



Special Use Permit # ~~2009-0003~~

2009-0023

Planning and Zoning Administrative Special Use Permit Application

Please type or print legibly

PROPERTY LOCATION: 50 S. Pickett ST #24

ZONE: CG TAX MAP REFERENCE: 58.02-0A-00

APPLICANT'S INFORMATION:

Name: DAHAB BEYENE

Address: 50 S. Pickett st.

Phone: 703 567-4050

Email: Dahab@CafeAuroraUSA.co

PROPOSED USE:

- Restaurant
- Day Care Center (in church or school building only)
- Outdoor Garden Center
- Outdoor Food and Crafts Market Center
- Overnight Pet Boarding (in shopping center only)
- Catering Business
- Light Auto Repair (industrial or flex space only)
- Valet Parking (King Street only)
- Outdoor Display (Mount Veron Overlay only)

Please read and initial after the statement:

I have read and understand the required standards for the use for which I am applying. Sign: Dahab Beyene

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.

Other materials, as required by specific use (see Use Standards).

PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of (property address): 50 S. PICKETT ST #24, for the purposes of operating a (use): CAFE - RESTAURANT 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. CAFE AURORA INC.

Name: DAHAB BEYENE Phone 703 567-4050

Address: 50 S. Pickett St #24 Email: dehab@cafeaurorausa.com

Signature: Dehab Beyene Date: 3/10/09

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 of more than ten percent.

DAHAB BEYENE and JOSEPH TESPAI

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:

TO serve beer and wine at premier's with
Meal

3. Please describe the proposed hours of operation:

Days M-5	Hours 9AM 10PM
Daily YES	

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).

Lunch Time around 20-25-30 people

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

one 9AM TO 10PM

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

- ~~56~~ 56 ✓ Standard and compact spaces
- 4 ✓ Handicapped accessible spaces.
- Other.

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- B. Please give the number of:
 Parking spaces on-site enough visitors sign 60 total
 Parking spaces off-site _____

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

No

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

- A. How many loading spaces are available for the use? AT the Back one
 B. Where are off-street loading spaces located? _____
 C. During what hours of the day do you expect loading/unloading operations to occur? Just ones or twice a month
 D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate? one or two times a month

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:

Cleaning Soap Like Joy

QUESTIONS FOR SPECIFIC USES

RESTAURANT	
Number of seats proposed. <u>34</u> Inside <u>0</u> Outside (Detailed outdoor seating plan required)	
Does the restaurant offer full wait service with printed menus and non disposable tableware? <u>Yes</u> No	
Is alcohol service proposed? Yes, <input checked="" type="checkbox"/> <u>On Premise</u> and/or <input type="checkbox"/> Off Premise No alcohol <input type="checkbox"/>	
Is delivery service offered (must have a minimum of 40 seats to qualify for admin SUP)? <input type="checkbox"/> Yes Please give number of delivery vehicles <input checked="" type="checkbox"/> No	
Is live entertainment offered? Describe type of entertainment proposed (<u>television</u> , live band, pool tables, etc): <u>TV</u>	
Will you voluntarily operate as a smoke-free establishment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICANT'S SIGNATURE

Please read and initial each statement:

Initial: DB 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: _____ 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.

DAHAB BEYENE
Print Name of Applicant or Agent

Dahab Beyene
Signature

12-30-08
Date

Address: 50 S. Pickett #24
Alex, VA 22304

Telephone: 703 567 4050

Fax: 703 567 7868

Email Address: Dahab@cofeamworusa.com

