



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 # 20-28 – A request for a referral to the Plan Commission for a Special Use Permit by Satguru Sanb LLC for a change of ownership and business name for the existing Mobil Mart/Gas Station and Convenience Store located at 6800 North Hanley, Berkeley MO

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

BACKGROUND

The locator # is 10K340912 and the total acreage of this parcel is about 0.57 acres. The area under roof is about Thirty-Eight Hundred (3,800) square feet. This use is located at the intersection of Frost Avenue and North Hanley Road, which is the intersection of two major streets in our community. This intersection is zoned for commercial activity, and three of the four corners at this intersection have commercial uses. The fourth corner is zoned commercial, but it is the onramp for Interstate 170.

ZONING

The current zoning is C-2 General Commercial District.

SUPPORTING DOCUMENTS

- -Staff Report
- -Special Use Application
- -St. Louis County Aerial Property View

RECOMMENDATION

Staff recommends referral to Plan Commission for review.

Respectfully submitted,



TYPE OF APPLICATION

INITIAL FEE \$350

(Please check all that apply)

<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) SATGURU SAHIB LLC

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

APPLICANT(S) ADDRESS: STREET 6800 N HANLEY Rd

CITY BERKELEY STATE MO ZIP 63134 PHONE 618 225 9625 E-MAIL HANLEYMOBIL

LOCATION OF PROPOSED USE

STREET ADDRESS: 6800 N HANLEY Rd

PROPERTY DESCRIPTION: Gas Station / C-store

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

THE PROPERTY IS PRESENTLY BEING USED AS FOLLOWS: C-store / Gas Station

THE PROPERTY IS TO USE IT FOR: (Type of Business) Gas Station / C-store

DAYS & HOURS OF OPERATION ETC. 24x7

PROPOSED NAME OF BUSINESS: HANLEY MOBIL

APPROXIMATE SIZE OF TRACT: ACRES _____ SQ FT OF SPACE (Under roof) 4500 sq ft

IF APPLICANT IS NOT OWNER: OWNER(S) NAME: GURU HAR RAI SAHIB JEE LLC

ADDRESS: STREET: 2345 DA LA CROIX AVE CITY ST CHARLES

STATE: MO ZIP: 6330 PHONE: 618 225 9625 E-MAIL hanley mobil@gmail.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 OWNER(S) SIGNATURE

DATE 11/9/20 DATE 11/7/20

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 10/10/2020 Check Money Order Debit/Credit RECEIPT NO: _____ CASE NO: 20-28



Debra M. Irvin

From: Notification <noreply@forte.net>
Sent: Tuesday, November 10, 2020 12:04 PM
To: Debra M. Irvin
Subject: City of Berkeley Payment Confirmation

Dear Paramjit Singh

Thank you for making your payment to the City of Berkeley on 11/10/2020 10:03:33 AM in the amount of 351.50.

PLEASE NOTE:

If you paid by electronic check, please check your bank statement to confirm that your payment was deducted within 48 hours of the date that you made the payment. If the payment was not deducted, please call our office immediately.

If you have any questions in regards to the payment process or the service fee please contact our office at (314) 524-3313

Please note; do not reply to this email. This is an unattended mailbox.

Thank you