APPLICATION
SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

[X] **Change of Ownership** [ ] **Minor Amendment**

[must use black ink or type]

PROPERTY LOCATION: 2201 Mount Vernon Ave, Alexandria VA 223

TAX MAP REFERENCE: _____ **ZONE:** CL / commercial Low

APPLICANT

Name: Kristin Boyle

Address: 218 E. Duncan Ave #2 Alexandria VA 22301

PROPERTY OWNER

Name: Isin Ludlow / Mount Wheeler Properties LLC

Address: 6201 Hillvale Place Alexandria VA 22307

SITE USE: Wellness Center / Massage Establishment

[ ] **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Change in Ownership**, in accordance with the provisions of Article XI, Division A, Section 11-503 (5)(f) of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

[ ] **THE UNDERSIGNED**, having read and received a copy of the special use permit, hereby agrees to comply with all conditions of the current special use permit, including all other applicable City codes and ordinances.

[ ] **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Minor Amendment**, in accordance with the provisions of Article XI, Division A, Section 11-509 and 11-511 of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

[ ] **THE UNDERSIGNED,** having obtained permission from the property owner, hereby requests this special use permit. The undersigned also attests that all of the information herein required to be furnished by the applicant are true, correct and accurate to the best of his/her knowledge and belief.

Kristin Boyle
Print Name of Applicant or Agent

Kristin Boyle
Signature

218 E. Duncan Ave #2
Mailing/Street Address

703 401 8865
Telephone # Fax #

Alexandria VA 22301
City and State Zip Code

Kristin.boyle@gmail.com
Email address

Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____ Fee Paid: $_____

Legal advertisement: _____

ACTION - PLANNING COMMISSION _____ ACTION - CITY COUNCIL: _____

Special Use Permit #_____

The following information must be furnished to the Department of Planning and Zoning to determine if the current use conducted on the premises complies with the special use permit provisions and all other applicable codes and ordinances.

1. Please describe prior special use permit approval for the subject use.

Most recent Special Use Permit # 2014-0071

Date approved: Feb, 9, 2015
month day year

Name of applicant on most recent special use permit Dan Bender

Use Massage Establishment

2. Describe below the nature of the *existing* operation *in detail* so that the Department of Planning and Zoning can understand the nature of the change in operation; include information regarding type of operation, number of patrons served, number of employees, parking availability, etc. (Attach additional sheets if necessary.)

The site at 2201 Mount Vernon Ave has operated as a wellness co-op offering a variety of personal health services including massage since Feb. 2012. Currently, the SUP # 2014-0071 allows for 7 massage therapists ~~to~~ that share a total of 4 rooms, with only 4 therapists working at one time. Hours of business are 9 a.m - 9 p.m. There are 8 parking spaces behind the building.
The applicant is requesting a change of ownership of an existing massage establishment from Dan Bender to Kristin Boyle, a current lessee and massage therapist.

Special Use Permit #_____

3. Describe any proposed *changes* to the business from what was represented to the Planning Commission and City Council during the special use permit approval process, including any proposed changes in the nature of the activity, the number and type of patrons, the number of employees, the hours, how parking is to be provided for employees and patrons, any noise emitted by the use, etc. (Attach additional sheets if necessary)

Change of ownership of SUP
for an existing massage establishment

Special Use Permit #_____

4. **Is the use currently open for business?** ☑ Yes ☐ No

If the use is closed, provide the date closed. _____ /_____ /_____
month day year

5. **Describe any proposed changes to the conditions of the special use permit:**

Change of ownership of SUP

6. **Are the hours of operation proposed to change?** ☐ Yes ☑ No
If yes, list the current hours and proposed hours:

Current Hours:	Proposed Hours:
9a.m - 9 p.m.	

7. **Will the number of employees remain the same?** ☑ Yes ☐ No
If no, list the current number of employees and the proposed number.

Current Number of Employees:	Proposed Number of Employees:
6	Current SUP allows 7

8. **Will there be any renovations or new equipment for the business?** ____ Yes ✓ No
If yes, describe the type of renovations and/or list any new equipment proposed.

9. **Are you proposing changes in the sales or service of alcoholic beverages?** ____ Yes ✓ No
If yes, describe proposed changes:

Special Use Permit #_____

10. Is off-street parking provided for your employees? ☑ Yes ☐ No
If yes, how many spaces, and where are they located?
8 spaces, therapists are encouraged to use public transit, walk or bike to work if possible

11. Is off-street parking provided for your customers? ✓ Yes ___ No
If yes, how many spaces, and where are they located?
8 spaces, behind building

12. Is there a proposed increase in the number of seats or patrons served? ☐ Yes ☑ No
If yes, describe the current number of seats or patrons served and the proposed number of seats and patrons served. For restaurants, list the number of seats by type (i.e. bar stools, seats at tables, etc.)

Current: _____ Proposed: _____

13. Are physical changes to the structure or interior space requested? ☐ Yes ☑ No
If yes, attach drawings showing existing and proposed layouts. In both cases, include the floor area devoted to uses, i.e. storage area, customer service area, and/or office spaces.

14. Is there a proposed increase in the building area devoted to the business? ☐ Yes ☑ No
If yes, describe the existing amount of building area and the proposed amount of building area.

Current: _____ Proposed: _____

15. The applicant is the (check one) ☐ Property owner ☑ Lessee
☐ other, please describe: _____

16. The applicant is the (check one) ___ Current business owner ___ Prospective business owner
☑ other, please describe: Massage Therapist currently renting roo

Special Use Permit #_____

17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant is a corporation, each person owning an interest in excess of ten percent (10%) in the corporation and the extent of interest shall be identified by name and address.

For the purpose of this section, the term "ownership interest" shall include any legal or equitable interest held in the subject real estate at the time of the application. If a nonprofit corporation, the name of the registered agent must be provided.

Please provide ownership information here:

Owner of 2201 Mount Vernon Ave
Isin Ludlow isinludlow@gmail.com
Mount Wheeler Properties LLC
703 403 0307

FOR YOUR INFORMATION

Special Use Permits Eligible for Administrative Approval

Certain uses of land that have potentially negative impacts on surrounding properties require special use permit approval from City Council. The City Council may impose conditions on the operation of the special use in order to protect the health, safety and welfare of the surrounding area. For new uses and for intensifications or amendments of existing uses, the Planning Commission and City Council conduct public hearings and decide whether to approve the request. The Director of Planning and Zoning, however, may approve a special use permit administratively if it is only a change in ownership or a minor amendment of a previously approved special use permit.

Special Use Permit for Change of Ownership

If the existing special use permit for an operation restricts the ownership of the use, a prospective owner may not take ownership of the operation until he receives special use permit approval for the change of ownership. Pursuant to Section 11-503, the director may approve the change and transfer the special use permit to a new owner, if the following conditions apply:

1) The applicant is not requesting a change in the conditions of the special use permit;
2) there have been no substantiated violations of the special use permit conditions;
3) there are no changes proposed or anticipated in the operation of the use involved;
4) the director has concluded that no new conditions or no amendments to existing conditions are necessary; and
5) following notice of the application in a newspaper of general circulation in the City, no person has requested that the director forward the application to the Planning Commission or City Council.

If the application does not meet any one of the above conditions, it must be docketed for the next available Planning Commission and City Council public hearings. If the Director approves a special use permit for change in ownership, the new owner must sign an agreement stating that he/she will to continue to comply with the special use permit conditions.

Special Use Permit for Minor Amendment

Pursuant to Sections 11-509 and 11-511 of the zoning ordinance, the director may approve minor amendments to approved special use permits. Only changes that constitute no more than a minimal enlargement or extension of the special use permit or that are so insignificant they will have little or no zoning impact on the surrounding neighborhood are eligible for administrative approval. If a change will intensify the use, it requires Planning Commission and City Council approval. Changes that intensify a use include any increase in the following:

1) Hours of operation;
2) number of seats;
3) number of employees; visitors of customers; or
4) number of vehicle trips generated.

The Director may not administratively approve minor amendments if any of the following apply:

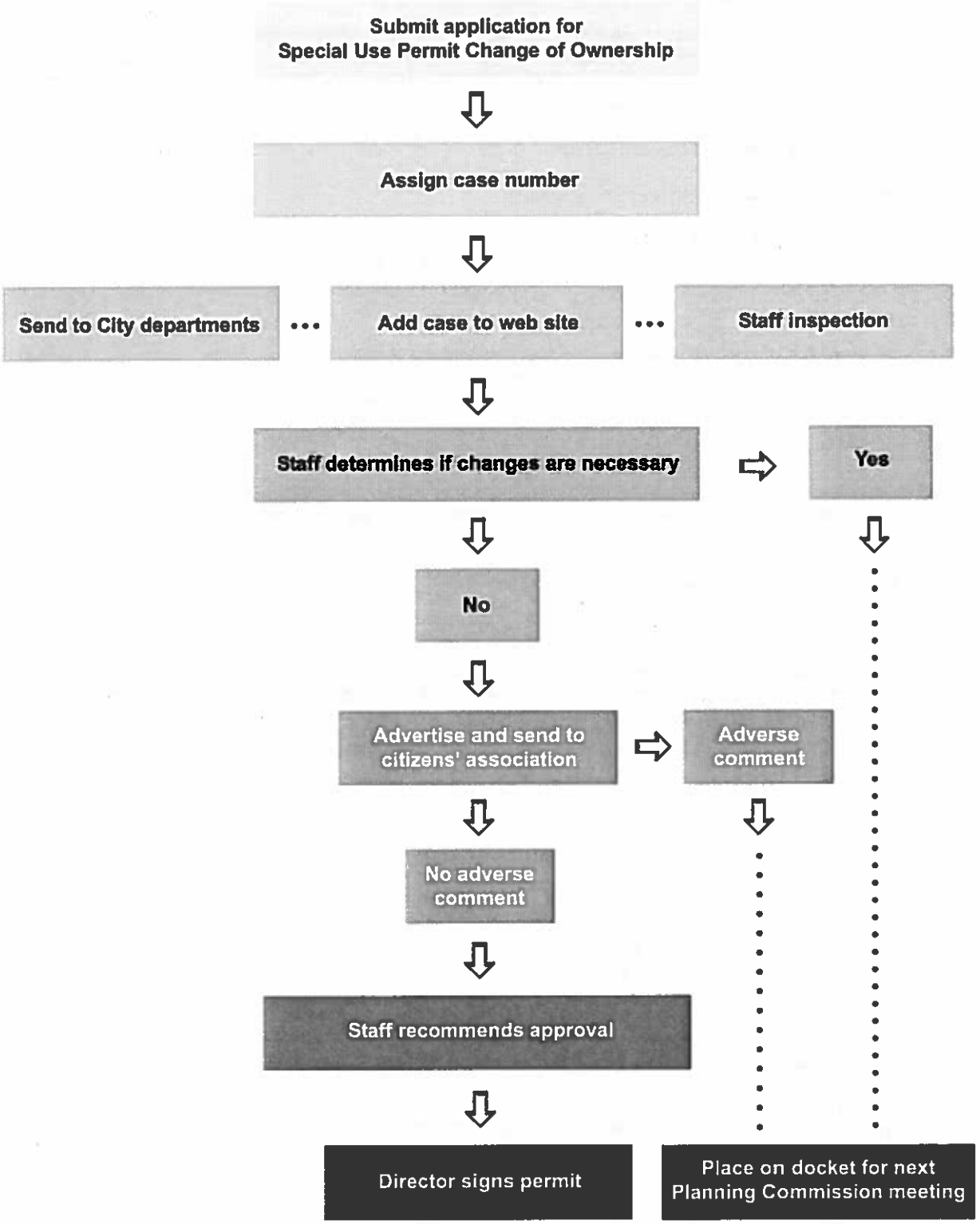
1) He/She has received written or oral complaints that the use is in violation of the zoning ordinance;
2) at the time the special use permit was approved, opposition was presented to the Planning Commission or City Council; or
3) new conditions or amendments to existing conditions are necessary.

Notice of the application is published in a newspaper of general circulation in the City and is sent to docket subscribers.

Approval Process

For both change in ownership and minor amendment special use permits, the approval process generally takes between four and six weeks from the time an application is submitted. During that time, staff will review the application, inspect the subject property for compliance with special use permit conditions and advertise the proposed change in the newspaper to provide an opportunity for citizens to comment on the change and, in the case of minor amendments, send notice to the Planning Commission and City Council members. If the Director determines that the Planning Commission and City Council must consider the application, he/she will docket the application for the next available Planning Commission and City Council hearings. At that time, the Director may require additional information regarding the application.

PROCESS FLOW CHART: Change of Ownership SUP



Current Massage Therapists

1 Kristin Boyle CMT
kristin.boyle@gmail.com

2 Paula Goldman CMT
mytimeformassage@gmail.com

3 Brittni Parris CMT
bparris87@gmail.com

4 Sarah Swanson CMT
sbswanson@hotmail.com

5 Nicole Weihmiller CMT
nweihmiller@gmail.com

6 Margaret Zalenska
margaret.healingtouch@gmail.com