APPLICATION
SPECIAL USE PERMIT

ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

⋈ Change of Ownership **[ ] Minor Amendment**

[*must use black ink or type*]

PROPERTY LOCATION: 2838 Duke Street, Alexandria, VA 22314

TAX MAP REFERENCE: 062.03-04-02 **ZONE:** CG

APPLICANT

Name: Christopher Michael Hernandez / Good Faith Automotive LLC

Address: 3706 Forest Grove Drive, Annandale, VA 22003

PROPERTY OWNER

Name: R AND N CORPORATION

Address: 2838 Duke Street, Alexandria, VA 22314

SITE USE: Automobile Service Station / Automobile Repair

Business Name: **Current:** Coastal Duke Street **Proposed (if changing):** Good Faith Automotive LLC

[✓] **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.

Christopher Michael Hernandez	
Print Name of Applicant or Agent	Signature
3706 Forest Grove Drive	571-232-2267
Mailing/Street Address	Telephone #
Annandale, VA 22003	michael@goodfaithauto.com
City and State Zip Code	Email address
	10/22/2026
	Date

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: _____ Fee Paid: $_____

Legal advertisement: _____

ACTION - PLANNING COMMISSION _____ ACTION - CITY COUNCIL: _____

Special Use Permit #_____

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 # 2024-00040

Date approved: 07 / 18 / 2024
month day year

Name of applicant on most recent special use permit Habib Ahmed

Use Automobile Service Station

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.)

Existing automobile service station with indoor automotive service and repair bays operating under SUP2024-00040. The approved use, staffing level, customer activity, and parking arrangement will remain unchanged. The existing SUP identifies 16 off-street parking spaces on site

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 operational changes are proposed other than the change of ownership/operator and business name to Good Faith Automotive LLC. The approved automobile service/repair use, employee count, hours, parking arrangement, and general manner of operation will remain unchanged. Operations will continue to comply with the current Special Use Permit conditions.

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:

None. Change of ownership/operator only; no changes to the existing Special Use Permit conditions are requested.

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.
Routine automotive service equipment will be used within the existing service bays. No structural renovations, building expansion, or change to the approved use is proposed

9. Are you proposing changes in the sales or service of alcoholic beverages? _____ Yes ✓ No
If yes, describe proposed changes:
Not applicable. No changes to the sale or service of alcoholic beverages are proposed

Special Use Permit #_____

10. Is off-street parking provided for your employees? ☑ Yes ☐ No

If yes, how many spaces, and where are they located?

Yes. Existing off-street parking will continue to be used. Employees will use designated off-street parking.

11. Is off-street parking provided for your customers? ☑ Yes ____ No

If yes, how many spaces, and where are they located?

Customer parking will continue within the existing on-site off-street parking area. The current SUP identifies 16 off-street spaces on site.

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: Prospective 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:

Applicant: Good Faith Automotive LLC. Christopher Michael Hernandez is the 100% owner and managing member of Good Faith Automotive LLC. Mailing address: 3706 Forest Grove Drive, Annandale, VA 22003.