



CITY OF ALEXANDRIA

DEPARTMENT OF PLANNING AND ZONING

SPECIAL USE PERMIT APPLICATION PACKAGE

SUP2016-00034 - NIB
3000 Potomac Avenue
Planner: Dirk Geratz
& Michael Swidrak

Package Contents

Instructions

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Notice Requirements

Applicant's Information Worksheet

Reviewed on: _____ Staff: _____

Accepted: () Y () N

Rejected: () Y () N

Grace period granted: () Y () N

Return by _____ for inclusion on _____ docket.

Returned complete on: _____

Department of Planning and Zoning
301 King Street
Alexandria, VA 22314
703-746-4666

Special Use Permit Application Submission Checklist

WARNING: If any required portion of the application is not submitted, the application may not be accepted.

- Completed and signed Special Use Permit application. All questions must be answered fully and legibly.
- Supplemental Application for the following uses:
 - Automobile Oriented Child Care Homes and Daycare Centers
 - Parking Reductions Freestanding Signs
 - Restaurants

Interior Floor Plan

- Submit one copy no larger than 11 x 17
- Show and label all entrance and exit doors and windows;
- Show and label all rooms/areas, staircases, elevators, bathrooms;
- Show all seats, tables, counters, equipment, etc., as appropriate to the use;
- Show outdoor seating areas, if applicable;
- Title block showing the address, name of the business, name of applicant(s) and square footage of the interior space

Note: Please provide drawings to scale if possible. Drawings must be legible and a clear representation of the proposed use.

Site Plan

- Submit one copy no larger than 11 x 17
- Show the subject site and surrounding buildings;
- Show cross streets;
- Show all points of ingress and egress on the property (include curbcuts, entrance gates and doors, etc.);
- If use is contained in a multi use building, show the exact location of the proposed use;
- Show and label any landscaping, trees or open space on the property. Indicate caliper of trees if available;
- Show and label all parking available to the use on-site and/or within 300 feet of the site;
- Show dimensions of each on-site parking space.

Note: Please provide drawings to scale if possible. Drawings must be legible and a clear representation of the proposed use.

- Application fee. Check the current fee schedule.
- Other pictures or exhibits that explain the nature of the use and the site. (Not required but recommended)
- Letters of support from the community (Not required but recommended)



APPLICATION SPECIAL USE PERMIT

SPECIAL USE PERMIT # _____

PROPERTY LOCATION: 3000 Potomac Avenue

TAX MAP REFERENCE: _____ **ZONE:** CDD #12

APPLICANT:

Name: National Industries for the Blind

Address: 1310 Braddock Place, Alexandria, VA 22314

PROPOSED USE: Parking reduction SUP for potential medical office user

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.

Kenneth W. Wire, Agent
Print Name of Applicant or Agent

Kenneth W. Wire 5/19/16
Signature Date

1750 Tysons Boulevard, Suite 1800
Mailing/Street Address

703-712-5362 703-712-5222
Telephone # Fax #

Tysons, VA 22102
City and State Zip Code

kwire@mcguirewoods.com
Email address

ACTION-PLANNING COMMISSION: _____ **DATE:** _____

ACTION-CITY COUNCIL: _____ **DATE:** _____

SUP # _____

PROPERTY OWNER'S AUTHORIZATION

As the property owner of _____, I hereby
(Property Address)
grant the applicant authorization to apply for the _____ use as
(use)
described in this application.

Name: _____ Phone: _____
Please Print

Address: _____ Email: _____

Signature: _____ Date: _____

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.

Owner is a 501(c)3 non-profit organization.

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.

	Name	Address	Percent of Ownership
1.	None		
2.			
3.			

2. Property. State the name, address and percent of ownership of any person or entity owning an interest in the property located at _____ (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.

	Name	Address	Percent of Ownership
1.	None		
2.			
3.			

3. Business or Financial Relationships. Each person or entity indicated above in sections 1 and 2, with an ownership interest in the applicant or in the subject property are require 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. All fields must be filled out completely. Do not leave blank. (If there are no relationships please indicated each person or entity and "None" in the corresponding fields).

For a list of current council, commission and board members, as well as the definition of business and financial relationship, [click here](#).

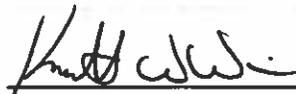
	Name of person or entity	Relationship as defined by Section 11-350 of the Zoning Ordinance	Member of the Approving Body (i.e. City Council, Planning Commission, etc.)
1.	None		
2.			
3.			

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.

5/19/16
Date

Kenneth W. Wire
Printed Name


Signature

USE CHARACTERISTICS

4. The proposed special use permit request is for (check one): N/A
[] a new use requiring a special use permit,
[] an expansion or change to an existing use without a special use permit,
[] an expansion or change to an existing use with 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).
N/A

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

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

Day: <u>N/A</u>	Hours: <u>N/A</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

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

B. How will the noise be controlled?
N/A

SUP # _____

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

N/A

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)

N/A

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

N/A

C. How often will trash be collected?

N/A

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

N/A

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

Yes.

No.

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

N/A

SUP # _____

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:

N/A

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

N/A

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.

N/A

SUP # _____

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.

Planning and Zoning Staff Only

Required number of spaces for use per Zoning Ordinance Section 8-200A _____

Does the application meet the requirement?

Yes No

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?

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? _____

Planning and Zoning Staff Only

Required number of loading spaces for use per Zoning Ordinance Section 8-200 _____

Does the application meet the requirement?

Yes No

SUP # _____

- B. Where are off-street loading facilities located? _____

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

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

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?

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?
_____ sq. ft. (existing) + _____ sq. ft. (addition if any) = _____ 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



APPLICATION - SUPPLEMENTAL

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)

Reduction in parking required for medical office/clinic from 5.0/1,000 to 2.76/1,000.

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

The applicant's new building will be at the entrance of the new Potomac Yard Metro Station. The non-sov rates in the attached exhibit support the parking reduction.

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

The City required parking ratio exceeds the number of spaces used by the tenant.

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

 Yes. N/A 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.
See PMP in DSUP Approval

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

Table 6 (Revised May 2016)
Potomac Yard Town Center
Block by Block Parking Summary

Block/ Parcel	Land Use	Building Amount	Units	Shared Parking				Parking ⁽¹⁾ Allocation By Block
				Without Metro		With Metro		
				Peak Rate	Demand	Peak Rate	Demand	
A1	Office	128,529	S.F.	2.03	261	1.65	212	212
A2	Office	50,898	S.F.	1.53	78	1.53	78	78
	Medical Clinic	37,000	S.F.	2.76	102	2.76	102	102
	Amenity	1,650	S.F.	-	-	-	-	-
	Retail	9,918	S.F.	2.58	26	3.50	35	Spaces in Block E
	Parcel A2 Total	99,466			206		215	180
	Block A Total							392
B	Office	201,446	S.F.	2.03	409	1.65	332	332
	Retail	6,000	S.F.	2.58	16	3.50	21	Spaces in Block E
	Quick Service Restaurant	2,000	S.F.	4.55	9	3.50	7	Spaces in Block E
	Block B Total				434		380	332
C	Residential [R]	211	Units	1.30	274	1.30	274	274
D	Office [R]	389,898	S.F.	1.57	580	1.57	580	580
E	Office	188,266	S.F.	2.03	382	1.65	311	311
	Hotel	170	Keys	0.30	51	0.30	51	51
	Fine/Casual Restaurant	10,000	S.F.	7.10	71	3.50	35	35
	Quick Service Restaurant	5,000	S.F.	4.55	23	3.50	18	18
	Retail/Rest. Spaces Allocated from Blocks A2, B, and G	-	-	-	-	-	-	88
	Block E Total				527		415	503
F	Residential [R]	112	Units	1.30	146	1.30	146	146
G	Retail	3,202	S.F.	2.58	8	3.50	11	Spaces in Block E
	Quick Service Restaurant	4,000	S.F.	4.55	18	3.50	14	Spaces in Block E
	Residential [R]	90	Units	1.00	90	1.00	90	90
	Block G Total				116		115	
H	Grocer	68,817	S.F.	2.64	182	2.64	182	182
	Residential [R]	239	Units	1.30	311	1.30	311	311
	Residential (ADU) [R]	14	Units	0.75	11	0.75	11	11
	Block H Total				504		504	604
Total Parking Demand					2,786		2,608	
Total Parking to be Provided								2,820
On-Street Parking								
Residential - Visitor				0.04	27	0.04	27	

Notes:

- 1) Unless otherwise shown, retail/resturant parking is to be provided in Collector lot in Block E and subject to Site Plan approvals.
[R] Reserved Spaces.

Block A2 Parking Analysis Summary

Total Space shown on Latest Plans from WLP and DCS dated April 2016

Office	50,898	SF
Medical Services	37,000	SF
Retail	9,918	SF
Amenity Space (Gym)	1,650	SF
Total	99,466	SF

		<u>Eff. Rate</u>	<u>Demand</u>
Medical Services	37,000 SF	2.76	102
Office	50,898 SF	1.53	78
Block A2 Demand	87,898 SF		180

Spaces Provided	180
Additional Spaces Required	0

Retail	9,918 SF	2.58	26
Amenity Space (Gym)	1,650 SF		0
Total	97,816 SF		206

Notes:

Non-Auto Mode Split (percent, i.e. transit, bus, walk, carpool, bike, etc.):
 Captive/Synergy (Visitors Live/Works nearby, Emp Live nearby)

<u>Office</u>	<u>Med. Services</u>
40%	52% emp/ 25% visitors
n/a	10%

- 1 Medical Services ITE Base Rate = 4.5sp/1,000. ULI provided 3.0 sp/1,000 for Visitors and 1.5 sp/1,000 for Employees
- 2 Medical Services Lobby and Pharmacy = 3,000 SF for a total space of 40,000 SF. Eight (8) spaces to be located in the interim lot and ultimately in the collector lot in Block E. Spaces for Medical use allocated to employees (27) and to