



APPLICATION SPECIAL USE PERMIT

SUP 2010-0076

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

Change of Ownership Minor Amendment

[must use black ink or type]

PROPERTY LOCATION: 5100 Fillmore Ave, Alexandria, VA 22311
TAX MAP REFERENCE: D11.01-01-01 **ZONE:** RC

APPLICANT

Name: _____
Address: The Fountains at Washington House
5100 Fillmore Ave, Alexandria, VA 22311

PROPERTY OWNER

Name: _____
Address: Fountains IV Washington House, S.L., LLC
5100 Fillmore Ave, Alexandria, VA 22311

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.

Jeff Branch
Print Name of Applicant or Agent
5100 Fillmore Ave
Mailing/Street Address
Alexandria VA 22311
City and State Zip Code

[Signature]
Signature
703-845-5800 / 703-845-5740
Telephone # Fax #
jbranch@watermarkcommunities.com
Email address
11/14/10
Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____	Fee Paid: \$ _____
Legal advertisement: _____	_____
ACTION - PLANNING COMMISSION _____	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 # 98-0033

Date approved: 5 / 5 / 1998
month day year

Name of applicant on most recent special use permit Arlington Elder Care Corporation,
dba / The Washington House

Use Retirement Community

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.)

The hours/days of the fitness center
according to the SUP are limited to 8:00AM to 5:00PM
Monday - Friday only. *We are proposing a change in usage
to include Saturday 8:00AM - 5:00PM. The fitness
center is utilized by our residents, associates (employees)
and fitness center members.

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)

- We are proposing a change in usage to include Saturday 8:30AM - 5:00PM

- The number of patrons is unchanged. Parking will not be impacted. The type of patrons is unchanged.

- The current fitness center users will also utilize the fitness center on Saturday

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:

We are proposing a change in usage to include
Saturday 8:00AM - 5:00PM

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

If yes, list the current hours and proposed hours:

Current Hours:

Mon-Fri 8:00AM - 5:00PM

Proposed Hours:

MON-SAT 8:00AM - 5:00PM

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: _____

16. **The applicant is the** (check one) Current business owner Prospective business owner
 other, please describe: _____

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:

The Community, The Fountains @ Washington House is
owned by Fountains IV Washington House, SCL, LLC.
The owners are based in Tucson, AZ with onsite
management

The Community continues to operate as a retirement
home serving seniors 55+ years old in various levels of
care.

SUP 2010-0076



5100 Fillmore Ave, Alexandria, VA 22311

©2010 Google

Google

Imagery Date: Aug 29, 2010

38°50'15.87" N 77°08'50.58" W elev. 206 ft

Eye alt 1789 ft