



REPORT TO CITY COUNCIL

To: Honorable Mayor and City Council Members

FROM: Debra M. Irvin, Manager

DATE: January 28, 2020

SUBJECT: **Case No. 20-03: 8650 Frost Ave**

The above Subject item has been investigated, and the findings are listed as follows:

BACKGROUND

Petitioners Barber and Smith is requesting a Special Use Permit (SUP) to operate an adult day care center. The space is a vacant laundromat, that closed December 30, 2019.

ACTION FROM COUNCIL

Refer to the Plan Commission for review and consideration of a Special Use Permit (SUP) to operate an adult day care center.

JUSTIFICATION

Allowed under Special Use Permit (SUP) to operate an adult day care center.

SUPPORTING DOCUMENTS

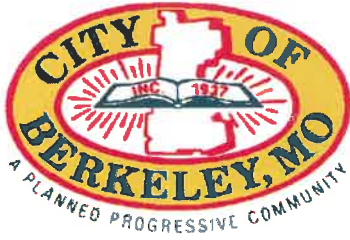
1. Application
2. Interior Floor Plan
3. Area Photo

IMPACT ON CITY'S BUDGET

None

Respectfully submitted,

Debra M. Irvin



STAFF REPORT

Case Number: **20-03**

Date: January 28, 2020

Petitioner: Vincentia Barber, 705 Hazelvalley Dr,
Hazelwood. MO 63042

Donna Smith, 4148 Lescherbourgh
St Louis MO 63034

Current Owner: Missouri American Water Company

Request: Adult Day Care Center

Location: **8650 Frost Ave**

Size: 2,500 sq. ft.

Current Zoning: C-1

Proposed Zoning: Remains the same

Existing Use: Vacant Laundromat

Proposed Use: Same Use

Recommendation: Referral to the Plan Commission

**8650 Frost Avenue
Vacant Laundry Center**





TYPE OF APPLICATION

(Please check all that apply)

INITIAL FEE \$350

<input type="checkbox"/> Preliminary (Plats)	<input checked="" type="checkbox"/> Special Use Permit
<input type="checkbox"/> Re-approval (Plats)	<input type="checkbox"/> Zoning Change
<input type="checkbox"/> Amending (Plats)	<input type="checkbox"/> Resubdivision/Reconsolidation
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Business Name/Ownership Change
<input type="checkbox"/> Lot Consolidation	<input type="checkbox"/> Variance (Land Use)
<input type="checkbox"/> Street Name (New, Change)	<input type="checkbox"/> Variance (Building Code)
<input type="checkbox"/> Street Vacation	<input type="checkbox"/> Liquor/Lottery/Financials (Money Grams/Order)
<input type="checkbox"/> Medical Marijuana (Dispensary)	<input type="checkbox"/> Medical Marijuana (Grow Facility)
<input type="checkbox"/> Medical Marijuana (Researching/Testing)	<input type="checkbox"/> Building Code Appeal
<input type="checkbox"/> Other	<input type="checkbox"/> Other

REQUIREMENTS:

1. Prepare twenty (20) legible sets of drawings detailing interior & exterior of property.
2. Submit a completed application three (3) weeks prior to Planning meeting. (SEE attached Deadline & Meeting dates)
3. **DO NOT** destroy, tear down or remodel proposed business structure until 'FINAL' approval by City Council.
4. If you do not submit your application in a timely manner your request will be considered on the next meeting date.

APPLICANT(S) LEGAL NAME(S) Vincentia Barber Donna Smith
 APPLICANT IS (CHECK ONE): OWNER AGENT PURCHASER OF CONTRACT TENANT
 APPLICANT(S) ADDRESS: STREET 705 Hazelvalley Hazelwood MO 63042 / 4148 bescherbowng
 CITY St. Louis STATE MO ZIP 63034 PHONE 314 301-3010 E-MAIL genuinehome1ts@outlook.co

LOCATION OF PROPOSED USE

STREET ADDRESS: 8650 Frost St. Louis MO 63134
 PROPERTY DESCRIPTION: Laundromat (vacant)

PRESENT ZONING DISTRICT: C-1 PROPOSED ZONING DISTRICT (If applicable) N/A

THE PROPERTY IS PRESENTLY BEING USED AS FOLLOWS: Laundromat (vacant)

THE PROPERTY IS TO USE IT FOR: (Type of Business) Adult Daycare daycare

DAYS & HOURS OF OPERATION ETC. Mon thru Fri 6AM- 8PM

PROPOSED NAME OF BUSINESS: Genuine Adult Daycare Service LLC

APPROXIMATE SIZE OF TRACT: ACRES _____ SQ FT OF SPACE (Under roof) 2500

IF APPLICANT IS NOT OWNER: OWNER(S) NAME: Royal Realty

ADDRESS: STREET: Po 210999 CITY: St. Louis

STATE: MO ZIP: 63121 PHONE: 314 365 1145 E-MAIL _____

I HAVE AUTHORITY TO ACT ON BEHALF OF THE OWNER: _____ SIGNATURE

By signing this application the owner(s) and applicant(s) attest that all information and facts provided on this form and attachments are complete and accurate and that any omission or incorrect fact or information may invalidate any notice or subsequent action taken by the City of Berkeley Board of Adjustments, City of Berkeley Planning & Zoning Commission. (All applicants and owners shall sign the application. Attach additional name/address/signature/date pages as needed.)

APPLICANT(S) SIGNATURE Vincentia Barber Donna Smith OWNER(S) SIGNATURE _____
 DATE 1/27/20 DATE 1/27/20

On this date _____, all items necessary for a technical review of the proposed special use permit plan have been submitted and constitute a COMPLETE APPLICATION. STAFF SIGNATURE: _____

DATE PAID _____ Cash Check Money Order Debit/Credit RECEIPT NO: _____ CASE NO: 20-3

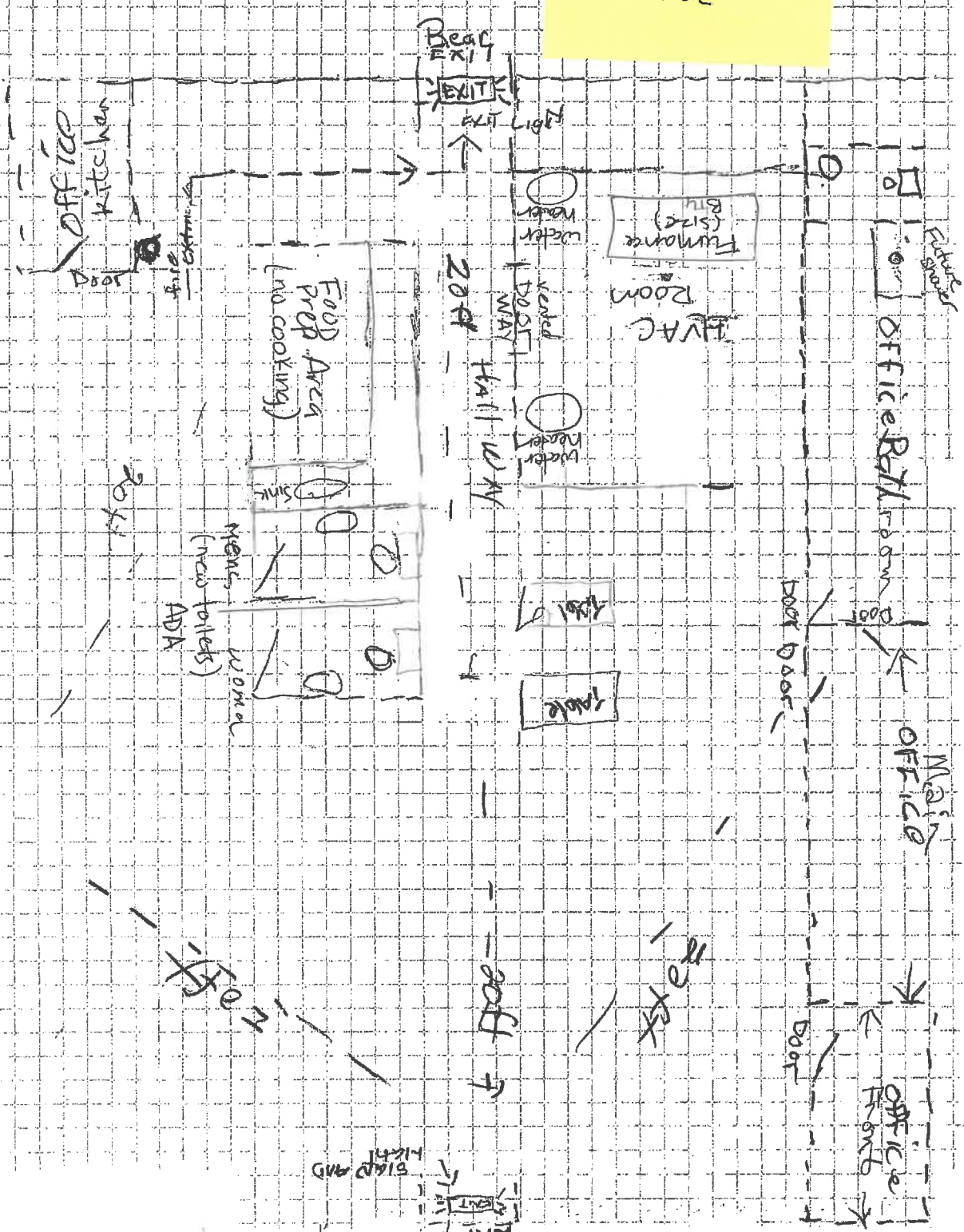
Received From:
GENUINE HOME HEALTH CARE LLC
8650 FROST

Date: 01/28/2020 Time: 1:45:43 PM
Receipt: 40975 *** REPRINT ***
Cashier: PERMITTING

ITEM REFERENCE	AMOUNT
SUP SPECIAL USE PERMITS	
SPECIAL USE PERMITS	\$350.00
TOTAL	\$350.00
CHECK 175	\$350.00
Total Tendered:	\$350.00
Change:	\$0.00

20-03

Asphalt
Parking
Lot



Parking Area
8050 Frost ave
Bay A Building
C3-01
Cars