SUP #

Administrative Special Use Permit Application

PROPERTY LOCATION: 2879 Duke Street, Alexandria, VA 22314 (Alex Medical and Professional Plza)

ZONE: CL TAX MAP REFERENCE: 062.03-0A-027

APPLICANT'S INFORMATION:

Applicant: Chen Li Business/Trade Name: Tao Massage

Address: 2879 Duke Street, Alexandria, VA 22314

Phone: (347) 925-8588 Email: li861218@gmail.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
- [x] 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: Chen Li

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 2879 Duke St. Alexandria, VA 22314 (property address), for the purposes of operating a therapeutic massage (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: Abe Hershkovitz Phone: 703-969-2012

Address: 2845 Duke St. Alexandria, VA Email: to_abe@yahoo.com

Signature: [signature] Date: 10/20/15

1. The applicant is the (check one):
   - [ ] Owner
   - [ ] Contract Purchaser
   - [x] 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.

Chen Li 149-26 Hollywood Ave, Flushing NY 11355 50%
Dongxiu Zhang 149-26 Hollywood Ave, Flushing NY 11355 50%

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
- [x] No. The agent shall obtain a business license prior to filing application, if required by the City Code.

SUP #

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 2879 Duke Street, Alexandria, VA 22314 (property address), for the purposes of operating a therapeutic massage therapy (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: Abe Hershkovitz Phone: (703) 969-2012

Address: 2845 Duke Street, Alexandria, VA 22314 Email: to abe@yahoo.com

Signature: _____ Date: _____

1. The applicant is the (check one):
   - [ ] Owner
   - [ ] Contract Purchaser
   - [x] Lessee or
   - [ ] Other: _____

   of the subject property.

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D.X. Zhang 149-26 Hollywood Ave., Flushing NY 11355 50%

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USE CHARACTERISTICS

2. Please give a brief statement describing the use:

Therapeutic massage therapy and day spa — Deep tissue, Swedish + hot stone massage. 3 Therapy rooms, 4 total tables.

3. Please describe the proposed hours of operation:

Days	Hours
Daily	

Or give hours for each day of the week

Monday	8am-8pm
Tuesday	8am-8pm
Wednesday	8am-8pm
Thursday	8am-8pm
Friday	8am-8pm
Saturday	9am-6pm
Sunday	8am-6pm

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).

8 clients per day

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

Two /day

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

_____ Standard and compact spaces

_____ Handicapped accessible spaces

x _____ Other

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B. Please give the number of:

Parking spaces on-site 163 unreserved

Parking spaces off-site 0

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

N/A

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

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

Free surface client/patient parking at doorstep and in Alexandria Medical and Professional Plaza

B. Where are off-street loading spaces located?

N/A

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

Client/patient in and out during hours of operation indicated above.

D. How frequently are loading/unloading operations expected to occur per day or per week?

8 times per day--client/patient in and out.

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:

N/A

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APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: CL 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: CL 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.

Chen Li

Print Name of Applicant or Representative

Chen Li

Signature

10/22/2015

Date

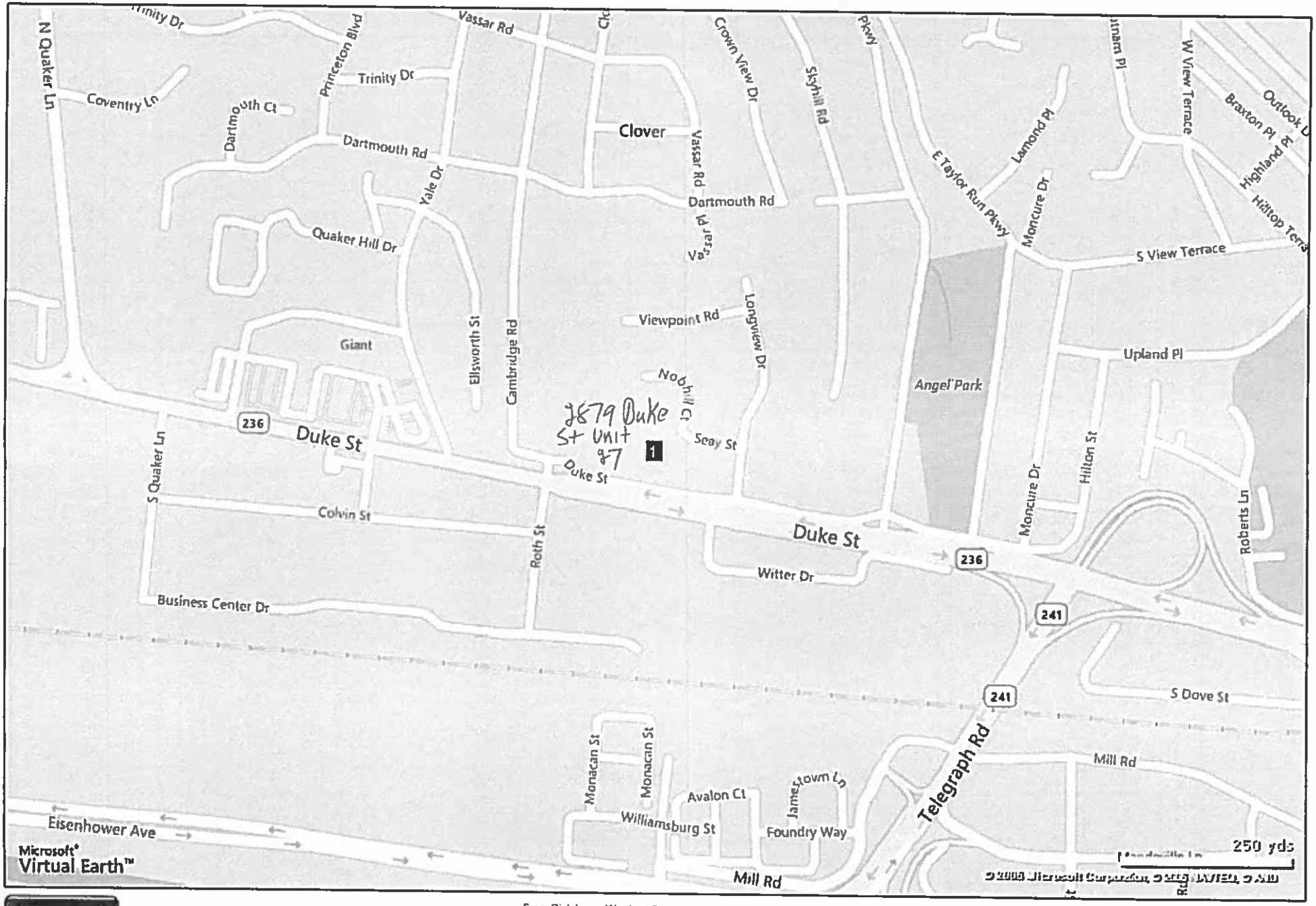
If this application is being filed by someone other than the business owner (such as an agent or attorney), please provide the information below:

Representative's Address:

Phone: N/A

Email:

Fax:



Weichert Realtors

From Rick Lane, Weichert Commercial, 703.519.8923

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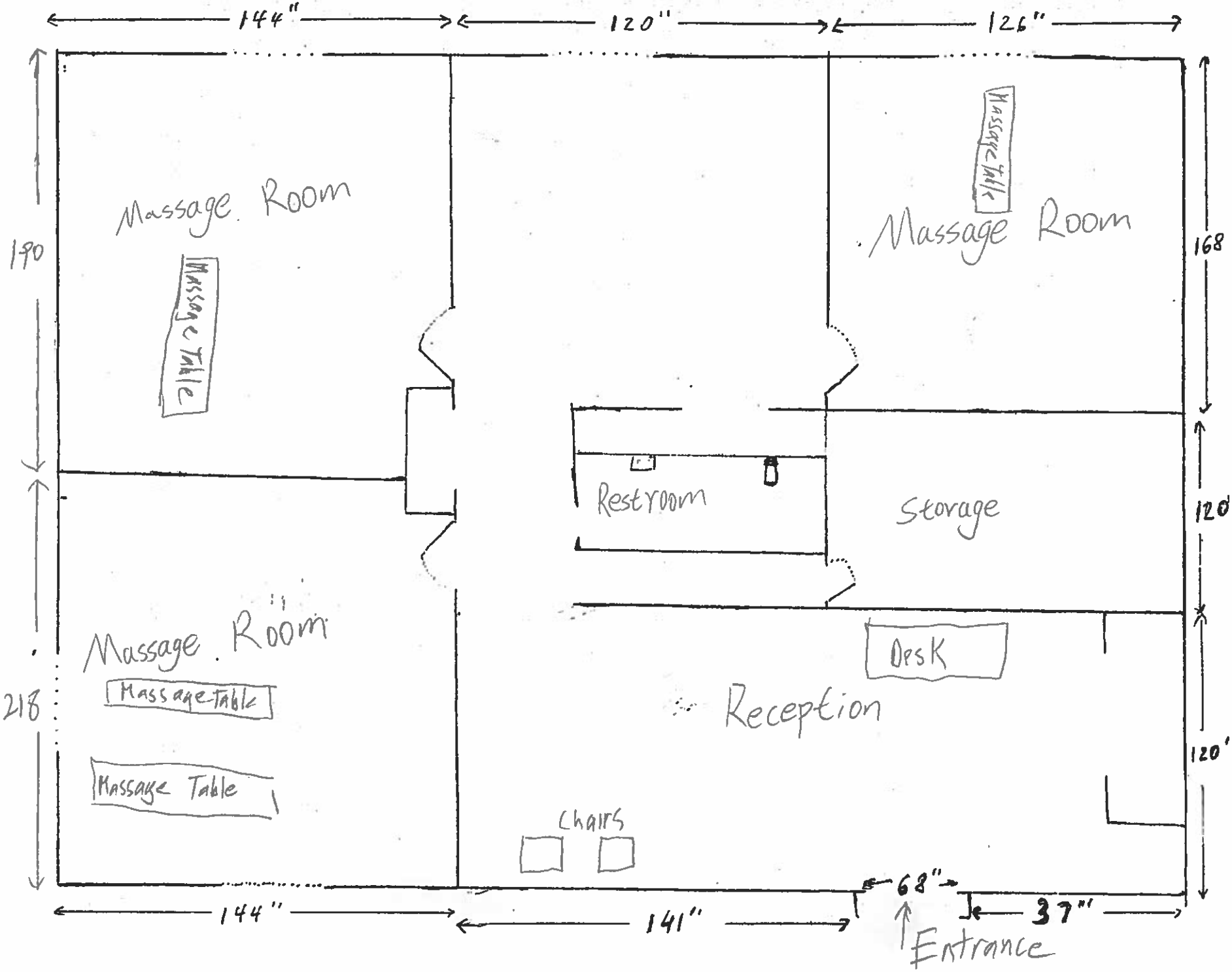
10/21/2015

2879 Duke St.


144"
120"
126"
190
168
120'
218
120'
Massage Room
Massage Table
Massage Room
Massage Table
Restroom
Storage
Massage Room
Massage Table
Massage Table
Desk
Reception
Chairs
144"
141"
68"
37"
Entrance

Keep this letter for your records.

City of Alexandria Business License

Revenue Administration Division, City of Alexandria, 301 King Street, Room 1700, Alexandria, VA 22314

This license has been issued by the Revenue Administration Division of the City of Alexandria and is granted to:

MT VERNON WEICHERT REALT
121 N PITT ST
Alexandria, VA 22314

License Number:	109317-2014
Account Number:	109317
Tax Period:	2014
Business Name:	MT VERNON WEICHERT REALT
Trade Name:	WEICHERT CO OF VIRGINIA
Business Location:	121 N PITT ST Alexandria, VA 22314
License Classification(s):	Financial Svcs & Occupations 9-711-001 Broker, Other Than Pawn Or Loan

Alexandria Medical + Professional Plaza
Unit Location in Building Phase 1 (see Site Plan)

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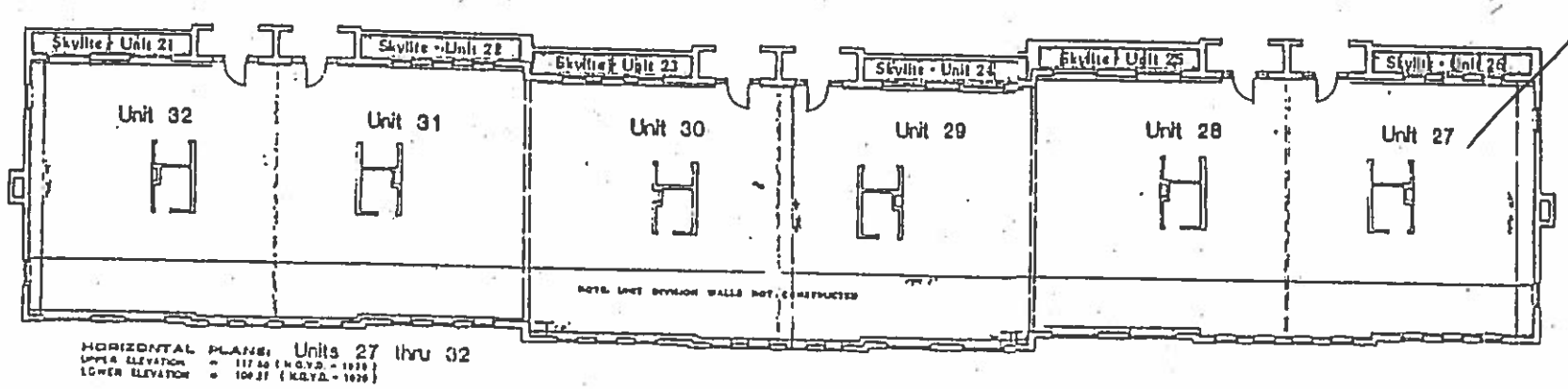
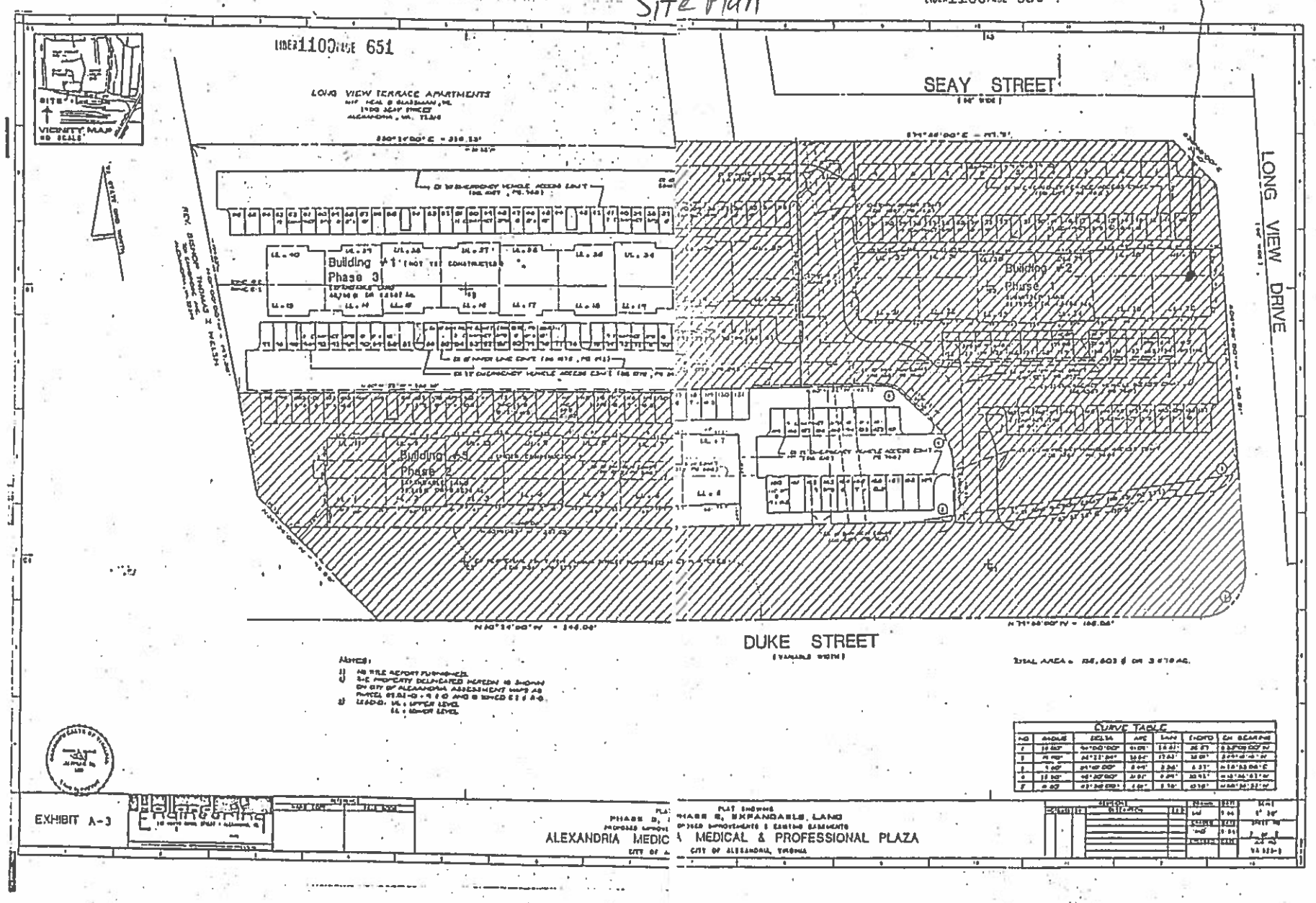


Unit
2879 Duke St.
1203 SF Single Level
commercial condo unit
at ground Level

Alexandria Medical & Professional Plaza
Site Plan

Unit 3879 Duke St

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