



REPORT TO CITY COUNCIL NO TAXES DUE

TO: The Honorable Mayor and Members of the City Council

FROM: Debra Irvin, City Manager

DATE: November 10, 2020

SUBJECT: **Case # 20-27**– A request for a referral to the City Plan Commission for a Special Use Permit by Corey M. Christanell for operation of medical marijuana manufacturing at 5800 North Hanley.

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

BACKGROUND

The parcel built in 1968 contains a one-story commercial property with several businesses (office/auto repair/warehouse space) located on the west side of North Hanley Road near Scudder Road. This property is presently zoned M-1, Industrial District. The surrounding properties are zoned C-2 and M-1. The subject property is north of the Berkeley Salt Dome and a vacant building; to the east is a parking lot and vacant land; the property to west is a warehouse; and the properties to south of this site is in the City of Kinloch.

ZONING

This property is presently zoned M-1, Industrial District. And is allowed under the Special Use Process.

SUPPORTING DOCUMENTS

- Staff Report
- Special Use Application
- Street Aerial Map
- Site Photographs

RECOMMENDATION

Staff recommends referral to Plan Commission for review.

Respectfully submitted,

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. **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) COREY M CHRISTANELL

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

APPLICANT(S) ADDRESS: STREET 12553 CINEMA LN

CITY ST. LOUIS STATE MO ZIP 63127 PHONE 314-393-9286 E-MAIL COREY@MONARCH-MO.COM

LOCATION OF PROPOSED USE

STREET ADDRESS: 5800 N. HANLEY RD

PROPERTY DESCRIPTION: VACANT OFFICE / AUTOMOTIVE REPAIR

PRESENT ZONING DISTRICT: M1 PROPOSED ZONING DISTRICT (If applicable) N/A

THE PROPERTY IS PRESENTLY BEING USED AS FOLLOWS: VACANT

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

DAYS & HOURS OF OPERATION ETC _____

PROPOSED NAME OF BUSINESS: MONARCH ADVANCED SCIENCES

APPROXIMATE SIZE OF TRACT: ACRES _____ SQ FT OF SPACE (Under roof) 3400

IF APPLICANT IS NOT OWNER: OWNER(S) NAME: KEN YOUNGERMAN

ADDRESS: STREET: PO BOX 2314 CITY FLORISSANT

STATE: MO ZIP: 63032 PHONE: (314) 453-4005 E-MAIL Graham@realtorexchange.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 [Signature]

OWNER(S) SIGNATURE [Signature]

DATE 11/6/2020

DATE 11/6/2020

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: [Signature]

pd 11/4/2020

20-27

5800 No Hanley Road @ Scudder Rd

