



SUP # 201-0038

Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 817 KING STREET, ALEXANDRIA, VA 22314

ZONE: KR

TAX MAP REFERENCE: 074.02-01-02

APPLICANT'S INFORMATION:

Applicant: JIANMIN WANG Business/Trade Name: MASSAGE/ ^{BEST} HEALTH

Address: 9119 BLARNEY STONE DR, SPRINGFIELD, VA 22152

Phone: 571-426-5001

Email: Jianmin68@yahoo.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: Jianmin Wang

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).

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 817 KING ST, SUITE 200 (property address), for the purposes of operating a MASSAGE (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: SBS PROPERTIES LLC Phone: 571-242-3693

Address: 817 KING STREET, ALEXANDRIA Email: sambabarrie@cox.net
VA 22314

Signature: [Handwritten Signature] Date: 6/14/2011

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.

JIANMIN WANG - 0%

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:

BEST HEALTH MASSAGE IS A SMALL ED. WHICH PROVIDES THERAPEUTIC MASSAGE AND BODYWORK SERVICE TO SUB-HEALTH PEOPLE AND HEALTH PEOPLE WHICH INCLUDE DEEP TISSUE / SWEDISH / HOT STONE MASSAGE AND EAST MASSAGE.

3. Please describe the proposed hours of operation:

Days	Hours
Daily	12

Or give hours for each day of the week

Monday	9 AM TO 8:30 PM
Tuesday	9 AM TO 8:30 PM
Wednesday	9 AM TO 8:30 PM
Thursday	9 AM TO 8:30 PM
Friday	9 AM TO 8:30 PM
Saturday	9 AM TO 8:30 PM
Sunday	11 AM TO 6:00 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).

30 PEOPLE PER DAY

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

3 MASSAGE THERAPIST AND 1 ADMINISTRATIVE ASSISTANT EACH SHIFT. TWO SHIFTS PER DAY, WITH A TOTAL OF 6 MASSAGE THERAPIST AND TWO ADMINISTRATIVE ASSISTANTS. TOTAL EMPLOYEES ARE 8.

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

Landlord offer } NONE Standard and compact spaces
 NONE Handicapped accessible spaces
 NONE Other

ON STREET PARKING IS ALWAYS AVAILABLE IN FRONT AND SIDE OF THE BUILDING.

Landlord offer

- B. Please give the number of:
 - Parking spaces on-site NONE
 - Parking spaces off-site NONE

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

ALFRED STREET GARAGE.
ADDRESS: 123 NORTH ALFRED STREET, ALEXANDRIA, VA

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

- A. How many loading spaces are available for the use? 0
- B. Where are off-street loading spaces located? NONE - THERE ARE
TWO ON-STREET IN FRONT OF BUILDING AND 4 ON SIDE
OF BUILDING.
- C. During what hours of the day do you expect loading/unloading operations to occur? 8 AM TO 5 PM MONDAY TO SATURDAY
- D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? EVERY 30 MINUTES EVERY DAY

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

APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: JW 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: JW 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.

JIANMIN WANG
Print Name of Applicant or Representative

Jianmin Wang
Signature

8-14-2011
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: _____