

ENC# 2019-00004

PROPERTY LOCATION: 5601 Courtney Ave., Alexandria, Va 22304					
TAX MAP REFERENCE	067.04-02-13	ZONE:			
APPLICANT					
Name:	Eurovia Atlantic Coast	, LLC d/b/a Virgini	a Paving Company		
Address:	2911 N Graham Stre	et, Charlotte, NC	28206		
PROPERTY OWNER					
Name:	Eurovia Atlantic Coast	, LLC d/b/a Virginia	a Paving Company		
Address:	2911 N Graham Stree	et, Charlotte, NC 2	28206		
PROPOSED USE:	Amended encroachment fo part of its paving operations	r limited areas utilized s. See attached Updat	by the company as ed Encroachment Plat.		
A certificate of general liab	(copy attached) Already sullility insurance in the amount of \$1,0 ust be attached to this application.	bmitted POLIC 00,000 which will indemnify t			
THE UNDERSI	<b>GNED</b> hereby applies for an Encro ns 3-2-82 and 85 of the Code of the		dance with the provisions of		
	<b>GNED</b> hereby applies for an Admir 992 Zoning Ordinance of the City of		ordance with the provisions of Article		
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 XI, Section 11-301 (B) of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.					
	<b>GNED</b> Iso attests that all of the info the applicant are true, correct and a				
Mary Catherine G	Bibbs, Wire Gill, LLP	Maryfather	ul III		
Print Name of Applicant or	Agent	Signature			
700 N. Fairfax S	t., Suite 600	703-836-5757	703-548-5443		
Mailing/Street Address		Telephone #	Fax#		
Alexandria, VA	22314	mcgibbs@wiregi	II.com		
City and State	Zip Code	Email address			
		January 27, 202	0		
And the Paris I		Date and Fag Daily A			
Application Received: ACTION - PLANNING COMI	MICCIONI-	Date and Fee Paid: \$ ACTION - CITY COU	INCII ·		
ACTION - PLANNING COM	WIGOIUN.	ACTION - CITT COU	NOIL.		

## 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 three 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	
<sup>1</sup> Eurovia Atlantic Coast, LLC	2911 N Graham Street	100% of property	
dba Virginia Paving Co.	Charlotte, NC 28206		
<sup>2</sup> . Blythe Construction Inc.	2911 N Graham Street	100% of Eurovia Atlantic Coast,	LLC
Blyttle Collstituction inc.	Charlotte, NC 28206	dba Virginia Paving Co.	
3.			

 $\underline{2.\ Property.}$  State the name, address and percent of ownership of any person or entity owning an interest in the property located at  $\underline{5601\ Courtney\ Ave.}$  (address) (address), unless the entity is a corporation or partnership, in which case identify each owner of more than three 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	
Same as Above	Same as Above	Same as Above	
2 Same as Above	Same as Above	Same as Above	
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.)	
<sup>1</sup> Eurovia Atlantic Coast, LLC dba Virginia Paving Co.	None		
<sup>2</sup> Blythe Construction Co.	None		
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.	-	
Mary Catherine Gibbs	Mars Lacher in Ste	1

January 27, 2020 Printed Name Date



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/31/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CONTACT NAME:					
PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888					
E-MAIL ADDRESS: certificates@willis.com					
INSURER(S) AFFORDING COVERAGE					
INSURER A: Zurich American Insurance Company					
INSURERB: XL Specialty Insurance Company 37885					
INSURERC: American Zurich Insurance Company 40 INSURERD: AGCS Marine Insurance Company 22 INSURERE:					
			INSURER F:		
				NAME: PHONE [A/C. No. Ext]: 1-877-945-7378  E-MAIL ADDRESS: certificates@willis.com  INSURER(S) AFFORDING COVERAG  INSURER A: Zurich American Insurance Compa  INSURER B: XL Specialty Insurance Compa  INSURER C: American Zurich Insurance Compa  INSURER D: AGCS Marine Insurance Compa  INSURER E:	

COVERAGES

**CERTIFICATE NUMBER: W13674477** 

**REVISION NUMBER:** 

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	VOL	DSIONS AND CONDITIONS OF SOCH		SUBR	WITO DITOTTIVIATE TIAVE BEL		DOLLAND			
NSR LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
	×	COMMERCIAL GENERAL LIABILITY	GENERAL LIABILITY		EACH OCCURRENCE	\$ 2,000,000				
		CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 300,000	
A								MED EXP (Any one person)	s 15,000	
			¥	GL00184998-04	10/01/2019	10/01/2020	PERSONAL & ADV INJURY	\$ 2,000,000		
	GEN	L'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 4,000,000		
	×	POLICY X PRO. LOC						PRODUCTS - COMP/OP AGG	\$ 4,000,000	
		OTHER:							\$	
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 3,000,000	
	X	ANY AUTO					BODILY INJURY (Per person)	\$		
A		OWNED SCHEDULED AUTOS ONLY	Y		BAP0184997-04	10/01/2019	10/01/2020	BODILY INJURY (Per accident)	\$	
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								A. Marie C. Committee (Control of Control of	\$	
В	×	UMBRELLA LIAB X OCCUR				10/01/2019 10		EACH OCCURRENCE	\$ 10,000,000	
		EXCESS LIAB CLAIMS-MADE	Y		US00064220LI19A 10/01/2019 10/01/2020 AGGREGATE		10/01/2019	10/01/2019 1	AGGREGATE	\$ 10,000,000
. 1	×	DED RETENTIONS 10,000							s	
		KERS COMPENSATION						X PER OTH-		
Ċ	ANYF	PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC0184999-04	10/01/2010	10/01/2000	E.L. EACH ACCIDENT	\$ 1,000,000	
	(Man	datory in NH)	AI A	WC0184999-04 10	MC0184333-04 10/01	WC0184999-04 10/01	10/01/2019	10/01/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
D	Con	tractors Equipment			MXI93044965	10/01/2019	10/01/2020	Max. Limit	\$10,000,000	
	Lea	sed/Ranted Equipment						Any Ons Item	\$3,000,000	
	Spe	cial Form Incl. Theft						Deductible	\$25,000	
DERC	Dun's	ION OF OPERATIONS II OCATIONS / VEHICL	EO 14	CODD 101	Additional Damesta Cabadula	ar he esteenheel if man	anne le seculue	-11		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This Voids and Replaces Previously Issued Certificate Dated 09/30/2019 WITH ID: W13193161.

Imbrella Extends over the General Liability, Auto Liability and Workers' Compensation Employers' Liability.

Imbrella is follow-form Primary policies, including Additional Insured.

CERTIFICATE HOLDER	CANCELLATION
City of Alexandria	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Attn: Dept of Planning & Zoning	AUTHORIZED REPRESENTATIVE
301 King Street	AO INORIZED REPRESENTATIVE
Room 2100	Charles T. Drapa
Alexandria, VA 22314	Company of the Advantage

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AGENCY CUSTOMER ID:	
LOC #:	



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

ADDITIONAL	LINEIMA	INKS SCHEDOLE Page or _
GENCY Willis of Michigan, Inc.		NAMED INSURED Eurovia Atlantic Coast, LLC DBA Virginia Faving Company
DLICY NUMBER		14500 Avion Parkway, Suite 310 Chantilly, VA 20151 USA
ee Page 1		
ARRIER	NAIC CODE	
ee Page 1	See Page 1	EFFECTIVE DATE: see Page 1
DDITIONAL REMARKS		h
HIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC		
ORM NUMBER: 25 FORM TITLE: Certificate of	Liability	Insurance
City of Alexandria is included as an Additional required by contract.	Insured as	respects to General Liability and Auto Liability, where

ACORD 101 (2008/01)

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CERT: W13674477

