



APPLICATION SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

☒ **Change of Ownership** ☐ **Minor Amendment**

[must use black ink or type]

PROPERTY LOCATION: 805 King Street

TAX MAP REFERENCE: 074.02-01-06 **ZONE:** KR

APPLICANT

Name: Kasa Living, Inc.

Address: 155 E 44th Street, Floor 21, New York, NY 10017

PROPERTY OWNER

Name: Old Town #1, LLC

Address: 2151 Hawkins Street, Suite 1100, Charlotte, NC 28203

SITE USE: Apartment hotel

Business Name: **Current:** The Grace **Proposed (if changing):** Kasa Old Town Alexandria

☒ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Change in Ownership**, in accordance with the provisions of Article XI, Division A, Section 11-503 (5)(f) of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having read and received a copy of the special use permit, hereby agrees to comply with all conditions of the current special use permit, including all other applicable City codes and ordinances.

☐ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Minor Amendment**, in accordance with the provisions of Article XI, Division A, Section 11-509 and 11-511 of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having obtained permission from the property owner, hereby requests this special use permit. The undersigned also attests that all of the information herein required to be furnished by the applicant are true, correct and accurate to the best of his/her knowledge and belief.

By: Robert Brant Attorney/Agent

Print Name of Applicant or Agent

2200 Clarendon Boulevard, Suite 1300

Mailing/Street Address

Arlington 22201

City and State Zip Code

Signature

7035284700

Telephone # Fax #

bbrant@thelandlawyers.com

Email address

3/11/2025

Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____

Fee Paid: \$ _____

Legal advertisement: _____

ACTION - PLANNING COMMISSION _____

ACTION - CITY COUNCIL: _____

The following information must be furnished to the Department of Planning and Zoning to determine if the current use conducted on the premises complies with the special use permit provisions and all other applicable codes and ordinances.

1. Please describe prior special use permit approval for the subject use.

Most recent Special Use Permit # 2020-00069

Date approved: 11 / 4 / 2020
 month day year

Name of applicant on most recent special use permit Sonder USA, Inc.

Use apartment hotel

2. Describe below the nature of the *existing operation in detail* so that the Department of Planning and Zoning can understand the nature of the change in operation; include information regarding type of operation, number of patrons served, number of employees, parking availability, etc. (Attach additional sheets if necessary.)

The existing use on the property is currently for a 15 room apartment hotel. Kasa Living, Inc. is proposing to take over operations of the use from its current operator. There are no proposed changes to the structure or the existing use. The number of patrons and employees will be consistent with current operations. Assistance for guests is available through an "on-call" 24-hour system. One employee with cleaning responsibilities in on-site at all times and available to assist guests. No changes are proposed to the previously approved conditions.

3. Describe any proposed *changes* to the business from what was represented to the Planning Commission and City Council during the special use permit approval process, including any proposed changes in 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, any noise emitted by the use, etc. (Attach additional sheets if necessary)

No proposed changes are requested other than the change of ownership of the property.

[illegible]

4. **Is the use currently open for business?** ☒ Yes ☐ No

If the use is closed, provide the date closed.

_____/_____/_____
month day year

5. **Describe any proposed changes to the conditions of the special use permit:**

Change of ownership.

6. **Are the hours of operation proposed to change?** ☐ Yes ☒ No

If yes, list the current hours and proposed hours:

Current Hours:

Proposed Hours:

7. **Will the number of employees remain the same?** ☒ Yes ☐ No

If no, list the current number of employees and the proposed number.

Current Number of Employees:

Proposed Number of Employees:

8. **Will there be any renovations or new equipment for the business?** _____ Yes ☒ No

If yes, describe the type of renovations and/or list any new equipment proposed.

9. **Are you proposing changes in the sales or service of alcoholic beverages?** _____ Yes ☒ No

If yes, describe proposed changes:

- 10. Is off-street parking provided for your employees?** ☐ Yes ☒ No
If yes, how many spaces, and where are they located?

- 11. Is off-street parking provided for your customers?** ☐ Yes ☒ No
If yes, how many spaces, and where are they located?

- 12. Is there a proposed increase in the number of seats or patrons served?** ☐ Yes ☒ No
If yes, describe the current number of seats or patrons served and the proposed number of seats and patrons served. For restaurants, list the number of seats by type (i.e. bar stools, seats at tables, etc.)

Current:

Proposed:

- 13. Are physical changes to the structure or interior space requested?** ☐ Yes ☒ No
If yes, attach drawings showing existing and proposed layouts. In both cases, include the floor area devoted to uses, i.e. storage area, customer service area, and/or office spaces.

- 14. Is there a proposed increase in the building area devoted to the business?** ☐ Yes ☒ No
If yes, describe the existing amount of building area and the proposed amount of building area.

Current:

Proposed:

- 15. The applicant is the** (check one) ☐ Property owner ☐ Lessee

☒ other, please describe: Contract Lessee

- 16. The applicant is the** (check one) ☐ Current business owner ☒ Prospective business owner

☐ other, please describe: _____

17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant is a corporation, each person owning an interest in excess of ten percent (3%) in the corporation and the extent of interest shall be identified by name and address.

For the purpose of this section, the term "ownership interest" shall include any legal or equitable interest held in the subject real estate at the time of the application. If a nonprofit corporation, the name of the registered agent must be provided.

Please provide ownership information here:

See attached.

Old Town #1, LLC
2151 Hawkins Street
Charlotte, NC 28203

Karl Moritz
301 King Street
City Hall, Room 2100
Alexandria, Virginia 22314

Re: Consent to File for an Administrative Special Use Permit
805 King Street, Tax Map No. 074.02-01-06 (the "Property")

Dear Mr. Moritz:

Old Town #1, LLC as owner of the above-reference Property, hereby consents to the filling of an application for an Administrative Change of Ownership of the hotel-apartment located at 805 King Street and any related requests by Kasa Living, Inc.

Very truly yours,

Old Town #1, LLC

By: Forrest Cherry

Its: Forrest Cherry

Date: 3/10/2025

Karl Moritz
301 King Street
City Hall, Room 2100
Alexandria, Virginia 22314

Re: Authorization to File for an Administrative Special Use Permit
805 King Street, Alexandria, VA 22314, Tax Map No. 074.02-01-06 (the
“Property”)

Dear Mr. Moritz:

Kasa Living, Inc., as the contract lessee for the above-mentioned Property, hereby authorizes Walsh, Colucci, Lubeley, & Walsh P.C. to act as agent on its behalf for the filing and representation of an application for an Administrative Change of Ownership on the Property and any related requests.

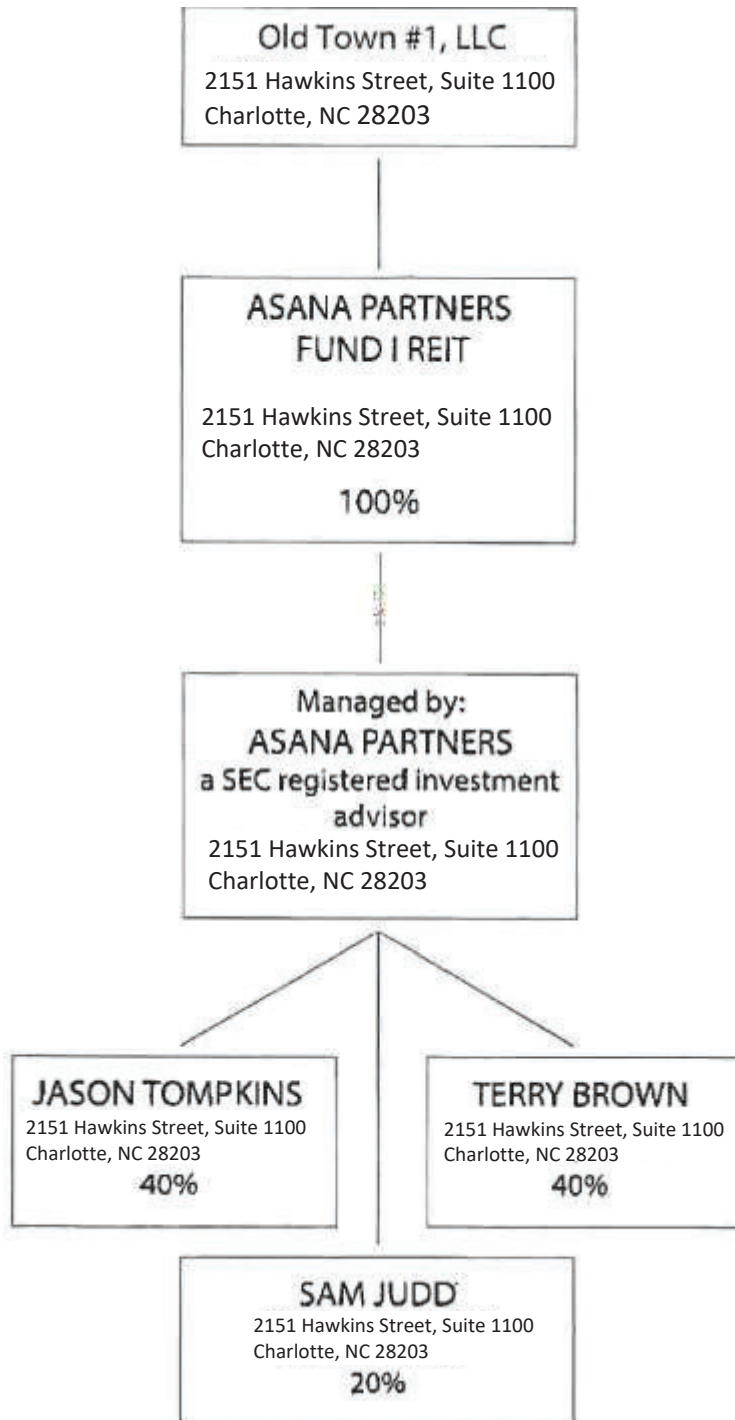
Very truly yours,

Kasa Living, Inc.

By: Morgan Norville

Its: Senior Director, Regulatory and Compliance

Date: March 5, 2025



Note: None of the people or entities listed above have a business or financial relationship with any member of the Board of Architectural Review, Board of Zoning Appeals, City Council, or Planning Commission as defined by Section 11-350 of the Zoning Ordinance.

Ownership & Disclosure Attachment

The undersigned hereby certifies that Roman Pedan is the sole person owning an interest in excess of three percent (3%) of Kasa Living, Inc. ("Applicant") at 20.932%. The mailing address for Mr. Pedan is 390 NE 191st Street, Suite 8835, Miami, FL 33179. Mr. Pedan does not have any business or financial relationship as defined by Section 11-350 of the Zoning Ordinance.

At the time of application, the Applicant is in negotiation to manage the property located at 805 King Street, Alexandria, VA 22314 in accordance with the terms of a management agreement to be executed.

Sincerely,

Kasa Living, Inc.

By: Michael Millas

Its: Chief Financial Officer

Date: March 5, 2025