



REPORT TO CITY COUNCIL

TO: The Honorable Mayor and Members City Council

FROM: Debra Irvin, City Manager

DATE: October 9, 2020

SUBJECT: Case # 20-23 A request for a referral to Plan Commission for a Special Use Permit operate a Restaurant at 6130 Madison Avenue, Berkeley MO 63134

PROJECT DESCRIPTION

Petitioners Willie Kilpatrick and Kimberly Kilpatrick is seeking to revitalize the old Big Boy's Grill at 6130 Madison Avenue, Berkeley MO 63134.

SITE LOCATION: 6130 Madison Avenue, Berkeley, Missouri 63134 (St. Louis County locator #11K341204) such property containing approximately 0.25 acres. The space is approximately 1440 square feet. There are approximately 3-off-street parking spaces.

ACTION FROM COUNCIL

Refer to the Plan Commission for review and consideration of a Special Use Permit (SUP) to operate a convenience store

STAFF RECOMMENDATION: Staff recommends referral to City Plan Commission

JUSTIFICATION

Allowed under Special Use Permit (SUP) process

SUPPORTING DOCUMENTS

1. Staff Report
2. Application
3. Area Photo

IMPACT ON CITY'S BUDGET

None

Respectfully submitted,

EXHIBIT "A" – APPLICATION



Oct 19, 2020 CITY COUNCIL

PUBLIC WORKS DIVISION – 8425 AIRPORT ROAD – BERKELEY, MISSOURI 6314-2098 – (314) 524 3313 FAX (314) 264-2074

TYPE OF APPLICATION

(Please check all that apply)

INITIAL FEE \$350

<input type="checkbox"/> Preliminary (Plats)	<input 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 checked="" 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. **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) Willie Kilpatrick + Kimberly Kilpatrick

APPLICANT IS (CHECK ONE): OWNER AGENT _____ PURCHASER OF CONTRACT _____ TENANT _____

APPLICANT(S) ADDRESS: STREET 12416 Bielefeld Lane

CITY Black Jack STATE MO ZIP 63033 PHONE 314 393 3818 E-MAIL pastorwck@yahoo.com Kimberly.Kilpatrick27@gmail.com

LOCATION OF PROPOSED USE

STREET ADDRESS: 6130 Madison Berkeley, MO 63134

PROPERTY DESCRIPTION: _____

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

THE PROPERTY IS PRESENTLY BEING USED AS FOLLOWS: Restaurant (Bar/Lounge) ~~emp~~

THE PROPERTY IS TO USE IT FOR: (Type of Business) Restaurant

DAYS & HOURS OF OPERATION ETC. 11am-6pm

PROPOSED NAME OF BUSINESS: Lady Kim's Kitchen

APPROXIMATE SIZE OF TRACT: ACRES _____ SQ FT OF SPACE (Under roof) 1,440

IF APPLICANT IS NOT OWNER: OWNER(S) NAME: _____

ADDRESS: STREET: _____ CITY _____

STATE: _____ ZIP: _____ PHONE: () _____ 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 Willie Kilpatrick OWNER(S) SIGNATURE Kim Kilpatrick

DATE 9/25/2020 DATE 9/25/2020

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 9/25/20 Cash Check Money Order Debit/Credit RECEIPT NO: 114070 CASE NO: 20-23

EXHIBIT "B" – SITE PHOTO

