



SUP # 2011-0059

Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 4527 Duke Street, Alexandria, VA 22304 - Foxchase Shopping Center

ZONE: CG (commercial general) TAX MAP REFERENCE: 49030604

APPLICANT'S INFORMATION:

Applicant: LCM Enterprises Inc. Business/Trade Name: Massage Heights

Address: 3307 Wyndham Circle, Apt. 4158, Alexandria, VA 22302

Phone: 703.282.0377 Email: tmisulic@massageheights.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: Misulic

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.

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

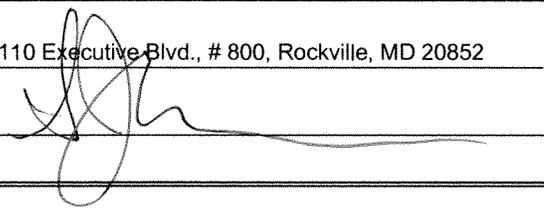
PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 4527 Duke Street, Alexandria, VA 22304 (property address), for the purposes of operating a therapeutic massage establishment (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: Steve Krupinski, Washington Real Estate Investment Trust Phone 301.255.0846

Address: 6110 Executive Blvd., # 800, Rockville, MD 20852 Email: skrupinski@writ.com

Signature:  Date: August 18, 2011

- 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.

Tatjana Misulic - 50%

Lucio S. Cisneros - 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
- 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:

Unique membership establishment offering (1) customized massage therapy, (2) skin treatments (facials) and

(3) related retail products.

3. Please describe the proposed hours of operation:

Days	Hours
Daily	

Or give hours for each day of the week

Monday	8:00 AM - 10:00 PM
Tuesday	8:00 AM - 10:00 PM
Wednesday	8:00 AM - 10:00 PM
Thursday	8:00 AM - 10:00 PM
Friday	8:00 AM - 10:00 PM
Saturday	8:00 AM - 10:00 PM
Sunday	9:00 AM - 9:00 PM

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).

Maximum of 13 clients per hour.

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

Once the establishment reaches maturity, we expect to employ the following categories of employees: (a) a total of 26 massage therapists, with no more than 13 therapists working at any one time; (b) a total of 6 aestheticians, with no more than 4 working at any one time; (c) a total of 5 lifestyle consultants (reception staff), with no more than 2 consultants working at any one time; and (d) a total of 3 directors, with no more than 2 directors working at any one time. Each category assumes a mix of full-time & part-time employees.

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

7 **	Standard and compact spaces
x	Handicapped accessible spaces
x	Other

** Pursuant to Section 8-200(A)(17) of the Zoning Ordinance, non-retail uses, including personal service shops, such as massage establishments, are required to provide one parking space for each 400 square feet of floor area. The proposed site has 2500 square feet of floor area, thus, 7 parking spaces are required for this use. Please note that the current use of the space (a dental clinic) is required to provide a total of 13 parking spaces, so the parking requirement for the new use should be easily satisfied.

- B. Please give the number of:
Parking spaces on-site 583 (pursuant to a parking reduction, the number of required parking spaces at Foxchase Shopping Center was reduced from 703, as required by the Zoning Ordinance)
Parking spaces off-site x

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? None - there is rear access to the building with an adequate area for vehicles to load and unload.
- B. Where are off-street loading spaces located? Loading area is located on the service drive at the rear of the shopping center.
- C. During what hours of the day do you expect loading/unloading operations to occur? None - retail products are minimal and will not required loading/unloading.
- D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? N/A

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:

None.

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APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: tm 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: tm 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.

Tatjana Misulic

Print Name of Applicant or Representative

Misulic
Signature

8-19-2011
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: _____

Sup 2011-0059

The Shoppes at Foxchase

Alexandria, VA

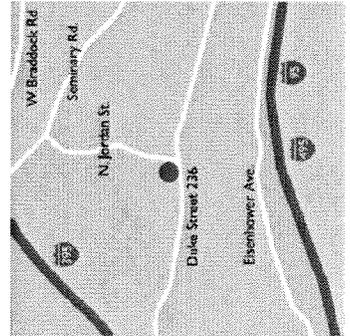
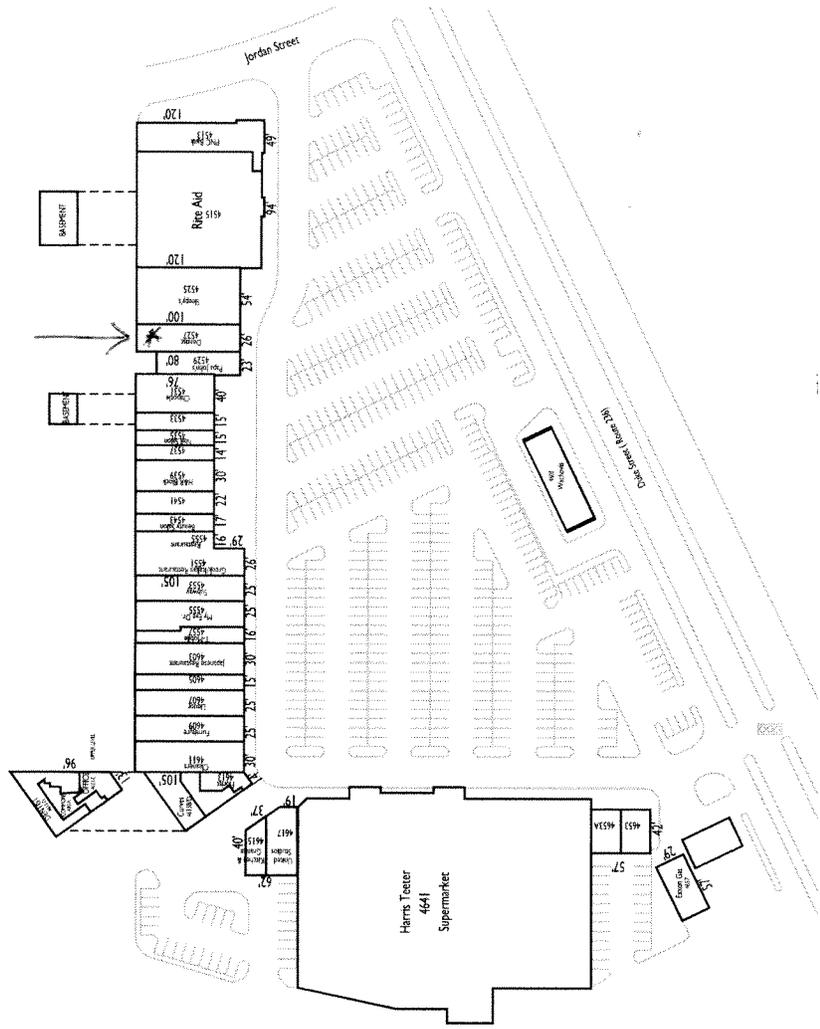
Steve Krupinski
301-255-0846
Skrupinski@writ.com



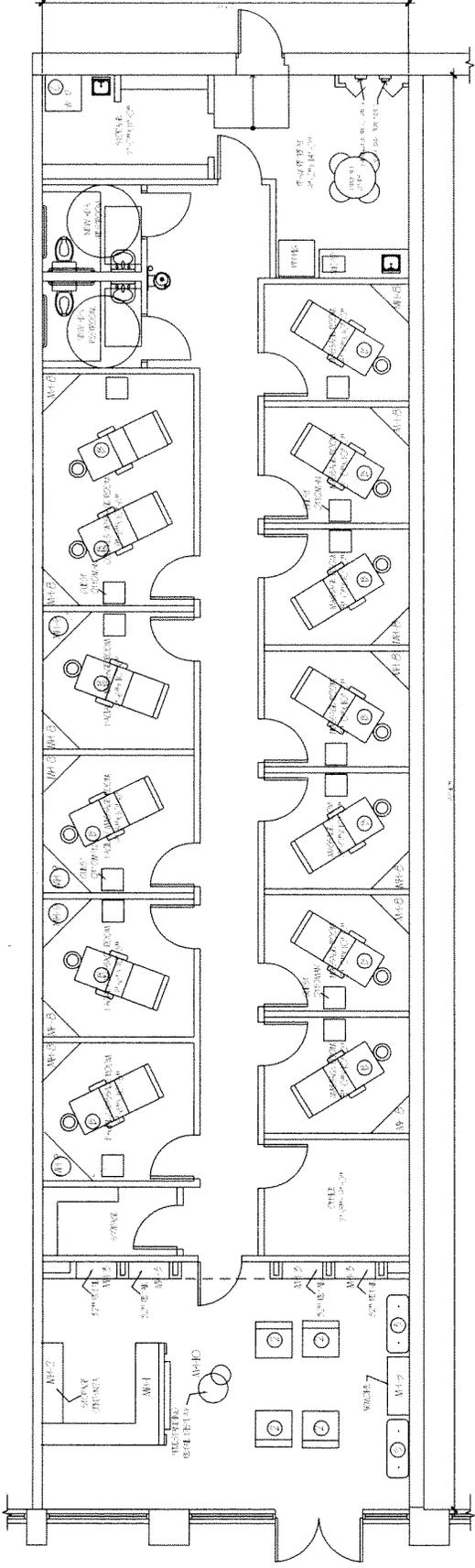
WRIT

Number	Tenant Name	Area
6513	PNC Bank	3,495
6515	Rite Aid	13,396
6516	Rite Aid Warehouse	1,915
6517	Shopy's	5,000
6518	Domino's	2,550
6519	Papa John's	1,782
6520	Chopade	2,475
6521	Marathon	1,110
6522	NZ Super	1,110
6523	Available	1,100
6524	HRB Bank	2,300
6525	Available	6,638
6526	Bonny Salon	1,395
6527	Cherry Restaurant	1,188
6528	Hong Kong Express	1,188
6529	Savory	2,100
6530	My Eye Dr.	2,700
6531	1-Protek	900
6532	Time O' Teppo	3,400
6533	Windows	2,937
6534	Great Value Restaurant	2,337
6535	Available	1,500
6536	Food Town	2,440
6537	Food Town	2,440
6538	Chewers	3,000
6539	Florat	800
6540	Curves	1,890
6541	Direct Office	2,084
6542	Office	840
New Construction		
6543	Michon & Gracie	1,370
6544	Harris Teeter	51,000
6545	Available	1,272
6546	Available	1,031
6547	Omni Station	1,962
6548	Omni Gas Station	1,880

Tenant Roster



Local Map



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MICHELE PELAFAS, INC.
 800 Exchange Dr., Suite 212, Danville, IL 60022
 P. 630.940.7750 F. 630.940.7790

PROJECT: MASSAGE HEIGHTS
 MELLIE
 ALEXANDRIA, VA

SCALE: 3/16" = 1'-0" SHEET
 DATE: AUG 8, '11 **A-2**

NOTE: ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.
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COMMON SCHEDULE

SYMBOL	DESCRIPTION
○ 1	RECEPTION
○ 2	RECEPTION
○ 3	RECEPTION
○ 4	RECEPTION
○ 5	RECEPTION
○ 6	RECEPTION
○ 7	RECEPTION
○ 8	RECEPTION
○ 9	RECEPTION
○ 10	RECEPTION

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PERMITS SCHEDULE

SYMBOL	DESCRIPTION
○ 1	PERMITS
○ 2	PERMITS
○ 3	PERMITS
○ 4	PERMITS
○ 5	PERMITS
○ 6	PERMITS
○ 7	PERMITS
○ 8	PERMITS
○ 9	PERMITS
○ 10	PERMITS

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EXHAUST SCHEDULE

SYMBOL	DESCRIPTION
○ 1	EXHAUST
○ 2	EXHAUST
○ 3	EXHAUST
○ 4	EXHAUST
○ 5	EXHAUST
○ 6	EXHAUST
○ 7	EXHAUST
○ 8	EXHAUST
○ 9	EXHAUST
○ 10	EXHAUST

PRELIMINARY FLOOR PLAN - B