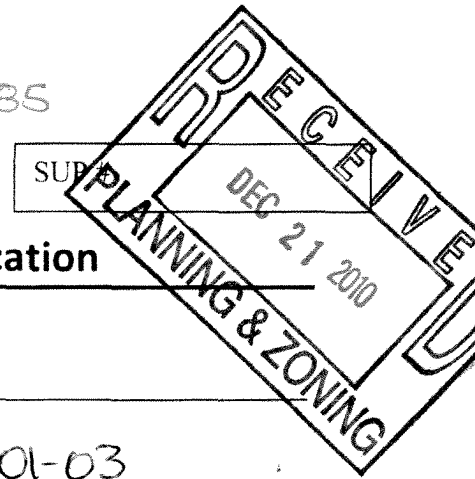




SUP 2010-0085



Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 5416 Eisenhower Avenue

ZONE: OCH

TAX MAP REFERENCE: 077.01-01-03

APPLICANT'S INFORMATION:

Applicant: James Ambrogio

Business/Trade Name: Bengali Group Inc. "Bikram's Yoga College of India"

Address: 1300 Braddock Place, #214 Alexandria VA 22314

Phone: 571-213-7103

Email: jaambrogio@bikramalexandria.com

PROPOSED USE:

- | | |
|---|--|
| <input type="checkbox"/> Day Care Center | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Light Auto Repair | <input type="checkbox"/> Outdoor Dining (exclude King Street Retail Overlay) |
| <input type="checkbox"/> Overnight Pet Boarding | <input type="checkbox"/> Live Theater |
| <input type="checkbox"/> Outdoor Garden Center | <input type="checkbox"/> Outdoor Food and Crafts Market Center |
| <input type="checkbox"/> Catering Business | <input type="checkbox"/> Outdoor Display |
| <input type="checkbox"/> Valet Parking | <input checked="" type="checkbox"/> 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: James Ambrogio

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).

SUP # 2010-0085

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 5416 Eisenhower Ave (property address), for the purposes of operating a Massage Alexandria, VA 22304 (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: KIANOSH SARDGHIAN Phone: 703-221-7252
Address: 17495 Jefferson Davis Highway Arling, VA Email: _____
Signature: [Handwritten Signature] Date: 12/17/10

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.

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:

Please see attached menu of services list.

3. Please describe the proposed hours of operation:

Days	Hours
Daily	9 AM - 9 PM

Or give hours for each day of the week

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

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).

None to receive clients daily.

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

3 total on a daily basis from 9-9

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

7 Standard and compact spaces *note
 _____ Handicapped accessible spaces
 _____ Other

* 7 represents designated spaces for Bikram yoga. There are also 198 additional spaces that are first come first serve on the premises.

Bikram's Yoga College of India
5416 Eisenhower Avenue
Alexandria, Virginia 22304

Menu of Services

Location:

The Property is located at 5416 Eisenhower Avenue, Alexandria Virginia 22304. On the west-side of the building is the Van Dorn Metro, with the metro and VRE tracks to the North side. On the South-side is a recycling plant, the Alexandria police department firing range & Alexandria Impound Lot. There is an office/industrial retail building on the East-side. There is no residential neighborhood within a quarter of a mile of the property. Based upon the location and surrounding area, adding the below additional services would not create a negative impact on the community.

Spa Service Rooms:

There are 3 rooms total where spa services will be offered:

- 1) Room 1 will be for massage therapy and esthetician services; there is a sink with hot/cold water in this room
- 2) Room 2 will be for massage therapy and esthetician services; there is a sink with hot/cold water in this room.
 - a. Note: One of the spa sub-contractors is licensed in both massage therapy and esthetician services.
- 3) Room 3 will be for massage therapy only; there is no sink in this room.

The rooms are approximately 8X12 ft & occupy approximately 5% of the total square footage of the property (5500 sq feet total). There will only be 2 people in each room at any given time, i.e. the masseuse or esthetician & the client. At full capacity there would be 6 people total; therefore, these additional services would not put a strain on the current parking situation.

Menu of Services:

- 1) Deep tissue massage
- 2) Swedish massage
- 3) Aromatherapy stress relief therapy
- 4) Sugar Scrub exfoliation
- 5) Skin rejuvenation Peels
- 1) Cupping massage therapy is a massage technique that applies cups to the body with suction, then movement of the cups is performed. This is done within the context of a Swedish and/or Deep Tissue massage.

Bikram's Yoga College of India
5416 Eisenhower Avenue
Alexandria, Virginia 22304

Menu of Services

- 6) Customized European Facials
- 7) Massage cupping therapy (see footnote for description) (1)
- 8) Waxing
 - a. Brow
 - b. Lip
 - c. Chin
 - d. Full Face
 - e. Underarm
 - f. Half Arm
 - g. Half Leg
 - h. Full Leg
 - i. Bikini
 - j. Brazilian Bikini

- 1) Cupping massage therapy is a massage technique that applies cups to the body with suction, then movement of the cups is performed. This is done within the context of a Swedish and/or Deep Tissue massage.

- B. Please give the number of:
Parking spaces on-site 205
Parking spaces off-site N/A

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

not applicable

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

A. How many loading spaces are available for the use? not applicable

B. Where are off-street loading spaces located? not applicable

C. During what hours of the day do you expect loading/unloading operations to occur? N/A

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:

N/A

SUP# 2010-0085

APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: JA 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: JA 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.

James Ambrose
Print Name of Applicant or Representative

X James Ambrose
Signature

Date 12-30-10

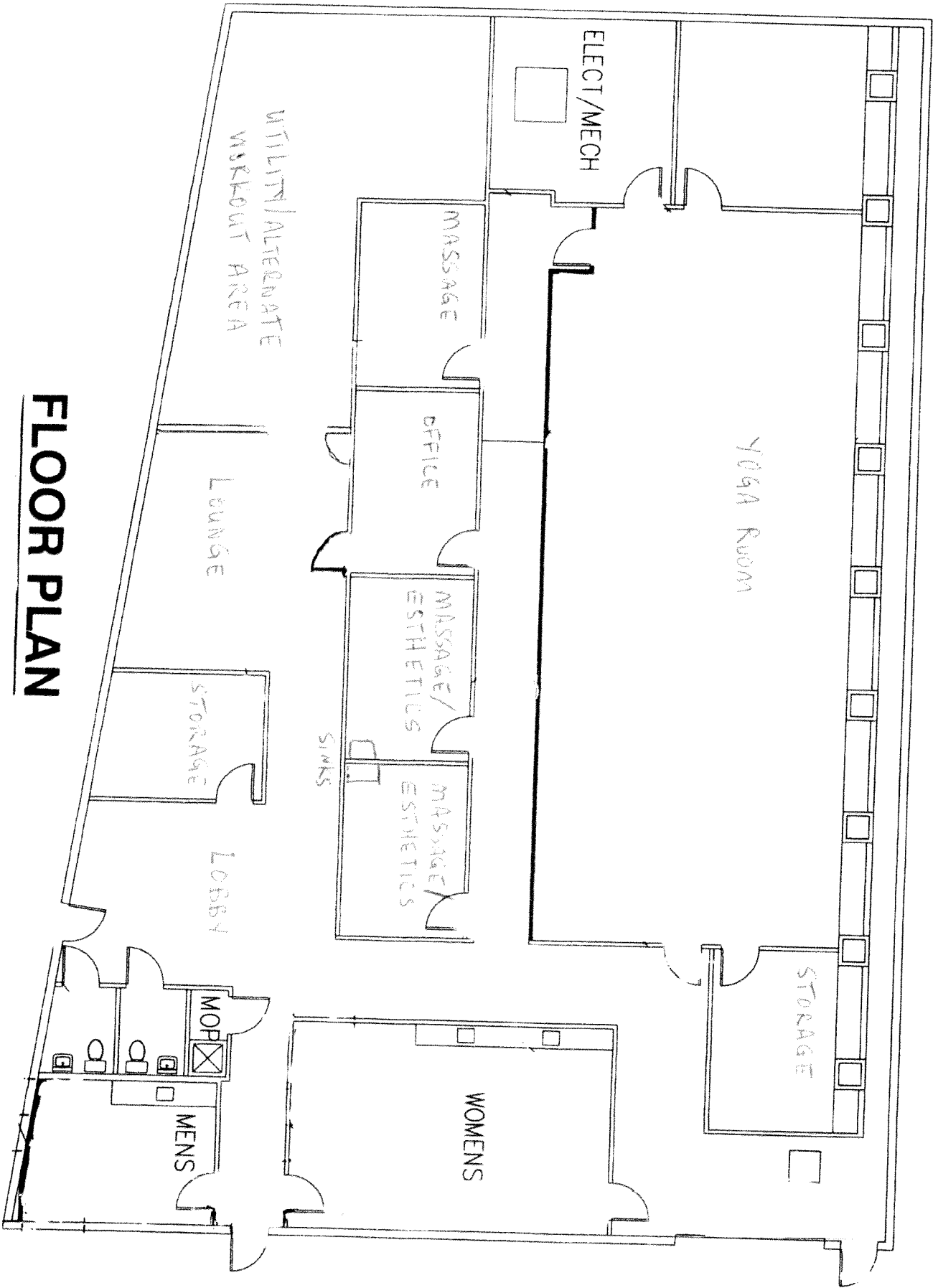
If this application is being filed by someone other than the business owner (such as an agent or attorney), please provide the information below:

Representative's Address: _____

Phone: _____

Email: _____

Fax: _____



FLOOR PLAN