



SUP # 2011-0003

Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 123 N Washington Street

ZONE: CD/COMMERCIAL TAX MAP REFERENCE: 064.04-08-28

APPLICANT'S INFORMATION:

Applicant: Ellen Vlasak Business/Trade Name: Circe Salon & Day Spa

Address: 608 Cameron Street, Alexandria, VA 22314

Phone: 703.519.8528 Email: ellen@circedayspa.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 Overlay)
- Live Theater
- Outdoor Food and Crafts Market Center
- Outdoor Display
- 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: Ellen Vlasak

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 interior 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.

Other materials, as required by specific use (see Guide to Administrative SUPs Checklist & Worksheets).

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PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 123 N Washington ST (property address), for the purposes of operating a Salon and Day Spa (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: Jemal's First Federal LLC Phone 202.638.6300

Address: 702 H Street Suite 400, dc Email: mjemal@douglasdev.com

Signature:  Date: _____

1. 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 and the percent of ownership.

Ellen and Richard Vlasak (50% ownership each in Circe)

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.

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USE CHARACTERISTICS

2. Please give a brief statement describing the use:

Propose to expand the existing salon and day spa into the
second floor of the same building, which was previously a
beauty school.

3. Please describe the proposed hours of operation:

Existing hours to remain

Days	Hours
Daily	

Or give hours for each day of the week

Monday	12-9pm
Tuesday	12-9pm
Wednesday	9am-9pm
Thursday	9am-9pm
Friday	9am-9pm
Saturday	8am-6pm
Sunday	11am-8pm

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).

Anticipate an additional 40 patrons/day

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

Anticipate an additional 6-8 employees/day

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

Existing - no change

2 Standard and compact spaces Staff parking spaces
 Handicapped accessible spaces
 Other

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- B. Please give the number of:
Parking spaces on-site 2
Parking spaces off-site _____

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

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

- A. How many loading spaces are available for the use? 0 existing no change
B. Where are off-street loading spaces located? _____

- C. During what hours of the day do you expect loading/unloading operations to occur? Weekday work hours
D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? Existing no change, approx. twice a week.

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, be handled, stored, or generated on the property, provide the name, monthly quantity, and specific disposal method below:

not used

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APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: EV 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: EV 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.

Ms. Ellen Vlasak

Print Name of Applicant or Representative


Signature

12-30-10
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: Theresa del Ninno

209 Commerce St. Alexandria VA 22314

Phone: 703 548 0460

Email: tdelninno@mdnarch.com

Fax: 703 549 3324

Project:

the expansion of:
Circe of Alexandria

SITE PLAN

3/32" = 1'-0"

0000-110003

Title

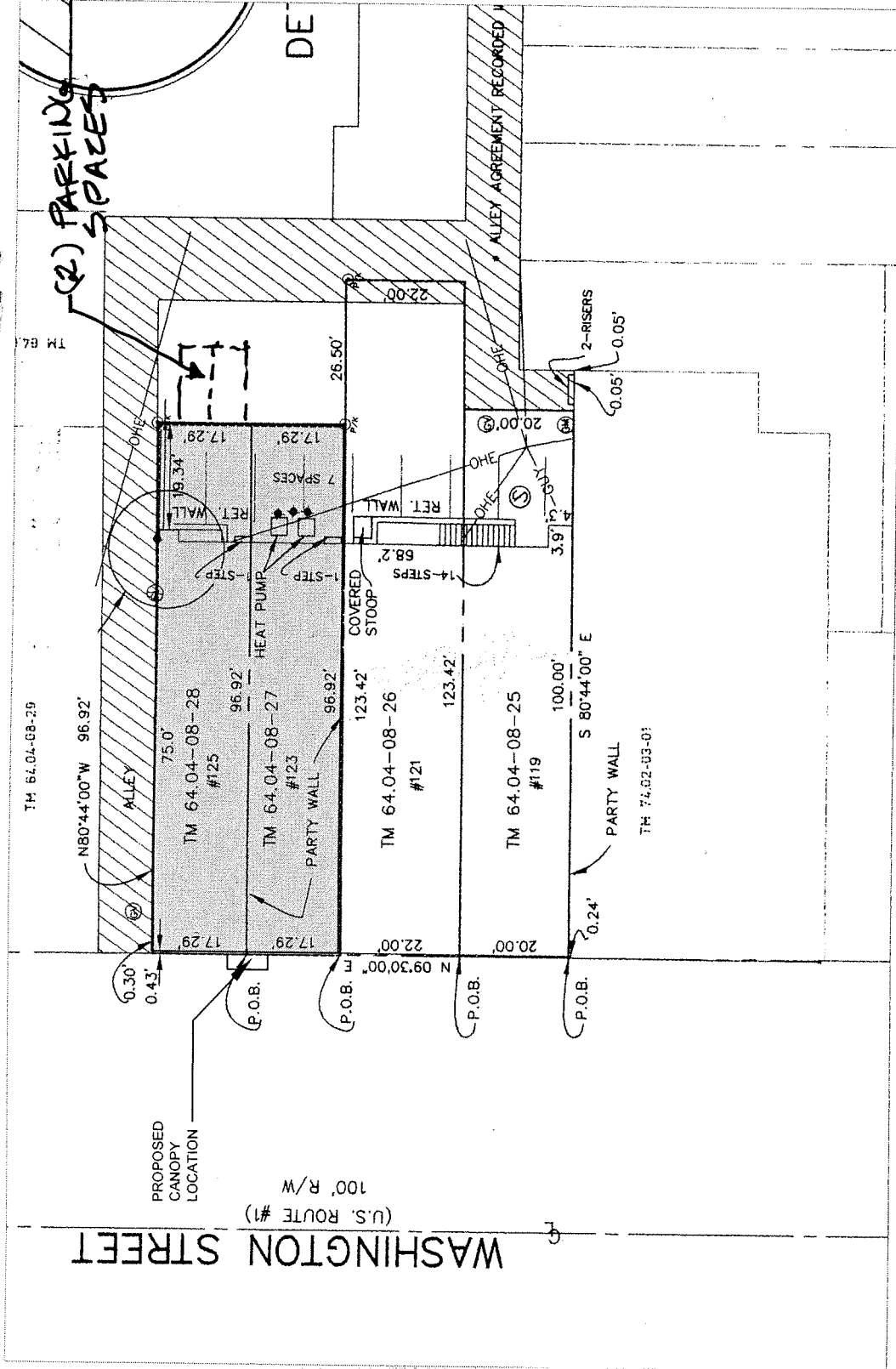
Date

12/20/13

Project No. 100110

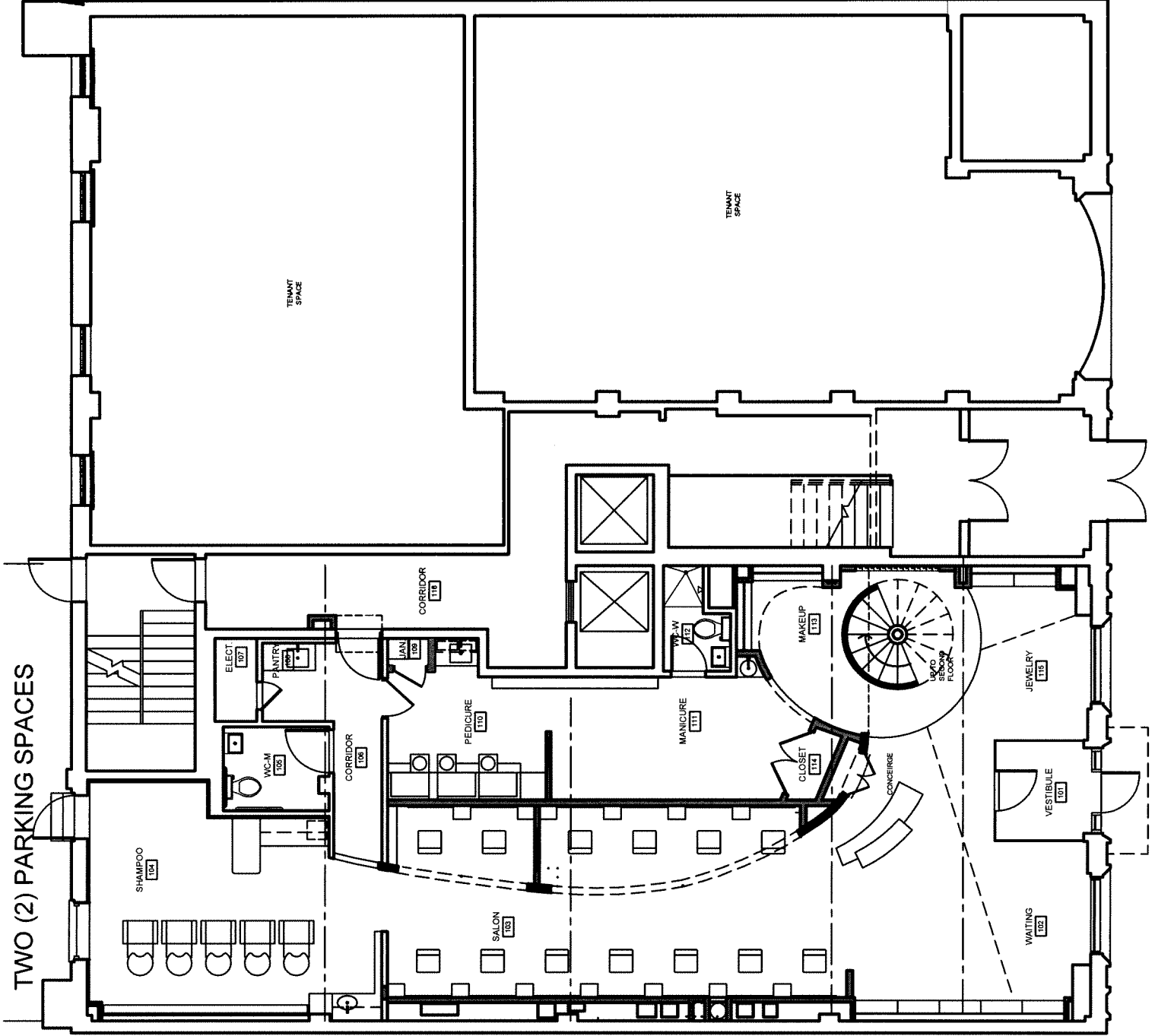
Drawing No.

SITE



PLAT
1" : 30'

TWO (2) PARKING SPACES



**MAGINNIS+
DELNINNO
ARCHITECTS** pc

209 Commerce Street
Alexandria, VA 22314
703/548-0460
www.mdnarch.com

Project:

the expansion of:
Circe of Alexandria

3/32" = 1'-0"

FIRST FLOOR PLAN

3000-110edns

Title

Date

12/20/10

Project No. 100110

Drawing No.

ASK-1

A

B

C

D

E

F

G

H

Project:

the expansion of:
Circe of Alexandria

SECOND FLOOR PLAN

3/32" = 1'-0"

3000-1100PS

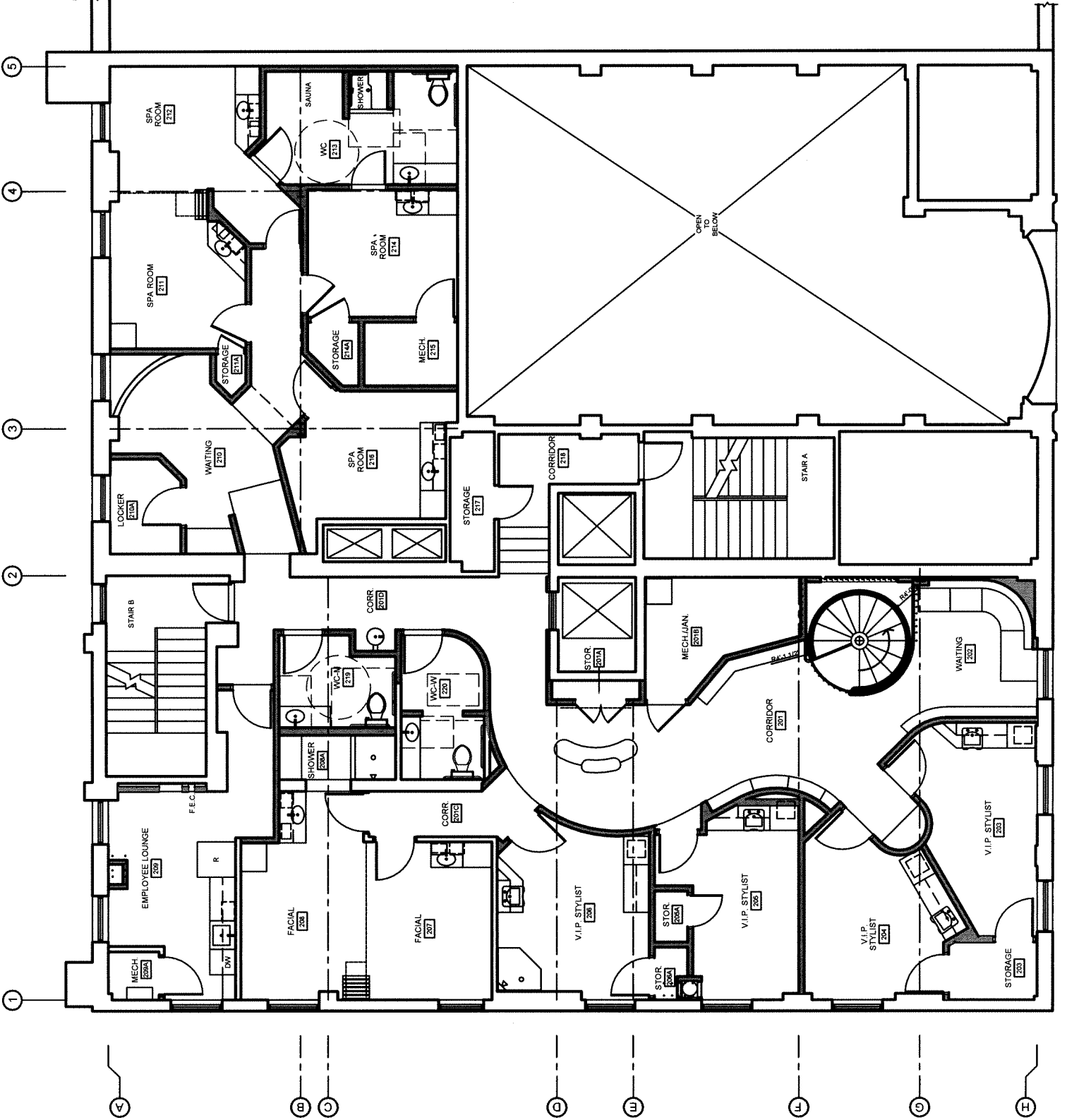
Title

Date 12/20/10

Project No. 100110

Drawing No.

ASK-2



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123 N Washington St

