

APPLICATION for SPECIAL USE PERMIT

SPECIAL USE PERMIT # 2009-0073

PROPERTY LOCATION: **417, 419 and 421 East Clifford Avenue, Alexandria, Virginia 22301**

TAX MAP REFERENCE: **25.01 02 17, 18 & 19**

ZONED: **CSL**

APPLICANT Name: **Alexandria Neighborhood Health Services, Inc.**
Address: **2 East Glebe Road, Alexandria, Virginia 22305**

PROPOSED USE: **Section 8-100(A)(4) of the Alexandria Zoning Ordinance, 1992, as amended (the "Ordinance"), reduction of required parking for the Arlandria Health Center Clinic.**

[X] **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.

[X] **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.

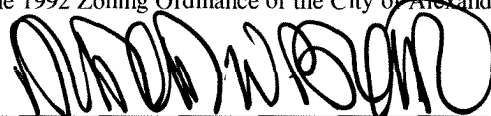
[X] **THE UNDERSIGNED**, having obtained permission from the property owner, hereby grants permission to the City of Alexandria to post placard notice on the property for which this application is requested, pursuant to Article IV, Section 4-1404(D)(7) of the 1992 Zoning Ordinance of the City of Alexandria,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

[X] **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 Commission 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.

Land, Clark, Carroll, Mendelson & Blair, P.C.

Duncan W. Blair, Esquire

Print Name of Applicant or Agent



Signature

524 King Street

Mailing/Street Address

(703) 836-1000

Telephone #

(703) 549-3335

Fax #

dblair@landclark.com

Alexandria, Virginia 22314

City and State Zip Code

October 20, 2009

Date

===== **DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY** =====

Application Received: _____ Date & Fee Paid: _____ \$ _____

ACTION - PLANNING COMMISSION: _____ DATE: _____

ACTION - CITY COUNCIL: _____ DATE: _____

SUP# 2009-0073

PROPERTY OWNER'S AUTHORIZATION

As the property owner of 417 and 419 E. Clifford Avenue, Alexandria, VA, I hereby
(Property Address)
grant the applicant authorization to apply for the Parking Reduction SUP use as
(use)
described in this application.
Wagonwork Capital Investments LLC

Name: _____ Phone: 703 684-2985
Please Print
Address: 419 E. Clifford Avenue, Alexandria, VA Email: Wagonworkkbs@aol.com
Signature: A.M. Anderson Date: 10-20-09

PROPERTY OWNER'S AUTHORIZATION

As the property owner of 421 E. Clifford Avenue, Alexandria, VA, I hereby
(Property Address)
grant the applicant authorization to apply for the Parking Reduction SUP use as
(use)
described in this application.
Wagonwork Collision Center II LLC

Name: _____ Phone: 703-684-2985
Please Print
Address: 421 E. Clifford Avenue, Alexandria, VA Email: _____
Signature: A.M. Anderson Date: 10-20-09

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*)

the Owner

Contract Purchaser of the building

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, unless the entity is a corporation or partnership, in which case identify each owner of more than ten percent.

Alexandria Neighborhood Health Services, Inc. ("ANHSI") is a Virginia nonstock corporation qualified as a §501(c)(3) IRC Tax Exempt Organization.

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, including such items as the nature of the activity, the number and type of patrons, the number of employees, the hours, how parking is to be provided for employees and patrons, and whether the use will generate any noise. (Attach additional sheets if necessary)

SEE ATTACHED.

USE CHARACTERISTICS

- 4. The proposed special use permit request is for: (*check one*)
 - a new use requiring a special use permit,
 - a development special use permit,
 - an expansion or change to an existing use without a special use permit,
 - expansion or change to an existing use with a special use permit,
 - other. Please describe: **Parking Reduction Special Use Permit, §8-100(A)(4) of the Ordinance.**

- 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).

The Applicant anticipates 80 – 100 patients per day.

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

There will be approximately 34 – 37 employees per day shift.

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

Day:	Hours:
Monday and Friday	7:30 A.M. - 5:00 P.M.
Tuesday, Wednesday and Thursday	7:30 A.M. - 7:00 P.M.
Saturday	8:00 A.M. – 1:00 P.M. **

****One Saturday clinic per month.**

Alexandria Neighborhood Health Services, Inc. ("ANHSI") has contracted for the purchase of the property at 417, 419 and 421 East Clifford Avenue with plans to convert the automobile repair facility into a Clinic. ANHSI is requesting a parking reduction special use permit to reduce the amount of parking required under the Ordinance from fifty-three (53) to nineteen (19) onsite parking spaces for the clinic.

The establishment of the East Clifford Avenue Clinic will allow ANHSI to expand medical home capacity for an additional 3,200 uninsured and vulnerable adults in Alexandria, Arlington and surrounding communities through an additional 7,500 visits in the first year of operation. The new facility will provide services for Adult Medicine, Women's Health, Mental Health, Family Support, and Medication Assistance, in addition to providing space to consolidate administration within the building. ANHSI will increase adult exam rooms from 7 to 15 to provide a safe, consolidated and efficient space to accommodate an ever-increasing demand for primary health care.

In February 2004, ANHSI opened its doors as Northern Virginia's first Federally Qualified Health Center, providing adult medical, women's health, pediatrics, dental and mental health services to primarily uninsured, low income individuals. The wide range of patient ethnicity served by ANHSI mirrors the demographic changes occurring in Northern Virginia. 14,665 patients were seen in FY09; of these, 97 percent were members of minority groups. Sixty percent of adult patients present with serious chronic illnesses, often undiagnosed or untreated for years. The barriers faced by our target population are primarily the result of low-income levels, lack of health insurance, low literacy and low health literacy, speaking a language other than English, and insufficient capacity and complicated *eligibility requirements* in health care agencies in Northern Virginia.

At present, ANHSI provides patient care at six different sites, all of which are constrained by available space and the condition of the facility. ANHSI is also growing considerably and is currently operating at greater than full capacity. Health care visits increased by 327% from 8,149 in FY04 to 34,788 in FY09. There is a two month wait for routine exams and ANHSI has little capacity to accommodate the daily walk-in clients. With additional space and staff ANHSI will be able to respond to those who need quality care in a timely fashion by increasing capacity, efficiency and continuity of care. Additional space will also allow for better integration of services, especially of mental health and primary care.

Through the \$5,805,915 capital project, ANHSI plans to construct a new state of the art facility at 419 Clifford Avenue in Alexandria. ANHSI plans to renovate one section of the building that is structurally sound to yield 7,912 square feet and to raze a smaller cement block section that is in poor condition and rebuild it to provide an additional 2,625 square feet for a total of 10,537 square feet. ANHSI will use the East Glebe Road site for Pediatrics, Child Health Insurance Enrollment and a Mental Health team. The two sites combined will provide approximately 15,000 square foot for Health Center operations. ANHSI has a Purchase Agreement for the building at a cost of \$2,850,000. ANHSI also estimates that it will cost about \$2,910,915 to renovate and expand the space. The Health Center will combine grant funds, capital campaign funds, and debt financing to fund the purchase and the build out of the new space.

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

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

It is not anticipated that noise levels will exceed permitted levels under the Alexandria City Code.

B. How will the noise from patrons be controlled?

It is not anticipated that patron noise will be a source of complaints; as such, no extraordinary noise mitigation and control measures are warranted.

8. Describe any potential odors emanating from the proposed use and plans to control them:

It is not anticipated that offensive odors will emanate from the use of the property as a clinic.

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 space, food wrappers)

Not applicable for Parking Reduction SUP.

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

Not applicable for Parking Reduction SUP.

C. How often will trash be collected?

Not applicable for Parking Reduction SUP.

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

Not applicable for Parking Reduction SUP.

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

Yes. No. **Not applicable for Parking Reduction SUP.**

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. **Not applicable for Parking Reduction SUP.**

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

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

Not applicable for Parking Reduction SUP.

ALCOHOL SALES

13. 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?

16 Standard spaces.

3 Compact spaces.

1 Handicapped accessible spaces.

 Other.

Planning and Zoning Staff Only
Required number of spaces for use per Zoning Ordinance Section 8-200A _____
Does the application meet the requirement?
<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- on-site
- off-site *(check one)*

If the required parking will be located off-site, where will it be located? **Not applicable.**

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? **None.**

Planning and Zoning Staff Only
Required number of loading spaces for use per Zoning Ordinance Section 8-200 _____
Does the application meet the requirement?
<input type="checkbox"/> Yes <input type="checkbox"/> No

B. Where are off-street loading facilities located?

It is anticipated that all delivery vehicles will pull onto the surface parking facility.

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

During office business hours, 8:00 A.M. – 5:00 P.M.

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

2 – 3 times a week, small deliveries by UPS.

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?

Yes, street access to the subject property is adequate.

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?

***The existing building at 421 East Clifford Avenue to be demolished and a new 2600 square foot building addition to be constructed.**

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

2600 sq. ft. (existing) + 7912 sq. ft. (addition if any) = 10,512 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:



APPLICATION - SUPPLEMENTAL

PARKING REDUCTION

Supplemental information to be completed by applicants requesting special use permit approval of a reduction in the required parking pursuant to section 8-100(A)(4) or (5).

1. Describe the requested parking reduction. (e.g. number of spaces, stacked parking, size, off-site location)

Based on Section 8-100(2)(9), the required parking for the clinic is 53 spaces. Nineteen (19) parking spaces can be accommodated on the surface parking facility in front of the clinci.

2. Provide a statement of justification for the proposed parking reduction.

Given the size of the property, it is infeasible to provide the required parking on site, and through the mitigation measures proposed by ANHSI the reduction will not have an adverse impact on the nearby neighborhood.

3. Why is it not feasible to provide the required parking?

Given the size of the property, it is infeasible to provide the required parking on site.

4. Will the proposed reduction reduce the number of available parking spaces below the number of existing parking spaces?

Yes. No.

5. If the requested reduction is for more than five parking spaces, the applicant must submit a **Parking Management Plan** which identifies the location and number of parking spaces both on-site and off-site, the availability of on-street parking, any proposed methods of mitigating negative affects of the parking reduction.

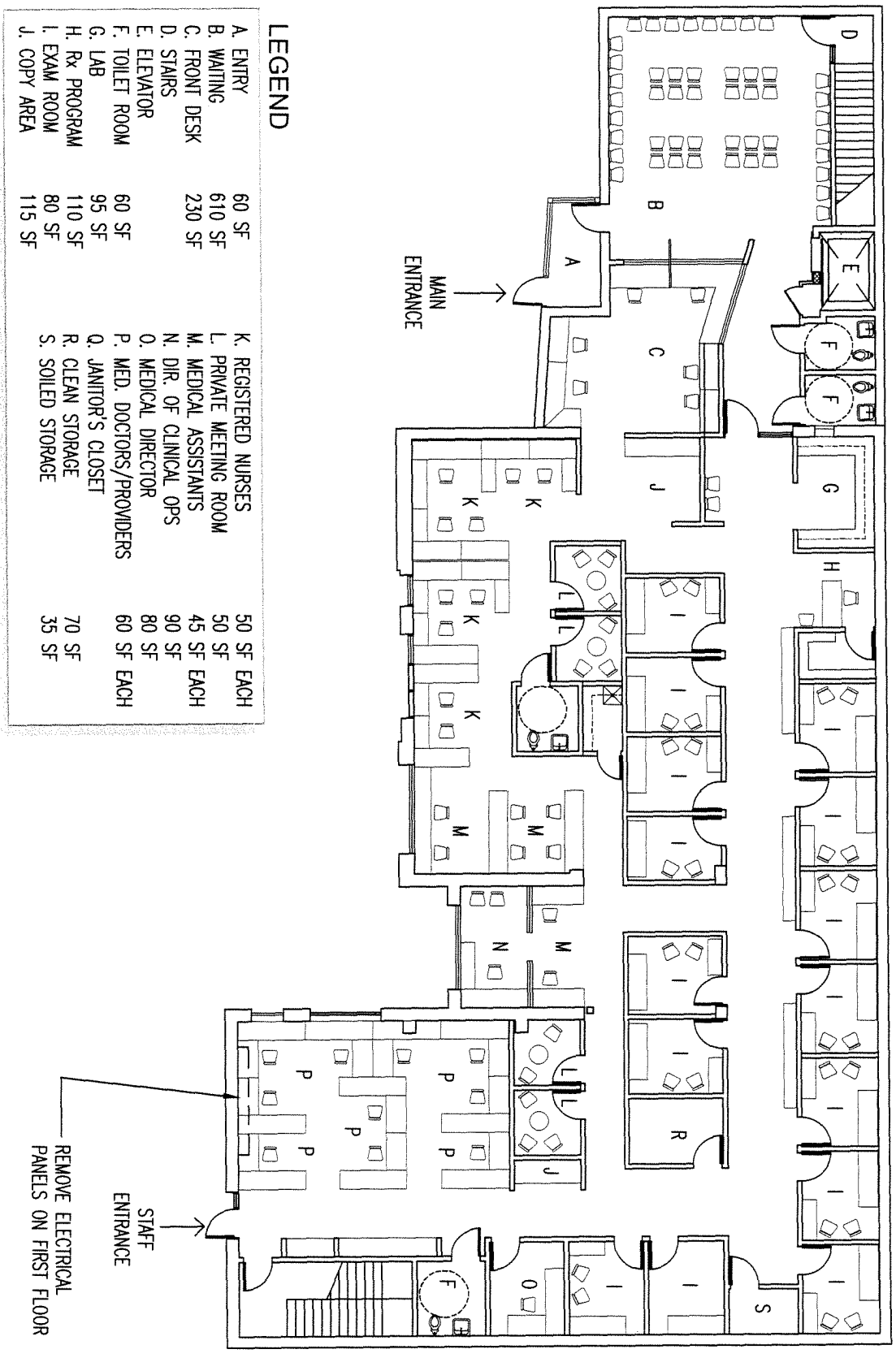
6. The applicant must also demonstrate that the reduction in parking will not have a negative impact on the surrounding neighborhood.

Sup 2009-0073

Preliminary: For Illustrative Purposes Only

1500 SF INCREASED GROSS SQUARE FEET

5665 SF IMPROVED GROSS SQUARE FEET



LEGEND

A. ENTRY	60 SF	K. REGISTERED NURSES	50 SF EACH
B. WAITING	610 SF	L. PRIVATE MEETING ROOM	50 SF
C. FRONT DESK	230 SF	M. MEDICAL ASSISTANTS	45 SF EACH
D. STAIRS		N. DIR. OF CLINICAL OPS	90 SF
E. ELEVATOR		O. MEDICAL DIRECTOR	80 SF
F. TOILET ROOM	60 SF	P. MED. DOCTORS/PROVIDERS	60 SF EACH
G. LAB	95 SF	Q. JANITOR'S CLOSET	
H. Rx PROGRAM	110 SF	R. CLEAN STORAGE	70 SF
I. EXAM ROOM	80 SF	S. SOILED STORAGE	35 SF
J. COPY AREA	115 SF		

FIRST FLOOR

REMOVE ELECTRICAL PANELS ON FIRST FLOOR

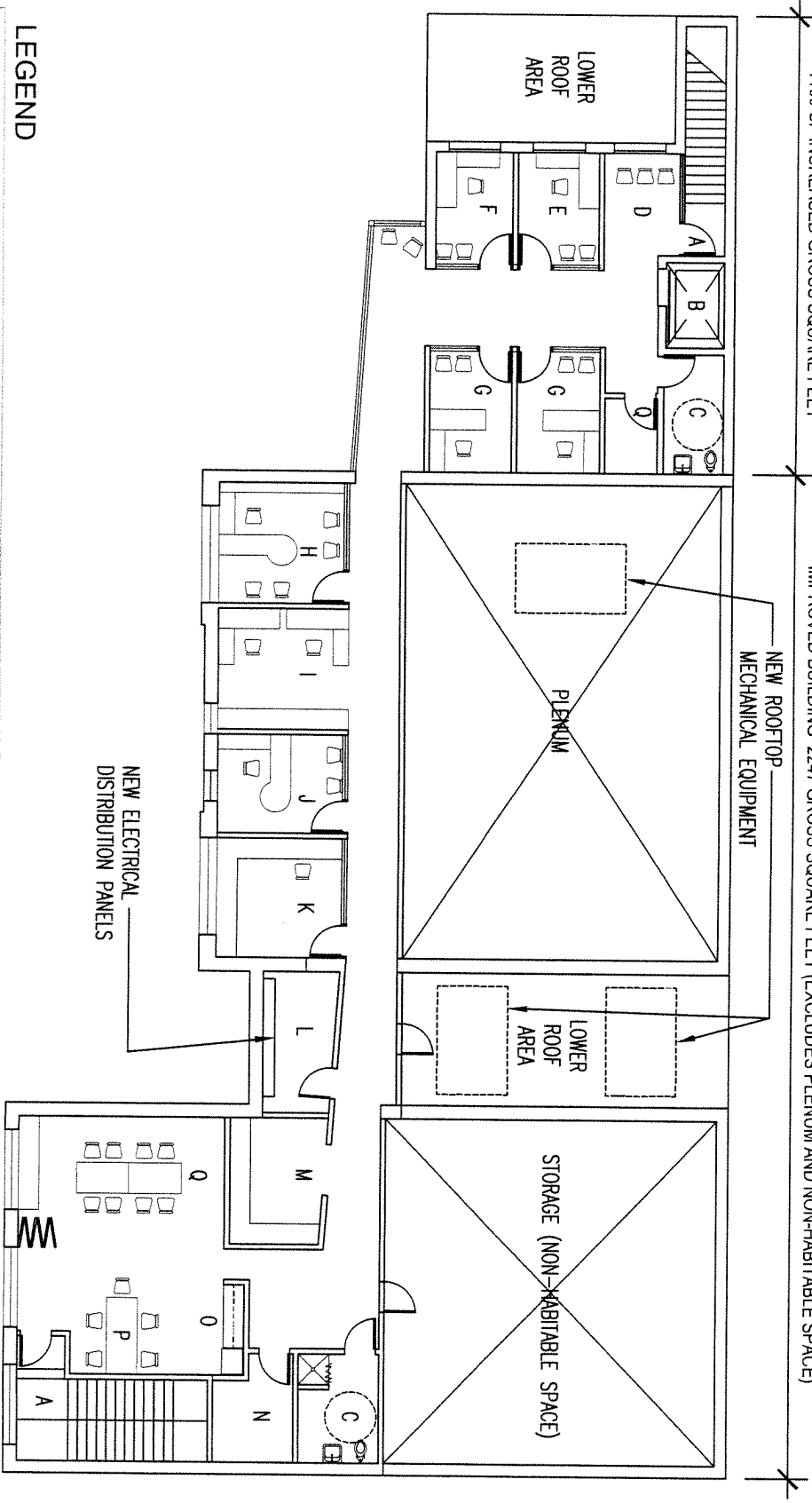
ANHSI - PROPOSED CLIFFORD AVENUE FACILITY

SCALE 1/16" = 1'-0"

Preliminary: For Illustrative Purposes Only

1100 SF INCREASED GROSS SQUARE FEET

IMPROVED BUILDING 2247 GROSS SQUARE FEET (EXCLUDES PLENUM AND NON-HABITABLE SPACE)



LEGEND

- | | | |
|--------------------------|-------------------------|--------|
| A. STAIRS | J. HUMAN RESOURCES | 117 SF |
| B. ELEVATOR | K. I.T. OFFICE | 146 SF |
| C. TOILET ROOM | L. ELECTRICAL CLOSET | 95 SF |
| D. WAITING | M. COPY AREA | 113 SF |
| E. FAMILY SUPPORT WORKER | N. SERVER ROOM | 75 SF |
| F. ELIGIBILITY WORKER | O. STAFF KITCHENETTE | 18 SF |
| G. MENTAL HEALTH | P. BREAK ROOM/CONF ROOM | 133 SF |
| H. EXECUTIVE DIRECTOR | Q. CONFERENCE ROOM | 250 SF |
| I. SUPPORT STAFF | | |

ANHSI - PROPOSED CLIFFORD AVENUE FACILITY

SECOND FLOOR

SCALE 1/16" = 1'-0"