

STAFF REPORT

CASE NUMBER: **23-08**

DATE: March 20, 2023

PETITIONER: Vencentia Barber and Donna Smith
8650 Frost
Berkeley, MO 63134
genuinehomevb@gmail.com
isdsisjr@gmail.com

PROPERTY OWNERS: Tom Kiely
PO Box 210299
St. Louis, MO 63121
tkliquordocor@gmail.com

REQUEST: Special Use Permit

PROPERTY ADDRESS: 8650 Frost Avenue

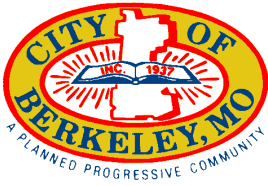
CURRENT ZONING: "C-1" Local Commercial District

PROPOSED ZONING: Zoning to remain the same

EXISTING USE: Vacant

PROPOSED USE: Adult Daycare

RECOMMENDATIONS: Staff recommends referral to the Plan Commission



REPORT TO CITY COUNCIL

NO TAXES DUE

TO: The Mayor and Members of the City Council

FROM: Nathan Mai-Lombardo, City Manager

DATE: March 20, 2023

SUBJECT: **Case # 23-08** – A request for referral to the City Plan Commission for a Special Use Permit by Vencentia Barber and Donna Smith to open an adult daycare business, Genuine Adult Daycare Service, LLC, located at 8650 Frost Avenue, Berkeley, MO 63134.

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

RECOMMENDATION

Staff recommends referral to the Plan Commission.

BACKGROUND

The current zoning is “C-1” Local Commercial District. The locator # is 10K340949. *Resolution #3522 is associated with this business. Business owners did not obtain a business license within 180 days of approval of their Special Use Permit.*

SUPPORTING DOCUMENTS

- Staff Report
- Special Use Application

OPTIONS OF THE COUNCIL

1. Recommend referral to the Plan Commission
2. Recommend denial of the applicant’s request.

Respectfully submitted,



TYPE OF APPLICATION

(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): Vencentia Barber, and Donna Smith

APPLICANT IS (check one): OWNER AGENT PURCHASER OF CONTRACT TENANT

APPLICANT(S) ADDRESS: 8650 Frost
Street
Berkeley MO. 63134

LOCATION OF PROPOSED USE

STREET ADDRESS: 8650 Frost

PROPERTY DESCRIPTION: _____

PRESENT ZONING DISTRICT: Berkeley MO.

PROPOSED ZONING DISTRICT (IF APPLICABLE): _____

PROPERTY IS PRESENTLY BEING USED AS FOLLOWS: not occupied

PROPERTY TO BE USED FOR (TYPE OF BUSINESS): Adult Day Care

monday - Friday 8am - 3pm

PROPOSED NAME OF BUSINESS: _____

APPROXIMATE SIZE OF TRACT: ACRES _____ SQ. FT. OF SPACE (UNDER ROOF) 2,500

10K 340949



IF APPLICANT IS NOT OWNER:

OWNER(S) NAME: Tom Kiehl

OWNER(S) ADDRESS: PO 210299

STREET ST Louis MO 63121

CITY STATE ZIP

PHONE: 314-365-1145 EMAIL: TKhiguelDoctor@gmail.com

I HAVE AUTHORITY TO ACT ON BEHALF OF THE OWNER: [Signature]
Applicant(s) 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] Date: 3/6/23

Owner(s) Signature: [Signature] Date: 3/6/23

OFFICE USE ONLY

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] Date: 3/6/2023

Date Paid: 03/06/2023 Cash Check Money Order Debit/Credit
Receipt No: 58083 Case No: 23-08