



APPLICATION SPECIAL USE PERMIT

SOP 2011-0050

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

☒ Change of Ownership

☐ Minor Amendment

[must use black ink or type]

PROPERTY LOCATION:

TAX MAP REFERENCE:

APPLICANT

Name:

Address:

PROPERTY OWNER

Name:

Address:

SITE USE:

☒ **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.

Hicham Elabbassi
Print Name of Applicant or Agent

10440 Furnace RD, suite 205
Mailing/Street Address

Locton VA 22079
City and State Zip Code

Signature

703 3399500
Telephone # Fax #

Email address

07-15-11
Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____
Legal advertisement: _____
ACTION - PLANNING COMMISSION _____

Fee Paid: \$ _____
ACTION - CITY COUNCIL: _____

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 # 99-0154

Date approved: 02 / 1 / 2020
month day year

Name of applicant on most recent special use permit Jerry Murrell

Use Restaurant

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.)

This Restaurant is Fast casual type. Serves
about 1600 patrons a day. There are 17
employees working at that location. There's
parking lot that it's being used by patrons
as well as employees.

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)

there are no changes to the business from what was represented to the planning commission. everything is still the same.

Special Use Permit # 291-0050

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:

there are no proposed changes to the
conditions of the special use permit

6. Are the hours of operation proposed to change? ☐ Yes ☒ No

If yes, list the current hours and proposed hours:

Current Hours:

Proposed Hours:

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:

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:

10. Is off-street parking provided for your employees? ____ Yes ____ No
If yes, how many spaces, and where are they located?

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

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: District Manager

16. The applicant is the (check one) ____ Current business owner ____ Prospective business owner

✓ other, please describe: District Manager

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:

FIVE GUYS Operations LLC
Located on 10440 Furnace RD
Suite 205 Lorton VA 22079