



SUP # 2011-0056

# Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 6000 Stevenson Ave Suite C Alexandria VA

ZONE: OCM(SO)

TAX MAP REFERENCE: 047.03-06-01

### APPLICANT'S INFORMATION:

Applicant: MELVIN W. Williams Business/Trade Name: Spirit Massage & Bodywork

Address: 6161 Eckall Rd 1511 Alexandria VA 22304

Phone: 877-987-3529

Email: info@spiritmassage.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: [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).

\* CONTACT DOAN BALDWIN AT 703-623-6484 AFTER 8/13/2011! APPLICANT WILL BE DEPLOYED OVERSEAS!

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**PROPERTY OWNER'S AUTHORIZATION**

As the property owner, I hereby grant the applicant use of 6000 Stevenson Ave Suite C (property address), for the purposes of operating a message therapy (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: PEBBY BOWLING Phone: 703 751-5100  
Address: 101 50 Whiting St Email: \_\_\_\_\_  
Signature: [Signature] Date: 8-9-11

**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.

MELVIN Williams - 100%  
\_\_\_\_\_  
\_\_\_\_\_

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:

Therapeutic massage treatments only including  
chair and reflexology sessions available  
by appointment only. No walk-ins

3. Please describe the proposed hours of operation:

Days	Hours
Daily	12 by appointment only

Or give hours for each day of the week

Monday	8A-3PM
Tuesday	8A-3PM
Wednesday	8A-3PM
Thursday	8A-3PM
Friday	8A-3PM
Saturday	8A-3PM
Sunday	closed

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).

1 patron (client), 1 therapist (per hour)

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

max 2 therapist(s) within every 2 hrs

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

40 Standard and compact spaces  
2 Handicapped accessible spaces  
 \_\_\_\_\_ Other

B. Please give the number of:  
Parking spaces on-site 42

Parking spaces off-site \_\_\_\_\_

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? \_\_\_\_\_

B. Where are off-street loading spaces located? \_\_\_\_\_

\_\_\_\_\_

C. During what hours of the day do you expect loading/unloading operations to occur? between 12-3pm

D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? once per 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**APPLICANT'S SIGNATURE**

Please read and initial each statement:

Initial: W 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: W 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.

MELVIN L. WILLIAMS  
Print Name of Applicant or Representative

  
Signature

Date 8/10/2011

**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: \_\_\_\_\_

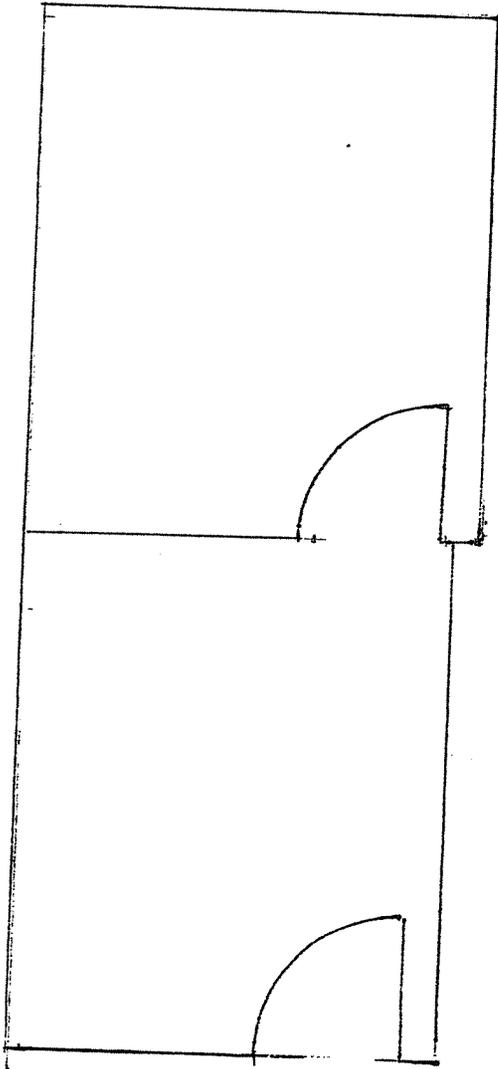
Email: \_\_\_\_\_

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

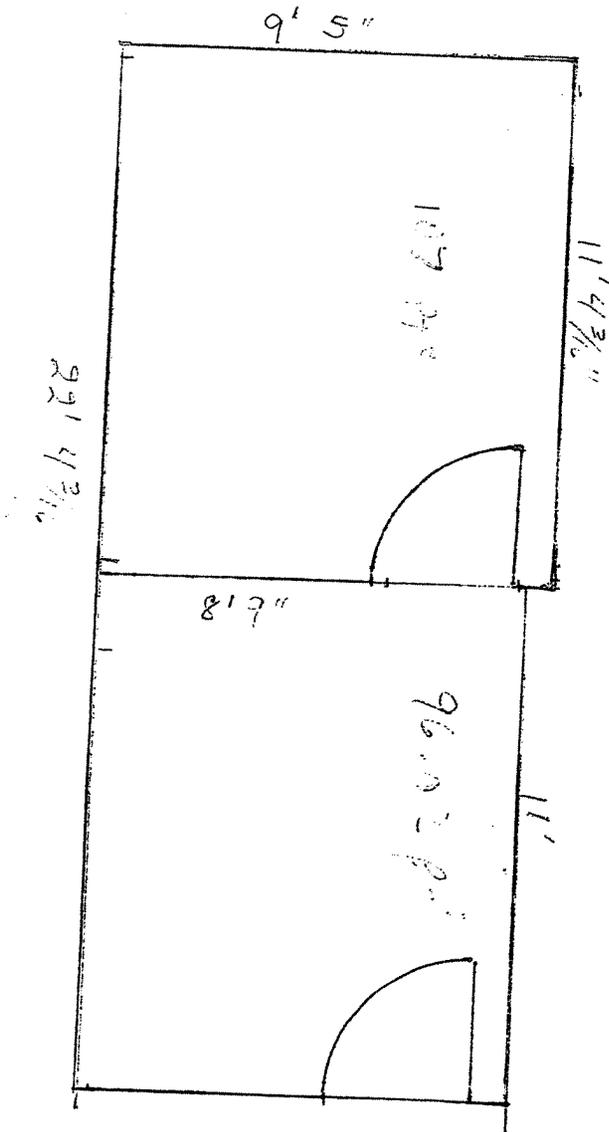
SUP 2011-0056

Suit "C"

6,000 Stevenson AVE.

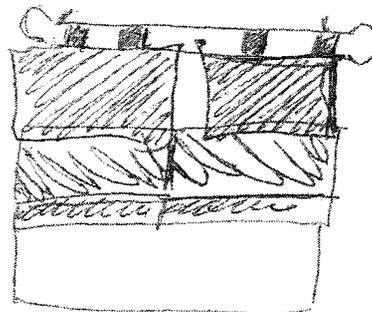
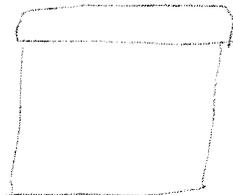
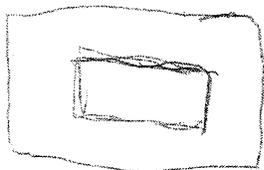
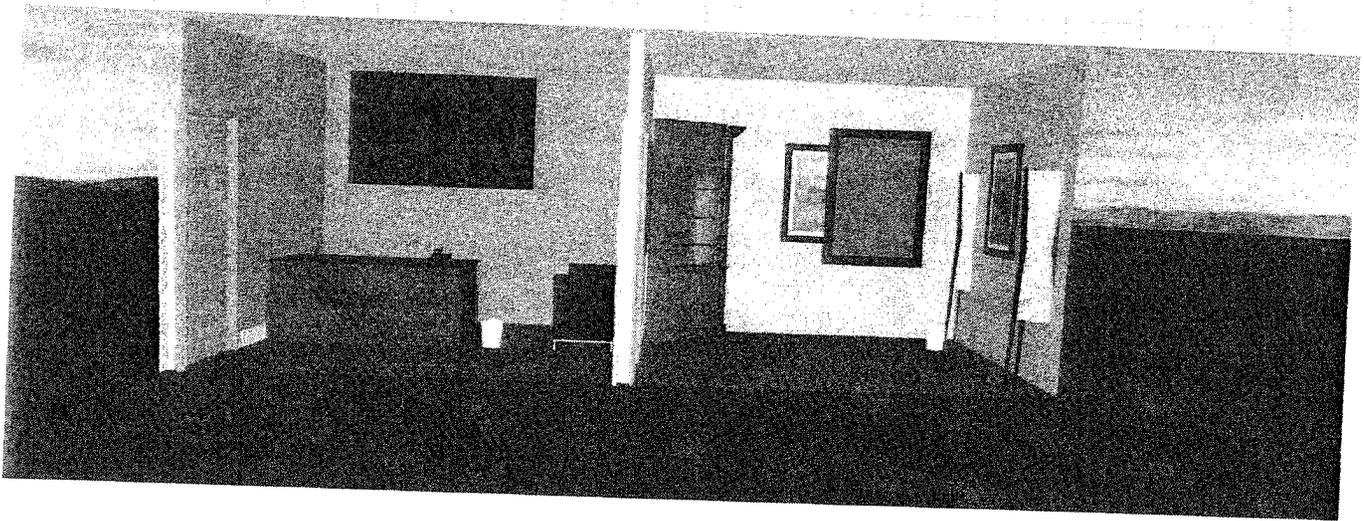
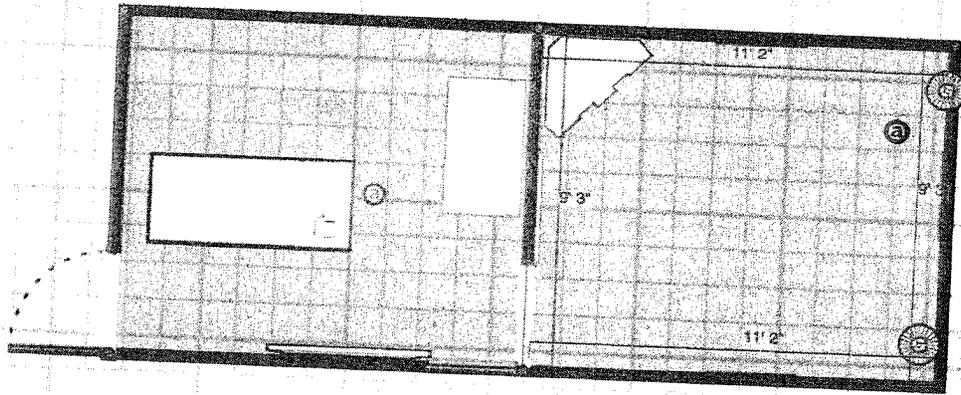
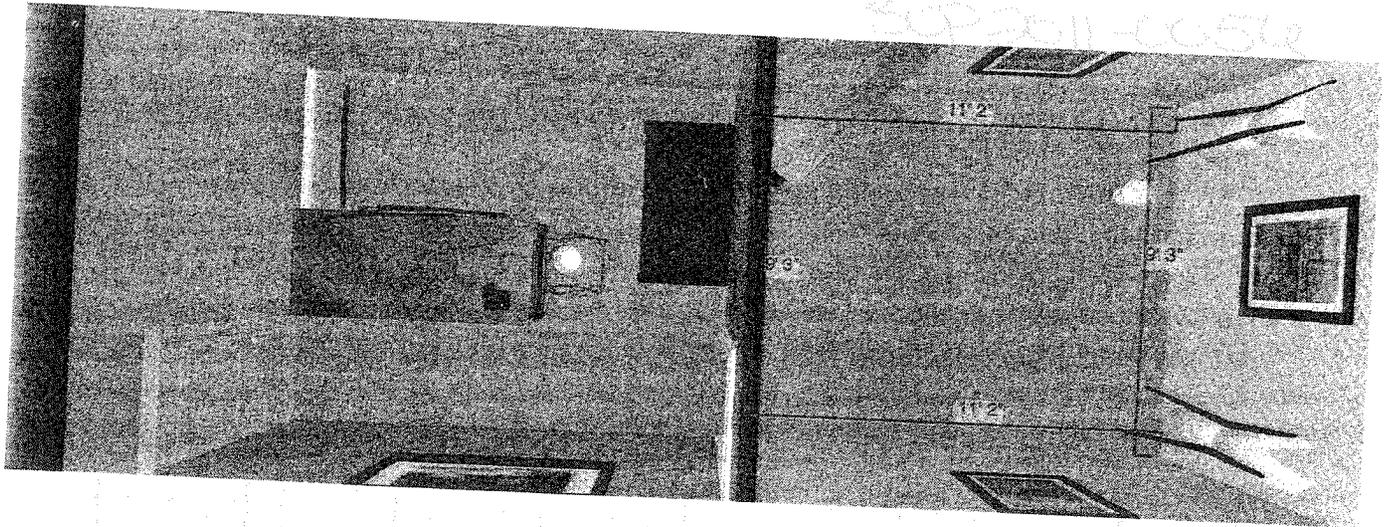


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1000 TOWNSON RD  
SUN 2011

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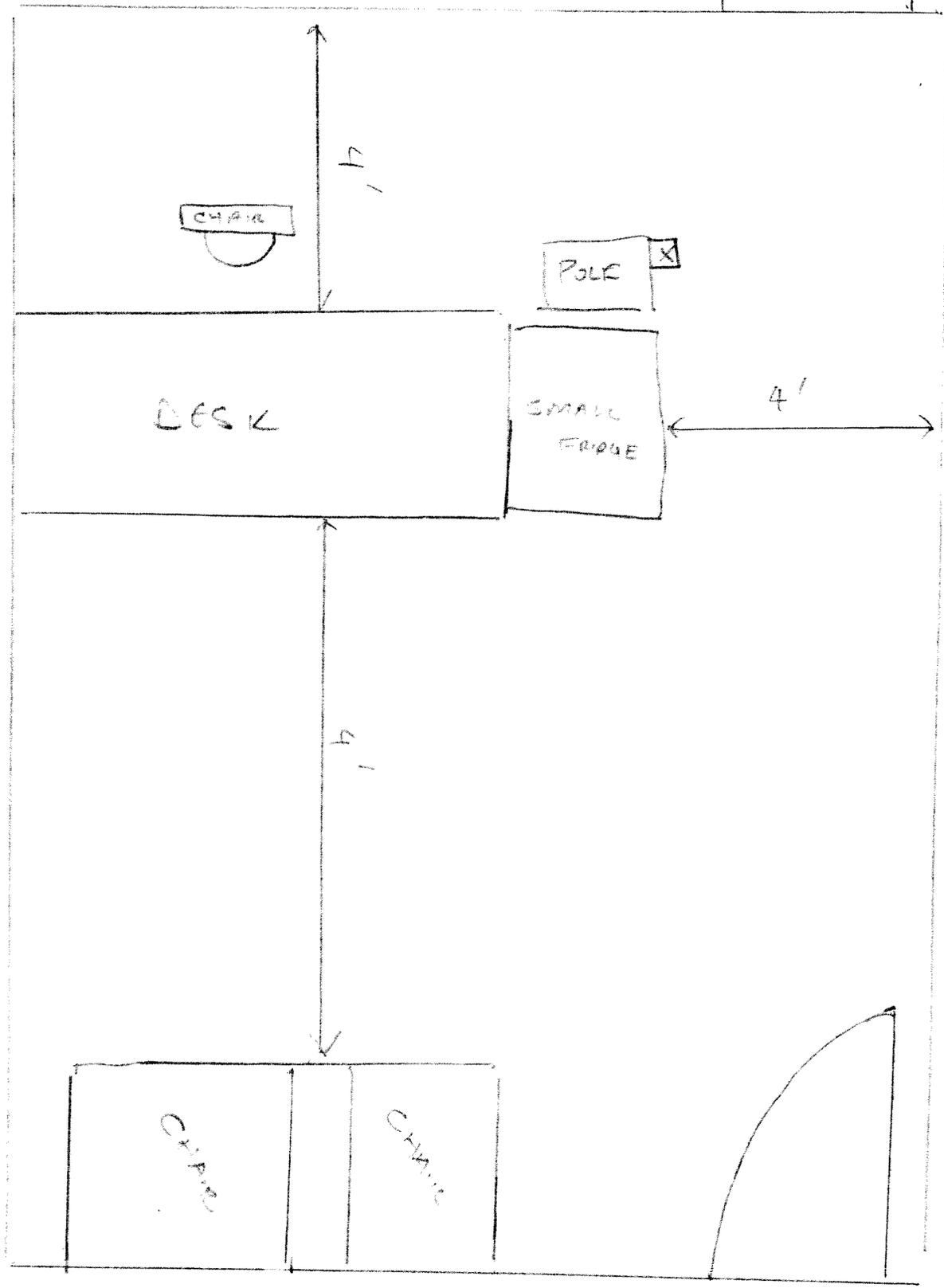


# 1st Room RECEPTION AREA [TABLE 4]

MAXIMUM OCCUPANCY  
3 PERSONS

LEGEND  
☒ - FIRE EXTINGUISHER  
"b" -

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LIGHTING - OVERHEAD FLUORESCENT  
LINEN SUGS - MAXIMAL

TREATMENT ROOM (2ND 2M)

TABLE 3

MAXIMUM OCCUPANCY = 2 PERSONS

SINK LOCATION - TABLE C

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MUSIC = MAXIMIDS  
LIGHTING = AMBIENT (ADJUSTABLE)  
FLOOR LAMP AND  
CYCLE HEAD FLUORESCENT

83!

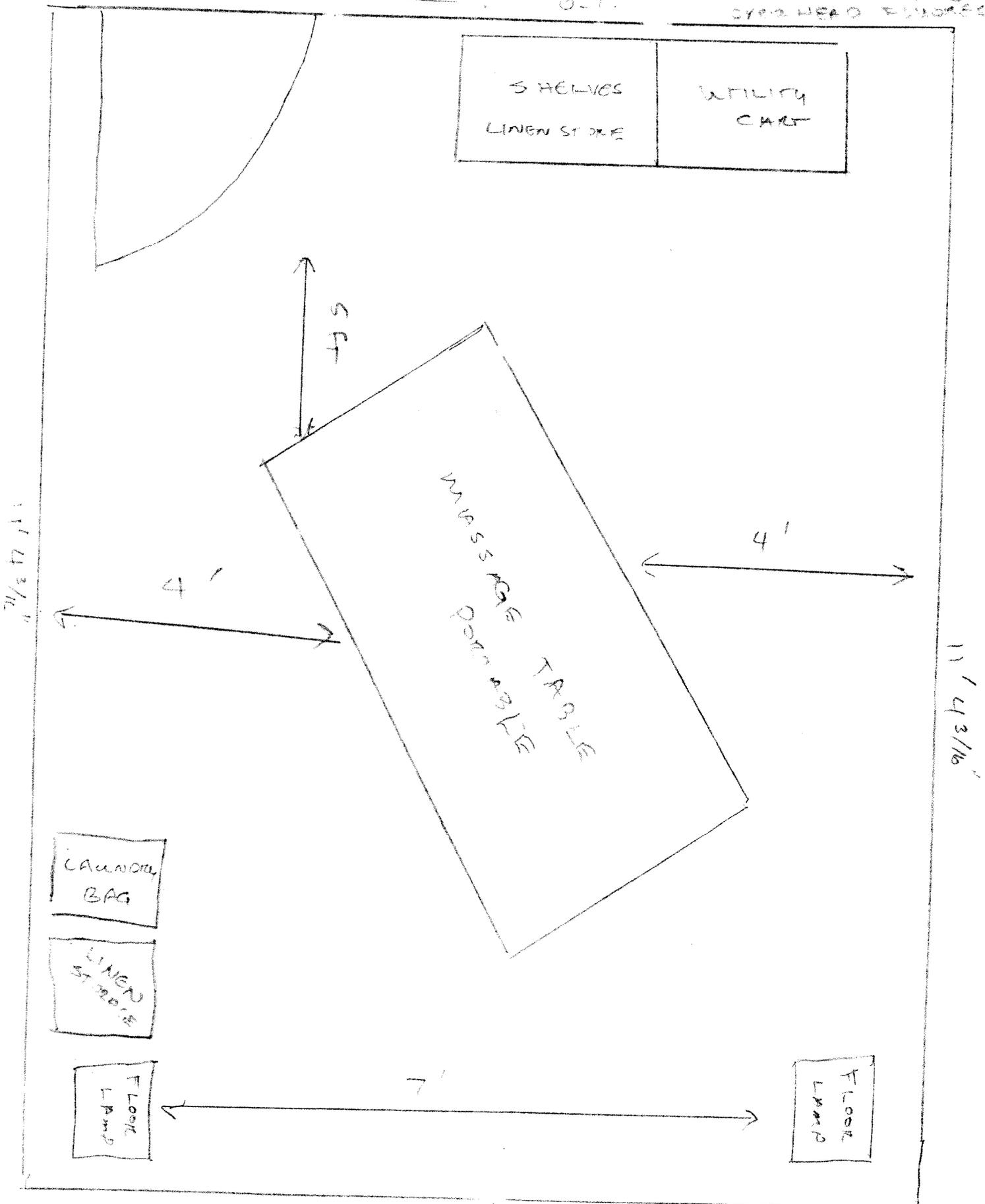
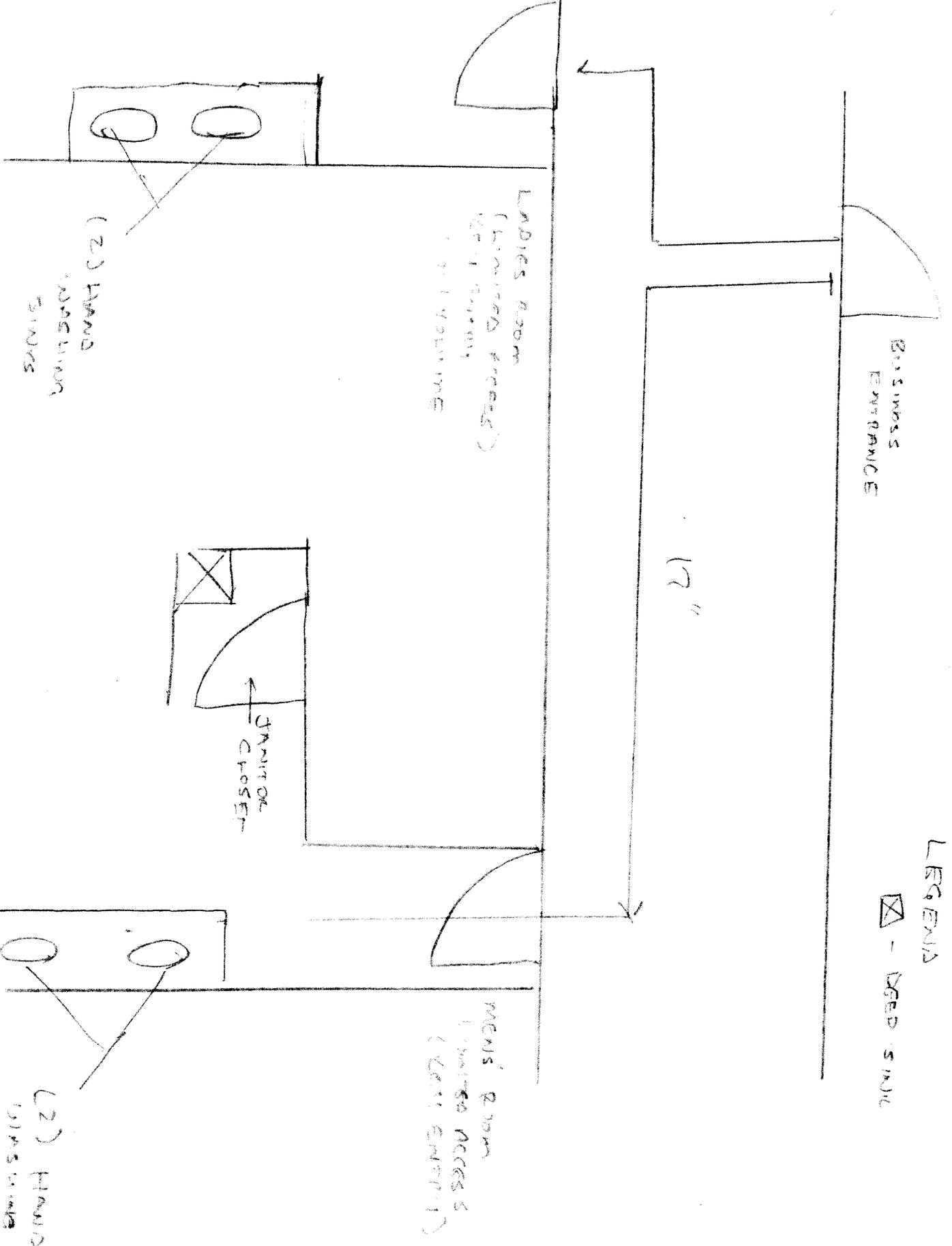


TABLE LOCATION

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BUSINESS ENTRANCE

17'

LEGEND

DEED SIGN

LADIES ROOM

(LIMITED ACCESS)

(2) HAND WASHING SINKS

JANITOR CLOSET

MEN'S ROOM

(LIMITED ACCESS)

(2) HAND WASH SINKS

TABLE A

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FIRE EVACUATION PLAN

