



SUP # 2010-0018

**PROPERTY OWNER'S AUTHORIZATION**

As the property owner of 2504 Oakville Street, I hereby  
(Property Address)  
grant the applicant authorization to apply for the \_\_\_\_\_ use as  
(use)  
described in this application.

Name: Jesse Martin

Phone: 301-347-4832

Please Print

Address: 4550 Montgomery Ave #1100  
Bethesda MD 20814

Email: Jesse.Martin@vreck.com

Signature: [Handwritten Signature]

Date: 3-22-2010

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.

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 ten percent.

Andrea Seward, 324 N. Patrick Street, Alexandria, VA 22314 - 50%

Chriss Smith, 2121 Jamieson Ave., Apt. 1506, Alexandria, VA 22314 - 50%



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**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: \_\_\_\_\_

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).  
Approximately 15 at any given time. Size of Appointments and Classes will vary.

B. How many employees, staff and other personnel do you expect?  
Specify time period (i.e., day, hour, or shift).  
Approximately 2 at any given time. Shifts may vary.

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

Day:	Hours:
<u>Monday - Saturday</u>	<u>5:30 a.m. - 8 p.m.</u>
_____	_____
_____	_____
_____	_____

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

A. Describe the noise levels anticipated from all mechanical equipment and patrons.  
Standard levels for a fitness center.

B. How will the noise be controlled?  
\_\_\_\_\_  
\_\_\_\_\_

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

None.

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)  
Office paper and food wrappers.

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

C. How often will trash be collected?

As needed.

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

None is expected.

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:

Normal cleaning products for a fitness center.  
\_\_\_\_\_  
\_\_\_\_\_

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

None are necessary.  
\_\_\_\_\_  
\_\_\_\_\_

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARKING AND ACCESS REQUIREMENTS**

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

- Approx 20 Standard spaces
- \_\_\_\_\_ Compact spaces
- \_\_\_\_\_ Handicapped accessible spaces.
- \_\_\_\_\_ Other.

<p>Planning and Zoning Staff Only</p> <p>Required number of spaces for use per Zoning Ordinance Section 8-200A _____</p> <p>Does the application meet the requirement?</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
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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? 1

<p>Planning and Zoning Staff Only</p> <p>Required number of loading spaces for use per Zoning Ordinance Section 8-200 _____</p> <p>Does the application meet the requirement?</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
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B. Where are off-street loading facilities located? On-site

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

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

---

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?

No

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**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?

5600 sq. ft. (existing) + \_\_\_\_\_ sq. ft. (addition if any) = 5600 sq. ft. (total)

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

a stand alone building

a house located in a residential zone

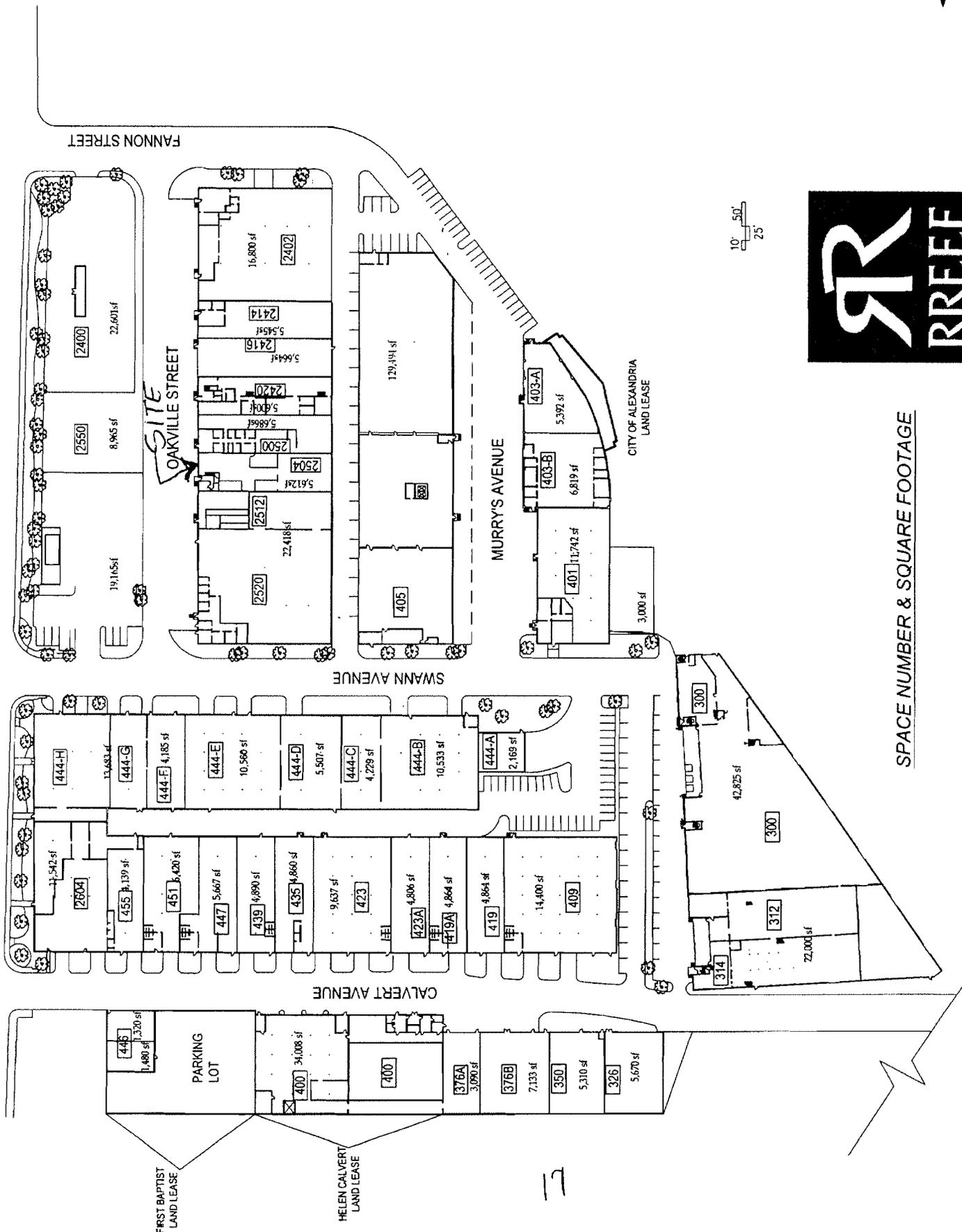
a warehouse

a shopping center. Please provide name of the center: \_\_\_\_\_

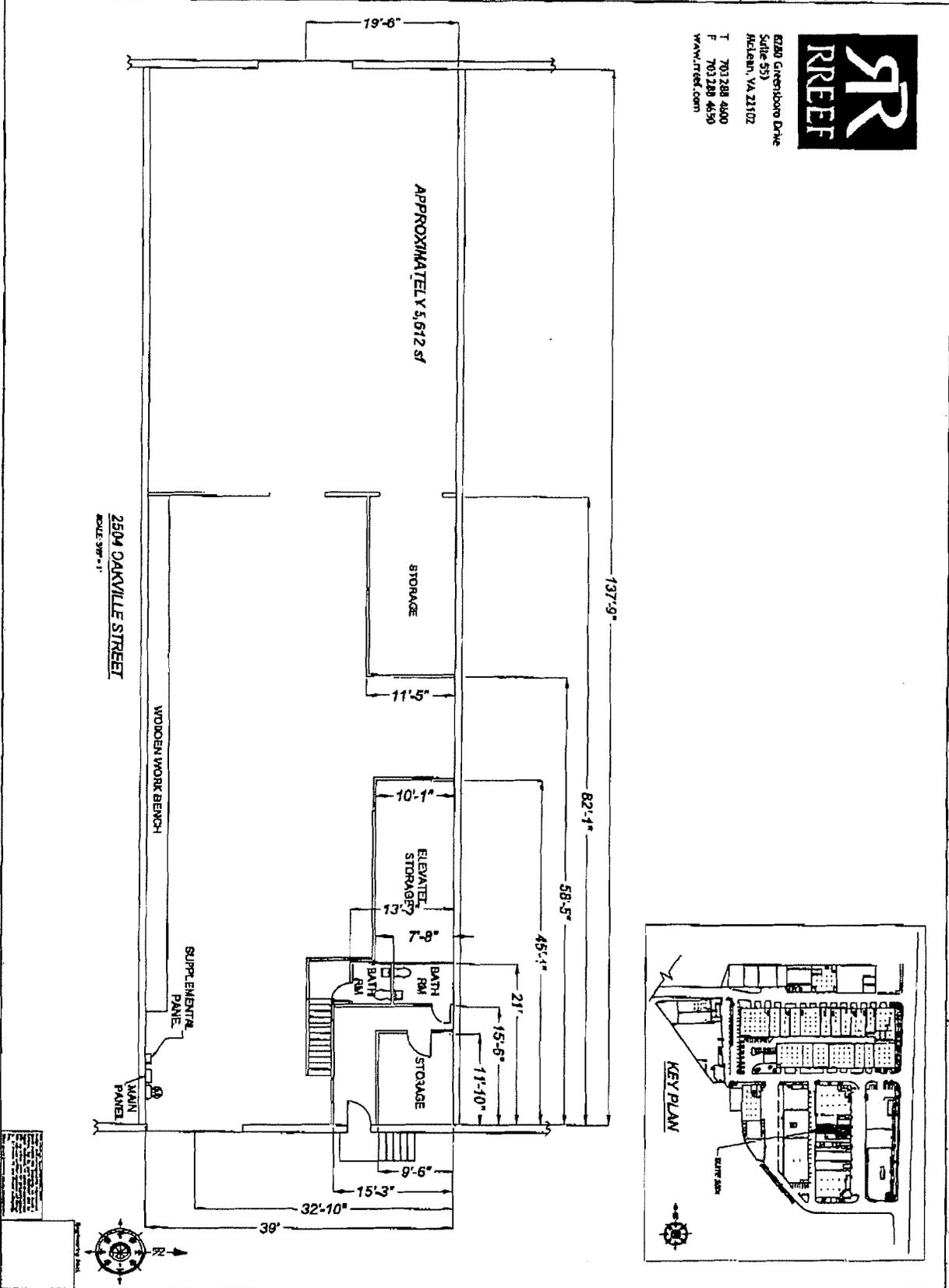
an office building. Please provide name of the building: \_\_\_\_\_

other. Please describe: \_\_\_\_\_

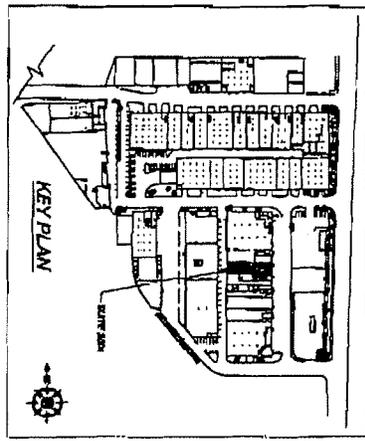
**End of Application**



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NO.	DATE	BY	CHKD	APP'D	DESCRIPTION

OAKVILLE INDUSTRIAL PARK,  
 ALEXANDRIA, VA  
 2504 OAKVILLE STREET  
 EXISTING CONDITIONS

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