APPLICATION
SPECIAL USE PERMIT

SPECIAL USE PERMIT # 2010-0087

PROPERTY LOCATION: 4740 Eisenhower Avenue, Alexandria, VA 22304

TAX MAP REFERENCE: 068-04-01-18 ZONE: OCM-100

APPLICANT:
Name: Kathryn M. Rollins dba Dog Days of Old Town, LLC

Address: 1669 Hunting Creek Drive, Alexandria, VA 22314

PROPOSED USE: Dog Retail specialty sales, dog day care facility with overnight boarding.

✓ THE UNDERSIGNED, hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 4-11-500 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

✓ THE UNDERSIGNED, having obtained permission from the property owner, hereby grants permission to the City of Alexandria staff and Commission Members to visit, inspect, and photograph the building premises, land etc., connected with the application.

✓ THE UNDERSIGNED, having obtained permission from the property owner, hereby grants permission to the City of Alexandria to post placard notice on the property for which this application is requested, pursuant to Article IV, Section 4-1404(D)(7) of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

✓ 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.

Kathryn M. Rollins
Print Name of Applicant or Agent
1669 Hunting Creek Drive
Mailing/Street Address
Alexandria, VA 22314
City and State Zip Code

Signature
Kathryn M. Rollins
12/20/2010 Date

703-778-7427
Telephone #
same

same Fax #
kate@lovedogdays.com Email address

ACTION-PLANNING COMMISSION: DATE:

ACTION-CITY COUNCIL: DATE:
PROPERTY OWNER’S AUTHORIZATION

As the property owner of 4740 Eisenhower Avenue, Alexandria, VA 22304 (Property Address) I hereby grant the applicant authorization to apply for the Retail/Specialty Dog Products, day care & Overnight boarding use as described in this application.

Name: James W. Yates
Phone: 703-626-6933
Address: PO Box 510, Occoquan, VA 22125
Please Print
Email: ____________________________
Signature: ____________________________ Date: 12/20/2010
 allem following page

1. Floor Plan and Plot Plan. As a part of this application, the applicant is required to submit a floor plan and plot or site plan with the parking layout of the proposed use. The SUP application checklist lists the requirements of the floor and site plans. The Planning Director may waive requirements for plan submission upon receipt of a written request which adequately justifies a waiver.

☑ Required floor plan and plot/site plan attached.

[ ] Requesting a waiver. See attached written request.

2. 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.

Kathryn M. Rollins, 1669 Hunting Creek Drive, Alexandria, VA 22314(90%) / Elmore Nanton, 2342 Corning Avenue, #203, Fort Washington, MD 20744

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
PROPERTY OWNER'S AUTHORIZATION

As the property owner, I hereby grant the applicant use of 4740 Eisenhower Avenue, Alexandria, VA 22304 (property address), for the purposes of operating a business as described in this application.

By signing this authorization, I am NOT abandoning my grandfathered zoning rights.

I also grant permission to the City of Alexandria to visit, inspect, photograph and post placard notice on my property.

Name: James N. Yates  Phone: 703-626-6933
Address: P.O. Box 510, Occoquan, VA 22125  Email: jimy@mindspring.com
Signature: [Signature]  Date: 12/20/2010

1. The applicant is the (check one):
   [ ] Owner
   [ ] Contract Purchaser
   [ ] Lessee or
   [x] Other: Prospective Lessee

   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.
OWNERSHIP AND DISCLOSURE STATEMENT
Use additional sheets if necessary

1. **Applicant.** State the name, address and percent of ownership of any person or entity owning an interest in the applicant, unless the entity is a corporation or partnership, in which case identify each owner of more than ten percent. The term ownership interest shall include any legal or equitable interest held at the time of the application in the real property which is the subject of the application.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Percent of Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathryn M. Rollins</td>
<td>1669 Hunting Creek Dr.</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>Alexandria, VA 22314</td>
<td></td>
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<tr>
<td>DBA - Dog Days of Old Town, LLC</td>
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</tbody>
</table>

2. **Property.** State the name, address and percent of ownership of any person or entity owning an interest in the property located at 4740 Eisenhower Ave, Alexandria, VA 22314 (address), unless the entity is a corporation or partnership, in which case identify each owner of more than ten percent. The term ownership interest shall include any legal or equitable interest held at the time of the application in the real property which is the subject of the application.

<table>
<thead>
<tr>
<th>Name</th>
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<th>Percent of Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>James N. Yates</td>
<td>PO Box 510</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Occoquan, VA 22125</td>
<td></td>
</tr>
<tr>
<td>Toni R. Yates</td>
<td>Same</td>
<td>50%</td>
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3. **Business or Financial Relationships.** Each person or entity listed above (1 and 2), with an ownership interest in the applicant or in the subject property is required to disclose any business or financial relationship, as defined by Section 11-350 of the Zoning Ordinance, existing at the time of this application, or within the 12-month period prior to the submission of this application with any member of the Alexandria City Council, Planning Commission, Board of Zoning Appeals or either Boards of Architectural Review.

<table>
<thead>
<tr>
<th>Name of person or entity</th>
<th>Relationship as defined by Section 11-350 of the Zoning Ordinance</th>
<th>Member of the Approving Body (i.e. City Council, Planning Commission, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. None</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
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NOTE: Business or financial relationships of the type described in Sec. 11-350 that arise after the filing of this application and before each public hearing must be disclosed prior to the public hearings.

As the applicant or the applicant’s authorized agent, I hereby attest to the best of my ability that the information provided above is true and correct.

**Date:** 12/28/2010  
**Printed Name:** Kathryn M. Rollins  
**Signature:**
Definition of business and financial relationship.

Section 11-305 of the Zoning Ordinance defines a business or financial relationship as any of the following:

1. a direct one;
2. by way of an ownership entity in which the member or a member of his immediate household is a partner, employee, agent or attorney;
3. through a partner of the member or a member of his immediate household;
4. through a corporation in which any of them is an officer, director, employee, agent or attorney or holds 10 percent or more of the outstanding bonds or shares of stock of a particular class. In the case of a condominium, this threshold shall apply only if the applicant is the title owner, contract purchaser, or lessee of 10% or more of the units in the condominium;
5. not as an ordinary customer or depositor relationship with a professional or other service provider, retail establishment, public utility or bank, which relationship shall not be considered a business or financial relationship;
6. created by the receipt by the member, or by a person, firm, corporation or committee on behalf of the member, of any gift or donation having a value of more than $100, singularly or in the aggregate, during the 12-month period prior to the hearing on the application from the applicant.
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.

**NARRATIVE DESCRIPTION**

3. The applicant shall describe below the nature of the request in detail so that the Planning Commission and City Council can understand the nature of the operation and the use. The description should fully discuss the nature of the activity. (Attach additional sheets if necessary.)

See attached full description

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

Dog Days of Old Town, LLC, currently provides high-quality, reliable and loving pet care for daily play time and in-home overnight stays. With the addition of our large facility, we will offer half-day, full-day and overnight boarding ranging from three-hour minimums to overnight extended stays (days or weeks). This care will be predominantly cageless, although we will have kennels available for use as necessary. We will have an on-site operator(s) at all times when we have dogs present. We will be using pickup and delivery as our primary method of receiving dogs and returning them.

Due to the extensive size of this facility, we will hire a full-time groomer (possibly two) which may come through a developing partnership with an existing Old Town groomer who has outgrown her existing facility.

We will be able to facilitate 200 dogs or more on any given day and all dogs will be rotated outside for walks in addition to their inside play time. Our operators will drive rotational groups of high-energy dogs to local parks for additional outside time.

In inclement weather, they will still be taken for walks, but will spend less time outside and more time inside, with all assistants participating in structured play and behavioral training, as requested.

We will provide high quality dog foods, toys and other pet products as regular inventory, with special requests accommodated, as available. We will provide dog exercise and play equipment inside, along with special rooms set aside for pets that need rest or relaxation time and also a special orientation room for new dogs or dogs that may not readily adjust to a new environment. All owners must provide up-to-date vaccination records for their pets and must complete an orientation behavioral questionnaire. Additionally, an individual per dog assessment must also be completed before each dog will be admitted into the general play population. My partner, Elmore Nanton, has a depth and breadth of experience with dogs and he will be our General Facility Operator.

Our primary goal is to provide a clean, safe and convenient environment for Alexandria/Old Town residents to count on for customer-oriented care for their “furry friends”. Our hours are structured differently than our competitors in order to provide the ultimate convenience for our clients (the non-
furry ones) whose schedules vary greatly. In order to best facilitate their schedules, we will not only offer, but encourage, the use of our pick-up and delivery service and will work with our clients who have been out of town on extended trips and want to have their pets home when they get there. It is our intent to use this service as our predominant method of getting our dogs to and from the facility. We also intend to offer delivery of dog food to our customers’ homes, along with their dogs in order to further facilitate our clients’ convenience.

We currently have a website with a state of the art full-functioning back-end database called Pet Exec, this will perform all check-ins and outs and also provide our monthly billing. The website has many planned enhancements once we have a facility. We will also offer webcam service so that owners may view their dogs at any time of day or night.

Our bottom line is that we intend to be the best at what we do and do it for a reasonable price and provide our customers with the utmost in happy dogs!
USE CHARACTERISTICS

4. The proposed special use permit request is for (check one):
   [ ] a new use requiring a special use permit,
   [ ] an expansion or change to an existing use without a special use permit,
   [ ] other. Please describe: ____________________________________________

5. 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).

      7AM - 9 PM - Sunday - Saturday (9PM-11PM By Appointment Only for pick up
      or Delivery). Dogs will be rotated outside to parks, etc. MAX 200 dogs present
      during any given period. (excluding overnight boarding)

   B. How many employees, staff and other personnel do you expect? 100-750 dogs
      Specify time period (i.e., day, hour, or shift).

      Two to four at any given shift depending upon need

6. Please describe the proposed hours and days of operation of the proposed use:

   Day:                      Hours:
   Sunday - Saturday        7AM - 9 PM
   ____________________________
   Sunday - Saturday        9 PM - 11PM (Only for special delivery hours to clients
   ____________________________
   ____________________________
   ____________________________
   homes or scheduled late pickups

7. Please describe any potential noise emanating from the proposed use.

   A. Describe the noise levels anticipated from all mechanical equipment and patrons.

      Dogs playing - barking will kept to a minimum. All dogs will be inside when they are resident at the facility.
      Only 15% will be present at a time, the rest will be taken in shifts to parks and on walks.

   B. How will the noise be controlled?

      Inside noise insulation (as needed)

      Rotation of dogs outside for walking, exercise and individual training
8. Describe any potential odors emanating from the proposed use and plans to control them:

Odors will be controlled by three times daily sanitizing, deodorizing and proper ventilation.


9. Please provide information regarding trash and litter generated by the use.

A. What type of trash and garbage will be generated by the use? (i.e. office paper, food wrappers)

General office paper, dog food bags, boxes discarded from retail orders. We will contract with a commercial service for disposal of all garbage.


B. How much trash and garbage will be generated by the use? (i.e. # of bags or pounds per day or per week)

100 pounds per week


C. How often will trash be collected?

Private trash collection - one to two times per week


D. How will you prevent littering on the property, streets and nearby properties?

No issue - we will police the area morning and evening to ensure there is no litter.


10. Will any hazardous materials, as defined by the state or federal government, be handled, stored, or generated on the property?

[ ] Yes. [X] No.

If yes, provide the name, monthly quantity, and specific disposal method below:
11. Will any organic compounds, for example paint, ink, lacquer thinner, or cleaning or degreasing solvent, be handled, stored, or generated on the property?

[ ] Yes.  ✔ No.

If yes, provide the name, monthly quantity, and specific disposal method below:

________________________________________________________________________

________________________________________________________________________


12. What methods are proposed to ensure the safety of nearby residents, employees and patrons?

Standard safety practices for a business of this type will be employed.

Dogs will be leashed at all times when outdoors.

Strict intake procedures to ensure no dangerous dogs will be admitted.

ALCOHOL SALES

13. A. Will the proposed use include the sale of beer, wine, or mixed drinks?

[ ] Yes  ✔ No

If yes, describe existing (if applicable) and proposed alcohol sales below, including if the ABC license will include on-premises and/or off-premises sales.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
PARKING AND ACCESS REQUIREMENTS

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

☐ Standard spaces
☐ Compact spaces
☐ Handicapped accessible spaces.
☐ Other.

<table>
<thead>
<tr>
<th>Planning and Zoning Staff Only</th>
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<tbody>
<tr>
<td>Required number of spaces for use per Zoning Ordinance Section 8-200A</td>
</tr>
<tr>
<td>Does the application meet the requirement?</td>
</tr>
<tr>
<td>[ ] Yes</td>
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</table>

B. Where is required parking located? (check one)

☐ on-site
☐ off-site

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

Parking is located on-site.

PLEASE NOTE: Pursuant to Section 8-200 (C) of the Zoning Ordinance, commercial and industrial uses may provide off-site parking within 500 feet of the proposed use, provided that the off-site parking is located on land zoned for commercial or industrial uses. All other uses must provide parking on-site, except that off-street parking may be provided within 300 feet of the use with a special use permit.

C. If a reduction in the required parking is requested, pursuant to Section 8-100 (A) (4) or (5) of the Zoning Ordinance, complete the PARKING REDUCTION SUPPLEMENTAL APPLICATION.

☐ Parking reduction requested; see attached supplemental form

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

A. How many loading spaces are available for the use? 1

<table>
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<td>Required number of loading spaces for use per Zoning Ordinance Section 8-200</td>
</tr>
<tr>
<td>Does the application meet the requirement?</td>
</tr>
<tr>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>
B. Where are off-street loading facilities located? ____________

C. During what hours of the day do you expect loading/unloading operations to occur?
7-9AM, 1-3PM, 5-7PM (9-11PM for special exceptions by appt.)

D. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate?
3-6 per day with each lasting only 15-30 minutes

16. Is street access to the subject property adequate or are any street improvements, such as a new turning lane, necessary to minimize impacts on traffic flow?
Adequate/No changes necessary

SITE CHARACTERISTICS

17. Will the proposed uses be located in an existing building? [✓] Yes [ ] No
Do you propose to construct an addition to the building? [ ] Yes [✓] No
How large will the addition be? ____________ square feet.

18. What will the total area occupied by the proposed use be?

10,000 sq. ft. (existing) + ____________ sq. ft. (addition if any) = 10,000 sq. ft. (total)

19. The proposed use is located in: (check one)
[✓] a stand alone building
[ ] a house located in a residential zone
[✓] a warehouse
[ ] a shopping center. Please provide name of the center: ____________________________
[ ] an office building. Please provide name of the building: ____________________________
[ ] other. Please describe: ______________________________________________________

End of Application
#1: 6x7 = 42 sq ft
#2: 25x4 = 100 sq ft
#3: 76x25 = 1,900 sq ft
#4: 121x64 = 7,744 sq ft
#5: 35x8.8 = 308 sq ft

TOTAL 10,066 sq ft