sheets if necessary

1. Applicant. 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 three percent. The term ownership interest shall include any legal or equitable interest held at the time of the application in the real property which is the subject of the application.

Name	Address	Percent of Ownership
1. Inova Health Care Services, Inc.	8095 Innovation Park Drive, 8D Fairfax, Virginia 22031	See attached
2.		
3.		

2. Property. State the name, address and percent of ownership of any person or entity owning an interest in the property located at 6001 Duke Street Alexandria, Virginia (address), unless the entity is a corporation or partnership, in which case identify each owner of more than three percent. The term ownership interest shall include any legal or equitable interest held at the time of the application in the real property which is the subject of the application.

Name	Address	Percent of Ownership
1.		
2.		
3.		

3. Business or Financial Relationships. Each person or entity listed above (1 and 2), with an ownership interest in the applicant or in the subject property is required to disclose any business or financial relationship, as defined by Section 11-350 of the Zoning Ordinance, existing at the time of this application, or within the 12-month period prior to the submission of this application with any member of the Alexandria City Council, Planning Commission, Board of Zoning Appeals or either Boards of Architectural Review.

Name of person or entity	Relationship as defined by Section 11-350 of the Zoning Ordinance	Member of the Approving Body (i.e. City Council, Planning Commission, etc.)
1. Inova Health Care Services, Inc.	None	N/A
2.		
3.		

NOTE: Business or financial relationships of the type described in Sec. 11-350 that arise after the filing of this application and before each public hearing must be disclosed prior to the public hearings.

As the applicant or the applicant's authorized agent, I hereby attest to the best of my ability that the information provided above is true and correct.

December 20, 2022

M. Catharine Puskar

Date

Printed Name



Signature

November 4, 2022

Inova Health System Foundation appoints the Board of Inova Health Care Services. Inova Health System Foundation is a non-stock, non-profit corporation.

Inova Health Care Services Agents:

J. Stephen Jones

Stephan Motew

Alice Pope

John F. Gaul H.

Thomas McDuffie

Johnny F. Weaver

Stacy Bell

Dominic J. Bonaiuto

Melissa Riddy

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.

N/A

NARRATIVE DESCRIPTION

3. The applicant shall describe below the nature of the request **in detail** so that the Planning Commission and City Council can understand the nature of the operation and the use. The description should fully discuss the nature of the activity. (Attach additional sheets if necessary.)

A Transportation Management Plan (TMP) incorporates Transportation Demand Management (TDM) strategies that are intended to enhance the use of transportation alternatives and reduce the amount of amount of vehicular traffic generated by the site.

The Inova TMP will be implemented in accordance with the City’s policies, and may include, but is not limited to, the following:

- Provision of employee carpool/vanpool spaces in convenient locations;

- Potential shuttle service to and from employee population centers that have limited public transit options;

- Transit screens to provide real-time information on nearby transportation options; and

- Potential commuter benefits for employees and staff.

The Transportation Management Plan will be further detailed prior to final site plan.

USE CHARACTERISTICS

4. The proposed special use permit request is for (*check one*):

- a new use requiring a special use permit,
 an expansion or change to an existing use without a special use permit,
 an expansion or change to an existing use with a special use permit,
 other. Please describe: TMP SUP

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).

N/A

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

N/A

6. Please describe the proposed hours and days of operation of the proposed use:

Day:
N/A

Hours:
N/A

7. Please describe any potential noise emanating from the proposed use.

A. Describe the noise levels anticipated from all mechanical equipment and patrons.

N/A

B. How will the noise be controlled?

N/A

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

N/A

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? (i.e. office paper, food wrappers)

N/A

B. How much trash and garbage will be generated by the use? (i.e. # of bags or pounds per day or per week)

N/A

C. How often will trash be collected?

N/A

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

N/A

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:

N/A

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:

N/A

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

N/A

ALCOHOL SALES

13.

A. Will the proposed use include the sale of beer, wine, or mixed drinks?

Yes No

If yes, describe existing (if applicable) and proposed alcohol sales below, including if the ABC license will include on-premises and/or off-premises sales.

N/A

PARKING AND ACCESS REQUIREMENTS

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

See DSUP Standard spaces
plans Compact spaces
_____ Handicapped accessible spaces.
_____ Other.

The Applicant proposes 1,488 total parking spaces

Planning and Zoning Staff Only
Required number of spaces for use per Zoning Ordinance Section 8-200A _____
Does the application meet the requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No

- B. Where is required parking located? (*check one*)

on-site

off-site

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

PLEASE NOTE: 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.

- C. If a reduction in the required parking is requested, pursuant to Section 8-100 (A) (4) or (5) of the Zoning Ordinance, complete the PARKING REDUCTION SUPPLEMENTAL APPLICATION.

Parking reduction requested; see attached supplemental form

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

- A. How many loading spaces are available for the use? 4

Planning and Zoning Staff Only
Required number of loading spaces for use per Zoning Ordinance Section 8-200 _____
Does the application meet the requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No

- B. Where are off-street loading facilities located? The off-street loading spaces are located below the existing parking garage.
- C. During what hours of the day do you expect loading/unloading operations to occur? Loading will not occur between 11pm and 7am.
- D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? As often as necessary.

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?

Street access is adequate.

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 the total area occupied by the proposed use be?

_____ sq. ft. (existing) + _____ sq. ft. (addition if any) = _____ sq. ft. (total) **See DSUP plans.**

19. The proposed use is located in: (*check one*)

a stand alone building

a house located in a residential zone

a warehouse

a shopping center. Please provide name of the center: _____

an office building. Please provide name of the building: _____

other. Please describe: _____

See DSUP plans.

End of Application