



REPORT TO CITY COUNCIL

TO: Honorable Mayor and Members of the City Council

FROM: Debra M. Irvin, City Manager

DATE: October 9, 2020

SUBJECT: **Case # 20-24**— A request for a referral to the Plan Commission to review and consider a Special Use Permit for Theodore Williamson doing business as Bee Line Towing at 6555 Romiss Court, Berkeley MO 63134

We have investigated the Subject item, above, and present the following as our findings:

BACKGROUND

Petitioner Theodore Williamson has been operating a Warehouse Storage and Towing Transport business without a business license and Special Use Permit as required under Sections 605.370 through 605-390

ZONING

Prior to the issuance of any business license herein, the applicant must secure a **special land use permit**, pursuant to Chapter 400, Zoning, of the Municipal Code, and receive approval of the Director of Public Works relative to the construction of the parking lots and all buildings.

SUPPORTING DOCUMENTS

- -Staff Report
- -Special Use Application
- - Photo (Google Earth)

STAFF RECOMMENDATION

Refer to the Plan Commission for review

Respectfully submitted,

EXHIBIT A – APPLICATION

*09/17/2020
City Council*



PLANNING DIVISION 3005 SHOOTERS ROAD BERKELEY, CA 94704 TEL: (415) 224-2000 FAX: (415) 224-2070

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) Theodore Williamson

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

APPLICANT(S) ADDRESS: STREET 16357 Hampden Pl

CITY Florissant STATE MO ZIP 63034 PHONE 6364393697 E-MAIL Beeline towing 2015@yahoo

LOCATION OF PROPOSED USE

STREET ADDRESS: 6555 Romiss Ct

PROPERTY DESCRIPTION: warehouse parking tow trucks overnight

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

THE PROPERTY IS PRESENTLY BEING USED AS FOLLOWS: N/A

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

DAYS & HOURS OF OPERATION ETC. 9-5 pm

PROPOSED NAME OF BUSINESS: Beeline

APPROXIMATE SIZE OF TRACT: ACRES 1/8 Acre SQ FT OF SPACE (Under roof) 2500

IF APPLICANT IS NOT OWNER: OWNER(S) NAME: Theodore Williamson

ADDRESS: STREET: 16357 Hampden Pl CITY Florissant

STATE: MO ZIP: 63034 PHONE: (636) 4393697 E-MAIL Beeline towing 2015@yahoo

I HAVE AUTHORITY TO ACT ON BEHALF OF THE OWNER: Theodore Williamson
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 this application. Attach additional name/address/signature/date pages as needed.)

APPLICANT(S) SIGNATURE Theodore Williamson

OWNER(S) SIGNATURE [Signature]

DATE 09-28-2020

DATE 9/28/2020

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 9/29/20 Cash Check Money Order Debit Credit RECEIPT NO: 44105 CASE NO: 20-24

EXHIBIT "B" – SITE PHOTO

