

## Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 2010 Eisenhower Ave, Alexandria VA

ZONE: CDD 1 TAX MAP REFERENCE: 079.01.01-01

### APPLICANT'S INFORMATION:

Applicant: Jian Liu Business/Trade Name: humancafe alexandria inc.

Address: 4896 Linda Ave Alexandria VA 22312

Phone: (703) 655-3863 Email: liu8168@gmail.com

### PROPOSED USE:

- Day Care Center
- Restaurant
- Outdoor Dining (not within the King Street Retail Overlay)
- Light Auto Repair
- Overnight Pet Boarding
- Live Theater
- Outdoor Food and Crafts Market Center
- Outdoor Garden Center
- Catering Business
- Outdoor Display
- Valet Parking

### 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: 

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).

**PROPERTY OWNER'S AUTHORIZATION**

As the property owner, I hereby grant the applicant use of 2010 Eisenhower Ave, Alexandria (property address), for the purposes of operating a Chinese Food Restaurant (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: Hubert N. Hoffman III Phone: (703) 960-4700

Address: 2461 Eisenhower Avenue Email: ldouglas@hoffmantowncenter.com  
Alexandria, VA 22331

Signature: [Handwritten Signature] Date: 11/4/10

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.

Hunan Cafe alexandria Inc

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Zhou Lin 50%

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Jian Liu 50%

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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.

**USE CHARACTERISTICS**

2. Please give a brief statement describing the use:

Serving Chinese Food, offer dine-in, Carry-out and delivery.

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3. Please describe the proposed hours of operation:

Days	Hours
Daily	

Or give hours for each day of the week

Monday	11:00 Am - 10:00pm
Tuesday	11:00 Am - 10:00pm
Wednesday	11:00 Am - 10:00pm
Thursday	11:00 Am - 10:00pm
Friday	11:00 Am - 11:00pm
Saturday	11:00 Am - 11:00pm
Sunday	12:00pm - 10:00pm

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).

Around 100 patrons a day

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

Four employees a day

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

90 Standard and compact spaces  
2 Handicapped accessible spaces  
N/A Other

- B. Please give the number of:  
Parking spaces on-site 92  
Parking spaces off-site None

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? 2 loading docks  
B. Where are off-street loading spaces located? Rear of 2010 Eisenhower Ave  
C. During what hours of the day do you expect loading/unloading operations to occur? 10:AM - 12:PM  
D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? 3 times / 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:

N/A  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S SIGNATURE**

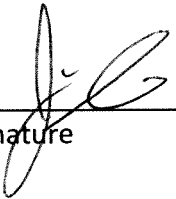
Please read and initial each statement:

Initial: JL 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: JL 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.

Jian Liu

Print Name of Applicant or Representative



Signature

11/5/10

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: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

**RESTAURANTS**  
Zoning Ordinance Section 11-513(L)

**Qualify for Administrative Review?**

Will the restaurant have 60 indoor seats or fewer?  Yes \_\_\_ No

Will the restaurant be located outside of Old Town (CD and KR zones)?  Yes \_\_\_ No

If delivery service is offered, does the restaurant have 40 seats or more?  Yes \_\_\_ No

Will wait service be provided at preset tables with menus and non-disposable tableware?  Yes \_\_\_ No

If alcohol service is offered, will it be on premise alcohol service only – no off premise?  Yes \_\_\_ No

Will the restaurant open at or later than 5:00 am?  Yes \_\_\_ No

Will the restaurant close at or before midnight?  Yes \_\_\_ No

**If yes to all questions, the business qualifies for administrative review. If no to any question, speak to P&Z staff about the full SUP process.**

**Note: Hours for restaurant operations are different in the Mount Vernon Overlay and NR (Arlandria) zones.**

**WORKSHEET – Answer each question. Attach a separate sheet of paper if necessary.**

**SEATS**

The restaurant may not include more than 60 indoor seats.

How many indoor seats are proposed? 50

**ALCOHOL**

Full alcohol service, consistent with a valid ABC license is permitted. No off-premise alcohol sales are permitted. Within the Mount Vernon Avenue Overlay zone and the NR zone (Arlandria) areas, alcohol may only be served at tables.

Contact ABC for information about obtaining an ABC license (703/313-4432)

Will the restaurant offer alcohol service? NO

**DELIVERY SERVICE**

If you have at least 40 seats, you may include delivery service. Only one delivery vehicle is allowed and there must be a dedicated parking place for it which is not on the public street. No delivery of alcoholic beverages is permitted.

Is delivery proposed? YES

Where will the delivery vehicle be parked? Parking lot

**Worksheet continues on the next page**

**RESTAURANT-continued**  
Zoning Ordinance Section 11-513(L)

**HOURS**

The hours of operation may be similar to other restaurants in the area, but must close by 12:00 midnight and may not open before 5:00 a.m. Meals ordered before the closing hour may be served, but no new patrons may be admitted after the closing hour, and all patrons must leave by one hour after the closing hour. The hours of operation as well as the location of all off street parking must be posted at the entrance to the restaurant.

**HOURS IN MOUNT VERNON OVERLAY OR NR ZONE AREAS**

Within the Mount Vernon Avenue Overlay zone and the NR zone (Arlandria) areas, hours are limited to from 6:00 a.m. to 11:00 p.m., Sunday through Thursday, and from 6:00 a.m. to midnight, Friday and Saturday, although the closing hour for indoor seating may be extended until midnight four times a year for special events.

What hours are proposed? 11:00Am - 11:00pm

**DELIVERIES TO THE RESTAURANT**

Deliveries to the restaurant may only take place between 7:00 a.m. and 11:00 p.m.

What days will deliveries occur? Everyday Three times a week

Where will deliveries to the restaurant occur? ~~around 2 miles from~~  
Service Entrance to Service door to restaurant.

**CONTROLLING ODORS AND SMOKE**

The applicant must control odors and smoke from the property to prevent them from becoming a nuisance to neighboring properties, as determined by the Department of Transportation and Environmental Services.

What equipment is included in the building to help control odors and smoke? Venting and Exhaust System

**SOLID WASTE AND RECYCLING**

The applicant must provide storage space for solid waste and recyclable materials containers as outlined in the City's "Solid Waste and Recyclable Materials Storage Space Guidelines," or to the satisfaction of the Director of Transportation & Environmental Services. The City's storage space guidelines and required Recycling Implementation Plan forms are available at: [www.alexandriava.gov](http://www.alexandriava.gov) or contact the City's Solid Waste Division at 703-519-3486 ext.132.

Where will the waste and recycling containers be located? Back of 2010 Eisenhower Ave.

Complete the Administrative Special Use Permit Application on the following pages.



# APPLICATION

# RESTAURANT

All applicants requesting a Special Use Permit or an Administrative Use Permit for a restaurant shall complete the following section.

1. How many seats are proposed?  
Indoors: 50      Outdoors: 20      Total number proposed: 70

2. Will the restaurant offer any of the following?  
Alcoholic beverages (**SUP only**)       Yes       No  
Beer and wine — on-premises       Yes       No  
Beer and wine — off-premises       Yes       No

3. Please describe the type of food that will be served:  
Chinese Food

4. The restaurant will offer the following service (check items that apply):  
 table service       bar       carry-out       delivery

5. If delivery service is proposed, how many vehicles do you anticipate? 1  
Will delivery drivers use their own vehicles?       Yes       No  
Where will delivery vehicles be parked when not in use?  
In parking lot (back of the restaurant)

6. Will the restaurant offer any entertainment (i.e. live entertainment, large screen television, video games)?  
 Yes       No  
If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Parking impacts.** Please answer the following:

1. What percent of patron parking can be accommodated off-street? (check one)  
 100%  
 75-99%  
 50-74%  
 1-49%  
 No parking can be accommodated off-street
2. What percentage of employees who drive can be accommodated off the street at least in the evenings and on weekends? (check one)  
 All  
 75-99%  
 50-74%  
 1-49%  
 None
3. What is the estimated peak evening impact upon neighborhoods? (check one)  
 No parking impact predicted  
 Less than 20 additional cars in neighborhood  
 20-40 additional cars  
 More than 40 additional cars

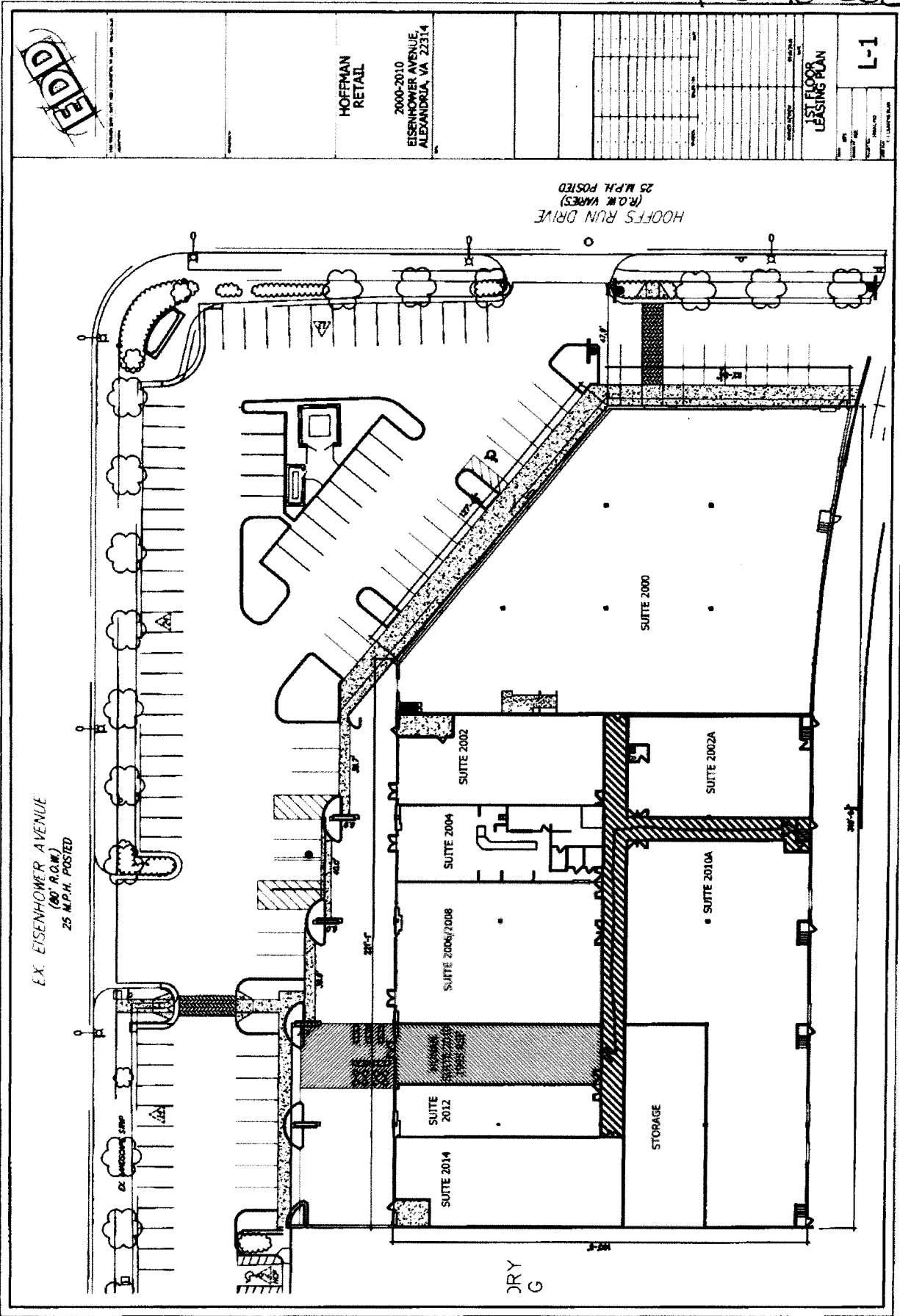
**Litter plan.** The applicant for a restaurant featuring carry-out service for immediate consumption must submit a plan which indicates those steps it will take to eliminate litter generated by sales in that restaurant.

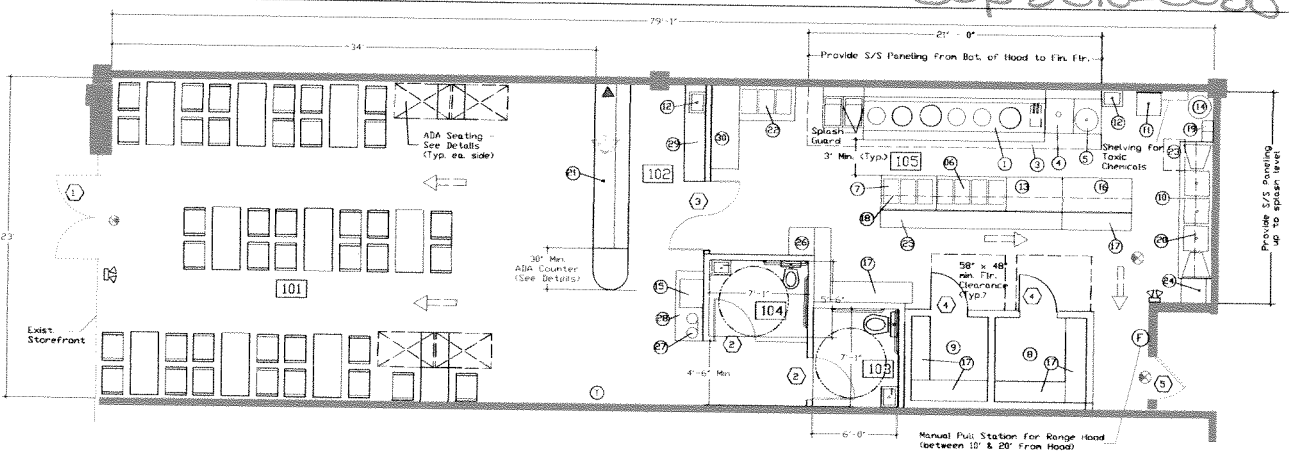
**Alcohol Consumption and Late Night Hours.** Please fill in the following information.

1. Maximum number of patrons shall be determined by adding the following:  
+ 50 Maximum number of patron dining seats  
+ 0 Maximum number of patron bar seats  
+ 10 Maximum number of standing patrons  
= 60 Maximum number of patrons
2. 6 Maximum number of employees by hour at any one time
3. Hours of operation. Closing time means when the restaurant is empty of patrons.(check one)  
 Closing by 8:00 PM  
 Closing after 8:00 PM but by 10:00 PM  
 Closing after 10:00 PM but by Midnight  
 Closing after Midnight
4. Alcohol Consumption (check one)  
 High ratio of alcohol to food  
 Balance between alcohol and food  
 Low ratio of alcohol to food

Exhibit A-4

SUP 2010-0080





FLOOR PLAN & EQUIPMENT LAYOUT  
SCALE: 1/4" = 1'-0" (Seating Capacity = 42)

**FINISH SCHEDULE** (Health Code Ref # 2750, 2810, 2820)

NO	DESIGNATION	FLOOR	WALL	BASE	CILING*	REMARKS
R01	DINING AREA	CERAMIC	PDW	CERAMIC	AC TILE	SEM-CLOSSY PAINT
R02	SERVICE BAR/COUNTER	QUARRY	PDW	QUARRY	WASH PALETTE	CLOSSY PAINT
R03	MEN'S TOILET	CERAMIC	PDW	CERAMIC	WASH PALETTE	SEM-CLOSSY PAINT
R04	WOMEN'S TOILET	CERAMIC	PDW	CERAMIC	WASH PALETTE	SEM-CLOSSY PAINT
R05	KITCHEN	QUARRY	SSHDW	QUARRY	WASH PALETTE	WASH PALETTE SPACE

AC TILE - ACID RESISTANT TILE  
PDW - PAINTED ROYAL WALL  
SS - STAINLESS STEEL, HP - HIGH REINFORCE POLYMER PANEL

NOHR \*QUARRY AND CERAMIC COUNTERS SHALL BE FRAMED WITH A COMER OR WALL JOINTURE  
\*\*SEE DWG B-1 FOR REFLECTED CEILING PLAN

**DOOR SCHEDULE**

NO	QTY	MANUFACTURER	WIDTH	HEIGHT	MATERIAL/FRAME	FINISH	F.R.	H.W.	REMARKS
1	1	-	6'-0"	7'-0"	GLASS/ALUM	-	-	-	EXIST. ENT DR (Note 1)
2	2	STANDARD OR EQUIV.	7'-0"	6'-8"	FLASH HOLLOW WOOD	PAINTED	-	#1	-
3	1	STANDARD OR EQUIV.	5'-8"	6'-8"	WOOD	PAINTED	-	#2	DOUBLE SWING DOOR W/ KICK PLATE
4	2	ARCTIC	7'-0"	6'-8"	FIBERGLAS	GALV.	-	-	SELF-CLOSING INSULATED DR. FOR WALK-IN
5	1	-	5'-0"	7'-0"	STEEL	-	-	-	EXIST. ENT DR (Note 1)

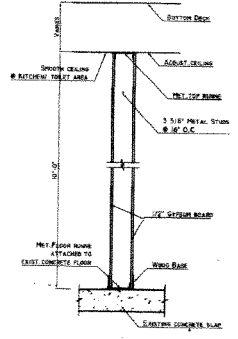
NOTE (1) DOOR TO OUTSIDE MUST BE SELF-CLOSING AND ROCKET PROOF W/NO GAPS GREATER THAN 1/4"

**HARDWARE SETS**

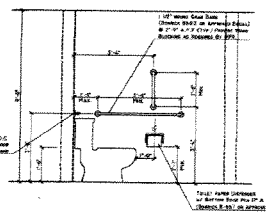
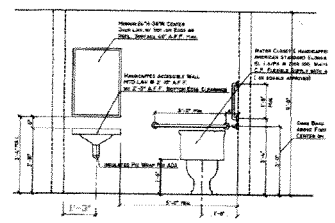
- SET#1: 1. 1-1/2" PARABUTTES HAGER #177241L 4-1/2" x 4-1/2" x 154" 652 (US809)  
2. LEVER HANDLE LOCKSET: SCLERAGE #17885476303 (US262) IN COMPLIANCE WITH ICC 1003.3, L.R.  
3. 3 SILENCERS: IVES #208999  
4. 1 CLOSER: DORMA #H1575-D



- SIGNAGE**  
ALL SIGNAGE SHALL CONFORM WITH ADA ACCESSIBILITY GUIDELINES
- LETTERS AND NUMBERS SHALL BE RAISED 1/32" FROM SIGN SURFACE
  - COUNTER HEIGHT MUST BE AT LEAST 34" BUT NOT EXCEEDING
  - TYPE STYLE FOR LETTERS AND NUMBERS SHALL BE SANS SERIF OR SIMPLE SERIF
  - WORDS AND NUMBERS MUST BE CONTRASTED WITH BACKGROUND, BRAIL, AND BE APPLIED TO SIGN
  - PICTOGRAMS SHALL BE ACCOMPANIED BY THE CHARACTER VERBAL DESCRIPTION PLACED DIRECTLY BELOW PICTOGRAM



SECTION 1-1  
NOT TO SCALE  
NEW 3/8" METAL STUD W/ 1" O.C. PARTITION WITH 1/2" GYP. DR EACH SIDE TO 4' ABOVE CEILING  
N.T.S. OVER THE RATED



ADA TOILET FIXTURES DETAILS  
N.T.S. Detail# Code Ref # 2870