



REPORT TO CITY COUNCIL

To: Honorable Mayor and City Council Members

FROM: Debra M. Irvin, Manager

DATE: September 14, 2020

SUBJECT: Case No. 20-21: A referral to the City Plan Commission for a Special Use Permit to Latoya E. Reese to Operate a Wig and Lash Parlor

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

BACKGROUND

Petitioner Latoya E. Reese is requesting a Special Use Permit (SUP) to operate a Wig and Lash Parlor. The space is a vacant.

ACTION FROM COUNCIL

Refer to the Plan Commission for review and consideration of a Special Use Permit (SUP) to operate a Wig and Lash Parlor

JUSTIFICATION

Allowed under Special Use Permit (SUP) process

SUPPORTING DOCUMENTS

1. Application
2. Area Photo
3. Site plan

IMPACT ON CITY'S BUDGET

None

Respectfully submitted,

Debra M. Irvin

Application

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"/> Food Truck - SUP \$100.00	<input type="checkbox"/> Food Truck - Fire Inspection \$75.00
<input type="checkbox"/> Food Truck Business License \$75.00	<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.
3. **DONOT** 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) Latoya E. Reese
 APPLICANT IS (CHECK ONE): OWNER AGENT PURCHASER OF CONTRACT TENANT
 APPLICANT(S) ADDRESS: STREET 8751 Sireloff Dr
 CITY Hazelwood STATE MO ZIP 63042 PHONE (314) 349-8303 E-MAIL l.reese16@gmail.com

LOCATION OF PROPOSED USE

STREET ADDRESS: 8347 Frost Ave Berkeley MO 63134
 PROPERTY DESCRIPTION: Stripe Mall

PRESENT ZONING DISTRICT: _____ PROPOSED ZONING DISTRICT (If applicable) _____

THE PROPERTY IS PRESENTLY BEING USED AS FOLLOWS: empty

THE PROPERTY IS TO USE IT FOR: (Type of Business) Wig & Eyelash Parlor

DAYS & HOURS OF OPERATION ETC. Tuesday - Sunday 10am - 7pm

PROPOSED NAME OF BUSINESS: Toyz Creations Wig & Eye lash Parlor

APPROXIMATE SIZE OF TRACT: ACRES _____ SQ FT OF SPACE (Under roof) 600

IF APPLICANT IS NOT OWNER: OWNER(S) NAME: Donna Peables

ADDRESS: STREET: 5076 Cheltenham CITY Black Jack

STATE: MO ZIP: 63033 PHONE: (314) 445-1399 E-MAIL: kim@thebusinessgallery.com

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.)

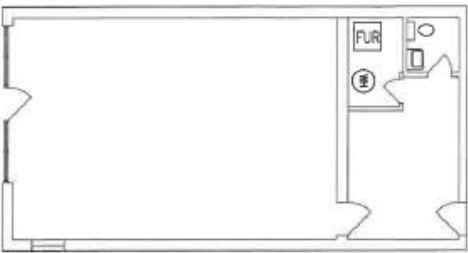
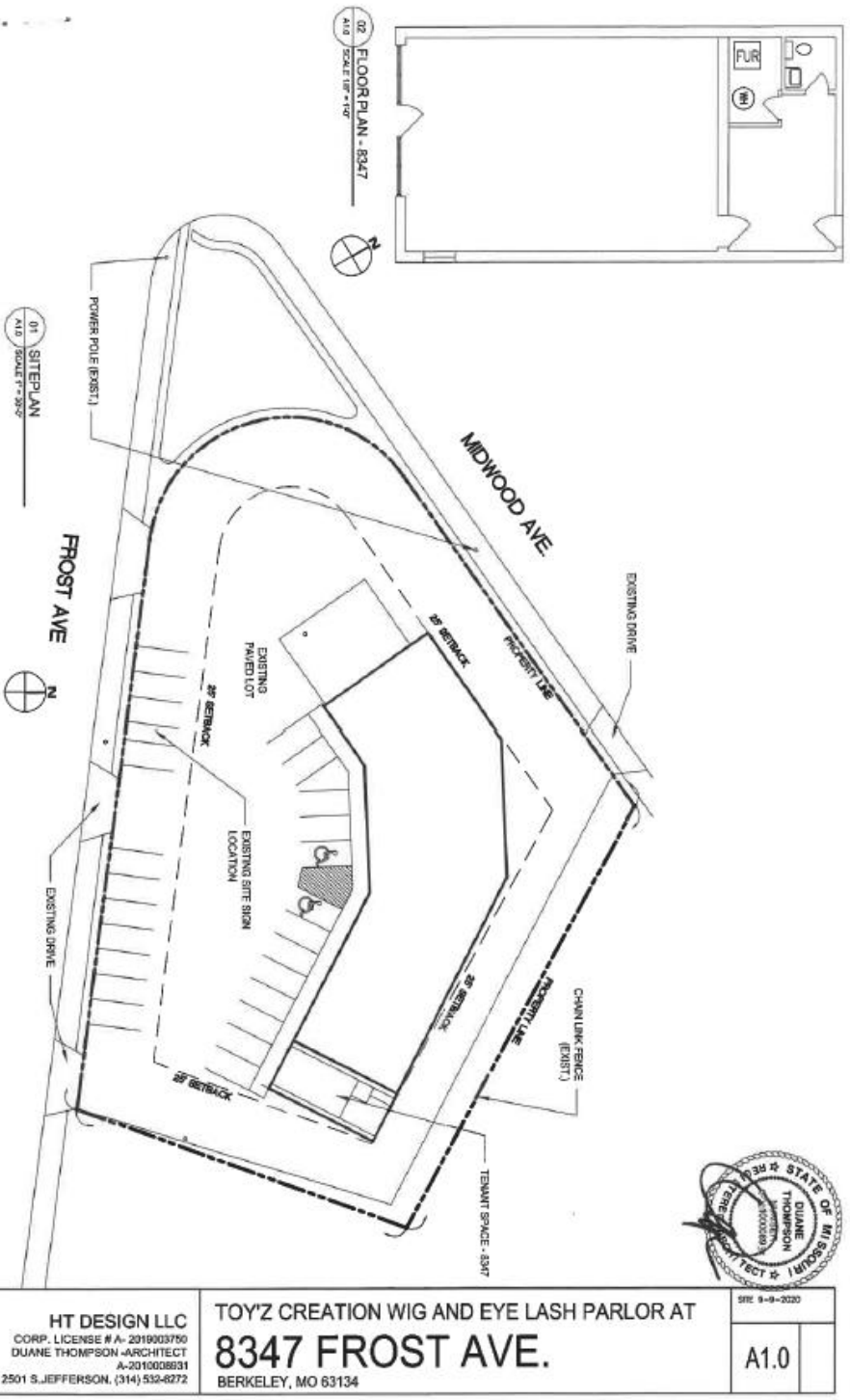
APPLICANT(S) SIGNATURE Latoya Reese OWNER(S) SIGNATURE Kim

DATE 9/11/20 DATE 9/11/20

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 9/14/2020 Cash Check Money Order Debit/Credit RECEIPT NO: 43924 CASE NO: 20-20

Site Plan



<p>HT DESIGN LLC CORP. LICENSE # A-2019003750 DUANE THOMPSON ARCHITECT A-2010006631 2501 S. JEFFERSON, (314) 532-6272</p>	<p>TOY'Z CREATION WIG AND EYE LASH PARLOR AT 8347 FROST AVE. BERKELEY, MO 63134</p>	<p>DATE: 9-9-2020</p>
		<p>A1.0</p>

SITE PHOTO

