BOARD OF ADJUSTMENT

Notice of Public Meeting
City Council Chambers, City Hall
10 West State Street, Marshalltown IA

Board of Adjustment
Tue, Oct 6, 2020 5:00 PM - 6:00 PM (CDT)

Please join my meeting from your computer, tablet or smartphone.

https://global.gotomeeting.com/join/804545453

You can also dial in using your phone.
(For supported devices, tap a one-touch number below to join instantly.)

United States (Toll Free): 1 866 899 4679
- One-touch: tel:+18668994679,,804545453#

United States: +1 (571) 317-3116
- One-touch: tel:+15713173116,,804545453#

Access Code: 804-545-453

New to GoToMeeting? Get the app now and be ready when your first meeting starts: https://global.gotomeeting.com/install/804545453

1. Call To Order & Roll Call
   - Engle
   - Schulze
   - Starks
   - Thurston
   - Wenner

2. Board Of Adjustment Mins 9-15-2020

   Documents:

   BOARD OF ADJUSTMENT MIN 061520.PDF

3. Public Hearing: Special Use Permit 713 S 12th St

   Documents:

   SPECIAL USE PERMIT.PDF
   SITE PLAN.PDF
   LEGAL DESCRIPTION 713 S 12TH ST.PDF

100620_BOA_MEMO_713 S 12TH ST.PDF

4. Tabled From September 15: Special Use Permit 1314 W Main St

Documents:

100620_BOA_MEMO_1314 W MAIN ST.PDF
MISSED BOA MEETING.PDF
THE SUGAR SHACK SPECIAL USE_06182020.PDF
FINDING OF FACT REPORT_HOSUP_1314 W MAIN ST.PDF

MISSION STATEMENT
The City of Marshalltown collaborates to provide a welcoming, safe, vibrant, and growing community.

Board of Adjustment
Meeting Minutes - September 15, 2020

Meeting was called to order at 5:00 PM in the City Council Chambers at 10 W. State Street

1. **Roll Call:**
   Present: Engle, Schulze, Starks, Thurston and Wenner
   Absent: Thurston

2) Meeting Minutes From 9/15/20
Wenner Motion to modify date and approve
Engle seconded
All approve and accept minutes as corrected

3) Public Hearing: Home Occupation Special Use Permit 1314 W Main St

Public Hearing open at 5PM **– No public comments received – Public Hearing Closed.**
Board: We have questions & concerns since this is right across from a school.

- How do the hours affect drop off & pick up for the school?
- How much of the business will be sales?
- What other activities will be added after finishing esthetician school?
- Has the school reached out?
- Have you reached out to the school

Spohnheimer: recommend that Board Tables this discussion for the October 6th Meeting

Motion by Stark to table the Home Occupation Special Use Permit for 1314 W Main St until the October 6th meeting. Second by Wenner. All Aye. Motion carried 5-0.

With no further business, the meeting adjourned.

Meeting minutes prepared by,
Caleb Knutson
City Planner

DATE SUBMITTED & FEE PAID: _____
HEARING DATE: _____

the City of Marshalltown

BOARD OF ADJUSTMENT

Special Use & Home Occupation Special Use Permit Application

36 N. Center Street, Marshalltown, IA 50158 Ph: 641-754-5756 Fax: 641-754-5742

All items listed must be submitted with this application:

_____ **A site plan, drawn in ink to scale.** This site plan shall not be larger than 11" X 17."

_____ **Any other applicable drawings or diagrams.** Home Occupation Special use permits must submit a floor plan diagram.

_____ **Application fee**. A $300 fee is required for a special use request ($150 for a Home Occupation Special Use request). Make check payable to "City of Marshalltown." The fee must be paid when the application is submitted to the Housing Department.

_____ **Legal description of the property.** The property owner should have a copy of the legal description of the property. *Please note that the tax description on the Marshall County assessor's webpage is NOT the legal description.* The legal description is listed on the property's abstract or owners may obtain a copy of the recorded deed from the Marshall County Recorder's Office for a fee.

It is the burden of the applicant to provide sufficient facts with this application and at the Board of Adjustment meeting to support a finding that all the standards for approval have been met. For all special use requests, with the exception of a Home Occupation Special Use request, the Plan & Zoning Commission shall first review the proposal and make a recommendation to the Board of Adjustment.

Attendance at all meetings is required.

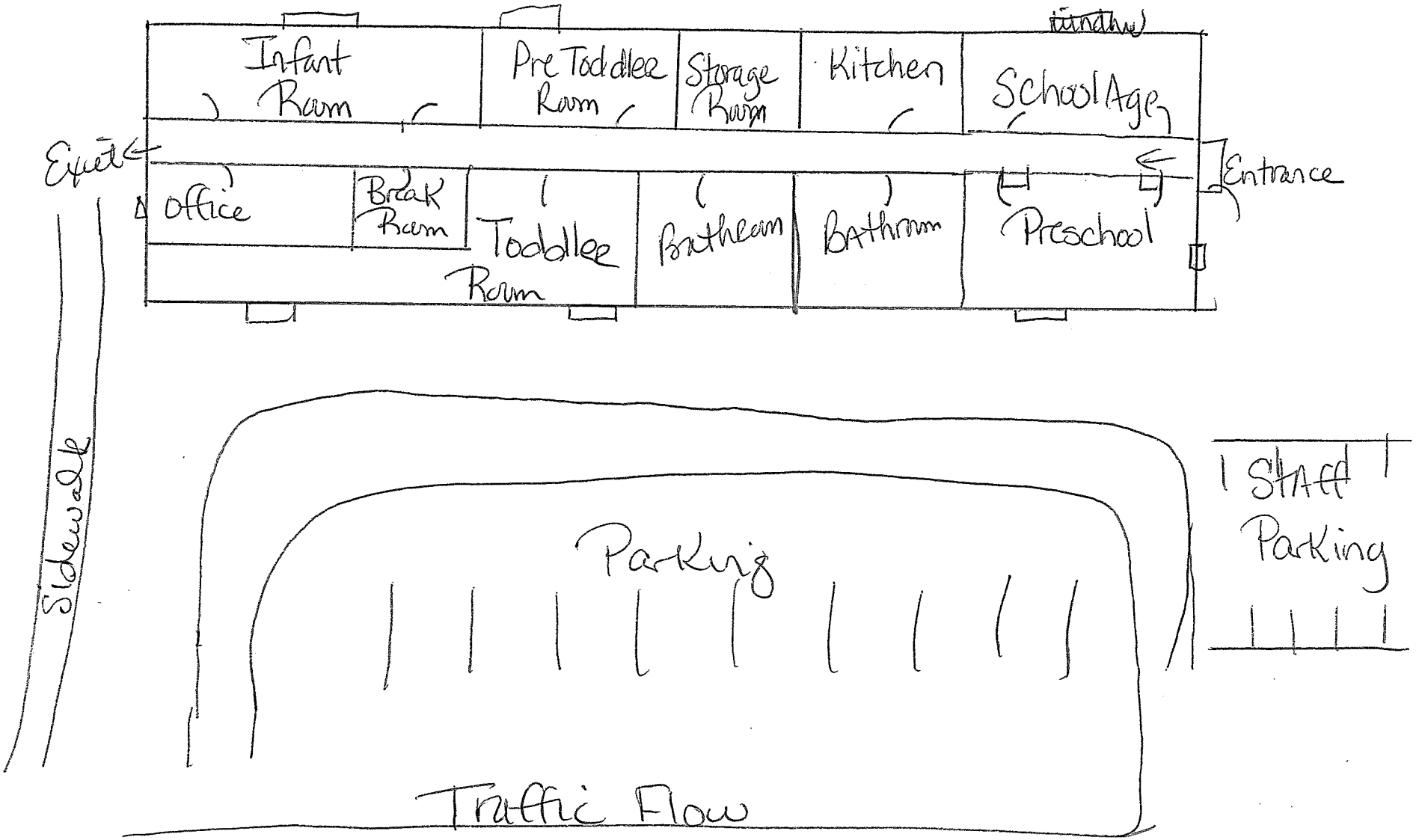
Please type or print legibly in ink.

Property Address: 713 S. 12th St. Marshalltown, Ia. 50158
Owner: Lisa Hines
Mailing Address: P.O. Box 446 Conrad, Ia. 50621
Phone: (641) 328-4962
Email: lslc@heartofiowa.net
Owner's Agent (if applicable):
Agent Address:
Agent Phone:
Agent Email:

The board will use this information to review your request. Please attach any additional supporting information. If you have any questions, please contact the Zoning Department at 754-5756.
Please describe the request and what justification there is for the proposal. Attach additional pages if necessary. If applicable, please provide a description of the business or use, discuss any signage to be used, and parking issues.

Owner/Agent Signature: Lisa Hines
Date: 9-15-20

754-
5642


Infant Room
Pre Toddlee Room
Storage Room
Kitchen
School Age
Exit
Office
Break Room
Toddlee Room
Bathroom
Bathroom
Preschool
Entrance
Sidewalk
Parking
1 Staff Parking
Traffic Flow

Office

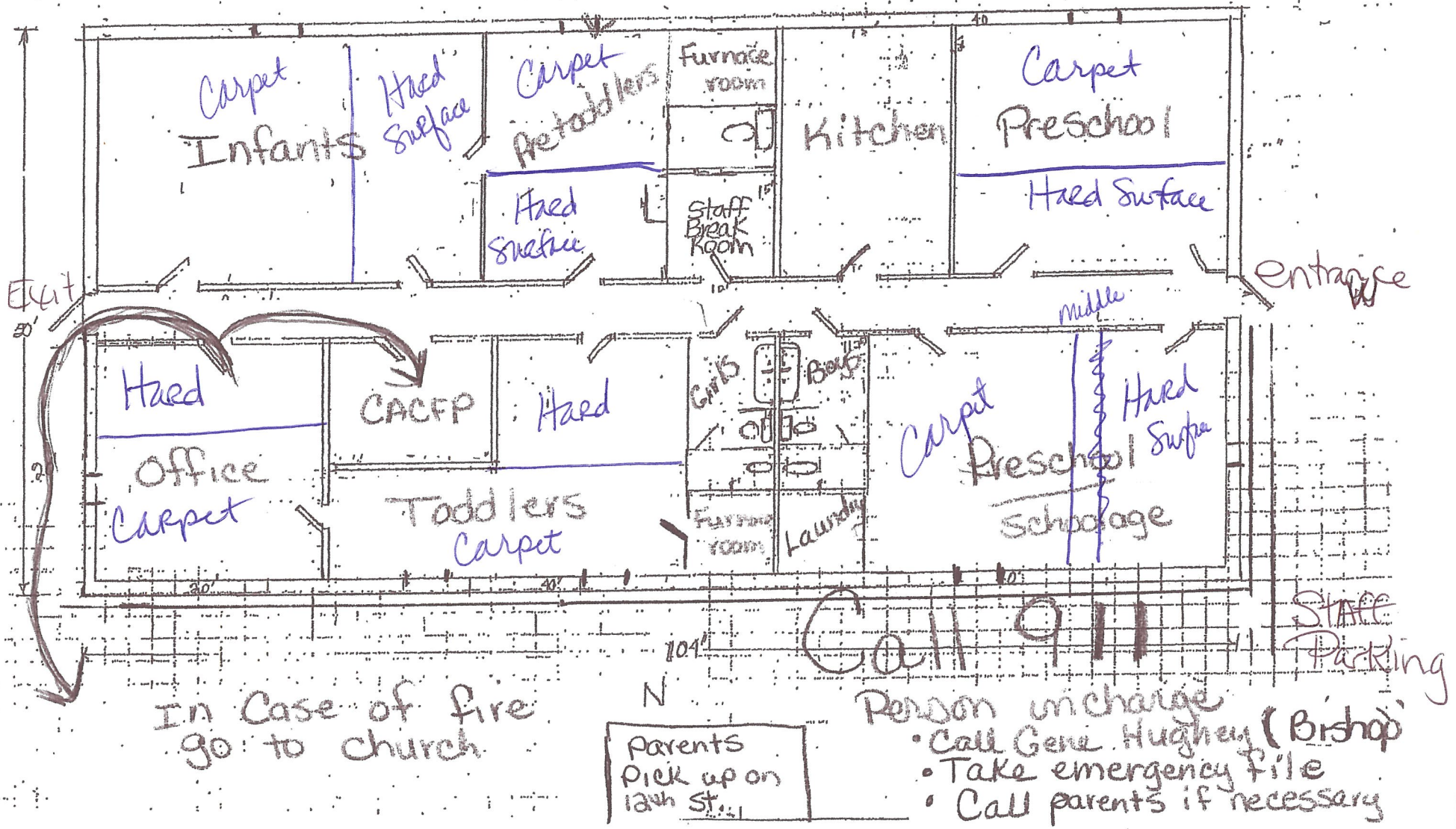
- fire - go to Church
- Tornado - CACFP
  Split up to help others

House

Kenneth and Eldora Perry
1209 W. Alison
641-752-4444

ESCAPE Route

Directly in back of Pretoddlers in case of intruder



In Case of fire go to church

Parents Pick up on 12th St.

Person in charge

- Call Gene Hughey (Bishop)
- Take emergency file
- Call parents if necessary

RUTHERFORD & BIDWELL LAW OFFICE
106A SOUTH 1ST AVENUE
MARSHALLTOWN, IA 50158

Bradley J. Rutherford
Eric R. Bidwell
Attorneys at Law

Phone: (641) 753-3648
Fax: (641) 753-0731

Writer's email - ebidwell@iabar.org
www.rutherfordbidwell.com

November 1, 2017

GNB Bank
Attention: Rob Shiek
2504 S. 2nd Street
Marshalltown IA 5015

Re: Preliminary Title Opinion
Buckaroo, LLC Purchase
713 South 12th Street
Marshalltown IA 50158

Dear Lender:

This is to certify that I have examined the abstract of title in one part as last certified by the Evans Abstract Company to October 17, 2017 at 8:00 A. M. covering the following described real estate to-wit:

> The West 623.1 feet of the East 653.1 feet of the South 270.0 feet of the North 1026.51 feet of the Northeast Quarter of the Southwest Quarter of Section Thirty-four in Township Eighty-Four North, Range Eighteen West of the Fifth P. M., Marshall County, Iowa except the East 173.0 feet of the South 210.0 feet thereof; subject to an easement for road purposes across the North Sixty feet thereof as contained in deed recorded in Book B-9, Page 237 of the records of the Recorder's Office of Marshall County, Iowa.

The root title for this examination is a Warranty Deed filed September 18, 1956, dated September 17, 1956 and recorded in Book B-6, Page 78 in the office of the Recorder of Marshall County, Iowa.

There has been a continuous and unbroken chain of title to this real estate from said date to October 17, 2017 at 8:00 A. M. as last certified and the abstract as submitted qualifies as a 40 Year Marketable Title abstract.

MARSHALLTOWN
IOWA

TO: Board of Adjustment

FROM: Caleb Knutson, City Planner

DATE: October 6th – Meeting Date

712 S 12th St
FROM: Little Scholars Learning Center
SUBJECT: Special Use Permit

Little Scholars preschool has moved into 712 S 12th St, where Bright Beginnings use to operate. The location is currently zoned R-2, where educational uses require a Special Use Permit. Bright Beginnings was granted a Special Use Permit. Special Use Permits nontransferable; a new business must apply for a special use. The Plan Zoning Commission approved recommendation for Special Use Permit to the Board of Adjustment.

Housing & Community Development
36 North Center Street, Marshalltown, IA 50158
Tel. (641) 754-6583 - Fax (641) 754-5742

MARSHALLTOWN
IOWA

TO: Board of Adjustment

FROM: Caleb Knutson, City Planner

DATE: October 6th – Meeting Date

1314 W Main St
FROM: Sugar Shack
SUBJECT: Home Occupation: Special Use Permit

On the September 15 meeting, the applicant failed to appear. Thus, the Board Tabled the discussion. Staff attempted to contact the applicant by phone, only to leave a voicemail; the applicant replied by email stating she was unavailable to speak; thus, the Missed BOA Meeting letter was mailed, and emailed to the applicant. The Sugar Shack is a proposed Home Occupation that is home salon at 1314 W Main St. The applicant previously had a Home Occupation for an in-home day care, which she closed down during the pandemic. The salon will provide spray tanning, and candle sales to start with. Upon completion of esthetician school, and acquiring license would expand to eyelash extensions, facials, and waxing.

The board needs to Un-Table the discussion: Motion, 2nd, roll call
Discussion
Decision: Motion, 2nd, roll call

Staff Recommendation: If the applicant fails to appear again before the Board of Adjustment. The staff recommendation is to deny the Special User Permit. This ramification of the denial is that the applicant cannot reapply with the same Home Occupation Special Use for another calendar year, from date of denial.

Housing & Community Development
36 North Center Street, Marshalltown, IA 50158
Tel. (641) 754-6583 - Fax (641) 754-5742

MARSHALLTOWN
IOWA

September 17, 2020

Jessica Cidon
1314 W Main St
Marshalltown, IA 50158

RE: Home Occupation Special Use Permit

Mrs. Cidon,

Last night was the Board of Adjustment meeting to review your application for Home Occupation Special Use Permit. However, you did not attend the meeting. The Board of Adjustment voted tabled your application for the October 6th meeting date.

They did briefly discuss your application, and their concerns:

- How much retail sales will you have?
- How will your customer traffic affect school drop off/pick up?
- Once you complete your esthetician schooling what other activities will you add?
- Has the school reached out with concern or comment?
- vice versa have you reached out to the school?

Please let me know by September 24, on your decision to continue with this process or if you are deciding to withdraw your application. If you decide to continue I will put your application on the October 6th meeting date agenda. If do not attend the October 6th meeting it will be the staff recommendation that the Board of Adjustment denies the application. The implications of being denied the Special Use is you cannot be able to reapply for this business Home Occupation Special Use for another calendar year.

If you have questions please do not hesitate to contact me at 641-754-5756 Ext 3108 or e-mail me at cknutson@marshalltown-ia.gov.

Sincerely,

Caleb Knutson
City Planner

Housing & Community Development
36 North Center Street, Marshalltown, IA 50158
Tel. (641) 754-6583 - Fax (641) 754-5742

DATE SUBMITTED & FEE PAID: 6/19/20
HEARING DATE: 07/21/2020

the City of Marshalltown

BOARD OF ADJUSTMENT

Special Use & Home Occupation Special Use Permit Application

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☒ **Any other applicable drawings or diagrams.** Home Occupation Special use permits must submit a floor plan diagram.

☒ **Application fee**. A $300 fee is required for a special use request ($50 for a Home Occupation Special Use request). Make check payable to "City of Marshalltown." The fee must be paid when the application is submitted to the Housing Department.

☒ **Legal description of the property.** The property owner should have a copy of the legal description of the property. *Please note that the tax description on the Marshall County assessor's webpage is NOT the legal description.* The legal description is listed on the property's abstract or owners may obtain a copy of the recorded deed from the Marshall County Recorder's Office for a fee.

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Attendance at all meetings is required.

Please type or print legibly in ink.
Property Address: 1314 West Main St.
Owner: Jessica Quick
Mailing Address: 1314 W. Main St. Marshalltown, IA. 50158
Phone: 641-750-5259
Email: jquick06@gmail.com
Owner's Agent (if applicable):
Agent Address:
Agent Phone:
Agent Email:

The board will use this information to review your request. Please attach any additional supporting information. If you have any questions, please contact the Zoning Department at 754-5756.
Please describe the request and what justification there is for the proposal. Attach additional pages if necessary. If applicable, please provide a description of the business or use, discuss any signage to be used, and parking issues.

Owner/Agent Signature: Jessica Quick
Date: 6/1/20

PERMIT # _____

Home Occupation Registration Form

City of Marshalltown, 24 North Center Street, Marshalltown, IA 50158
Phone: 641-754-5756; Fax: 641-754-5742

This form must be complete or the application cannot be accepted.

Applicant Name:	Business Name:
Jessica Quick	The Sugar Shack
Address: 1314 W. Main St. Marshalltown 50158	
Phone: 641-750-5259	Fax:

Please describe your home occupation (attach additional information if necessary).

Right now I will be doing spray tanning. I am in school to be an esthetician and upon getting my license would like to do eyelash extensions, waxing, facials. I also make and sell candles.

Please check the appropriate category for your home occupation:

- ☐ Office facilities for accountant, architect, engineer, lawyer, clergyman, or other similar professional occupations.
- ☐ Office facilities for telecommuters, salesmen, sales representatives, manufacturer's representatives, and other similar trades or occupations
- ☐ Home sewing or tailoring.
- ☐ Studio for an artist, photographer, writer, or composer.
- ☐ Telephone answering.
- ☐ Catering, home-cooking and preserving for the purpose of selling the product.
- ☐ Tutoring or giving lessons, limited to four students simultaneously.
- ☐ Day care homes. (List the number of permitted Children:_____)
- ☒ None of the above, Special Use permit required.
- ☐ None of the above, use "grandfathered".

The following home occupations are prohibited: Animal hospitals, private clubs, restaurants, stables and kennels, automobile repair or auto body shops (More than 2 vehicles per year which are not registered at the residence and are rebuilt, repaired, or reconstructed shall constitute an automobile repair or auto body shop), automobile paint shops, any occupation which is considered illegal by law, and any use which does not meet the Home occupation regulations.

Home Occupation Regulations

a) **Appearance.** That in connection with which there is no display that will indicate from the exterior that the building is being utilized in part for any purpose other than that of a dwelling, with the exception of one home occupation sign defined in section c) below.
Initial that you understand this appearance requirement: JQ

b) **Design.** That the building shall include no features of design not customary for residential use; That the building or premises occupied shall not be rendered objectionable or detrimental to the residential character of the neighborhood due to exterior appearance or by the emission of dust, gas, noise, odor, or smoke, or in any other way.
Initial that you understand this design requirement: JQ

c) **Signs.** Any sign utilized by a home occupation in an "R" (residential zoning) district shall be limited to one building mounted sign which shall not exceed one square foot in area.

Attach a photo or drawing of the home occupation sign to be used showing all dimensions and where it will be mounted. Initial that you understand this design requirement: JQ

d) **Equipment.** Any merchandise or stock in trade sold, repaired or displayed shall be stored entirely within the residential structure or in an accessory building.
Are any dangerous materials stored? _____Yes __X__No
If yes, please list the materials: _____

e) **Employment.** On-site employees must be members of the immediate family residing on the premises. Additional employees may be permitted as required by law or may be permitted through the Home Occupation Special Use Permit process by the Board of Adjustment.
How many people are employed? 2
How many employees are not members of the immediate family residing on the premises? 0
List all employees: myself and my daughter Caitlin Traylor

f) **Traffic and Parking.** Traffic generated by the home occupation shall not be objectionable to the neighboring residents. Off-street parking shall be adequate to accommodate the parking demand generated by the home occupation.
How many visits per day are made to your business? 2-5
How many parking spaces are available? 4

g) **Structural modifications.** Structural modifications or additions to the residence for the expansion of a home occupation is prohibited.
Initial that you understand this requirement: JQ

h) **Non-compliance.** Any home-occupation which does not abide by the terms of this section shall be punishable under the Violation and Penalty section of the zoning ordinance. Any person, firm or corporation who violates, disobeys, omits, neglects, or refuses to comply with, or who resists the enforcement of any of the provisions of this Ordinance shall, upon conviction, be fined not more than one hundred ($100.00) dollars for each offense. After a written notice of such violation, each day that the violation is permitted to exist beyond the expiration of the time designated on said notice, shall constitute a separate offense.

- **Please read the attached Section 10-Home Occupations excerpt from the Zoning Ordinance.**
- **Please attach a photo of the residence and site map showing parking.**
- **This home occupation permit does NOT continue with the land and is NOT transferable.**
- **Any changes to the operation of the home occupation requires a re-registration.**

Agreement: *I hereby state I have received, have read and understand the terms of the home occupation section of the Zoning Ordinance of 1998. I agree to comply with the ordinance.*

Signature of applicant: _____ ***Date:*** 6/1/20

- ☐ Home Occupation permitted
- ☐ Home Occupation grandfathered (Legal non-conforming)
- ☐ Special Use permit granted on _____

_____ _____
Zoning Officer, City of Marshalltown *Date*

DATE SUBMITTED & FEE PAID: 6/19/20
HEARING DATE: 07/21/2020

the City of Marshalltown

BOARD OF ADJUSTMENT

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Please check the appropriate category for your home occupation:

- ☐ Office facilities for accountant, architect, engineer, lawyer, clergyman, or other similar professional occupations.
- ☐ Office facilities for telecommuters, salesmen, sales representatives, manufacturer's representatives, and other similar trades or occupations
- ☐ Home sewing or tailoring.
- ☐ Studio for an artist, photographer, writer, or composer.
- ☐ Telephone answering.
- ☐ Catering, home-cooking and preserving for the purpose of selling the product.
- ☐ Tutoring or giving lessons, limited to four students simultaneously.
- ☐ Day care homes. (List the number of permitted Children:_____)
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Are any dangerous materials stored? _____Yes ___X___No
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How many people are employed? ___2___
How many employees are not members of the immediate family residing on the premises? ___0___
List all employees: ___myself and my daughter Caitlin Traylor___

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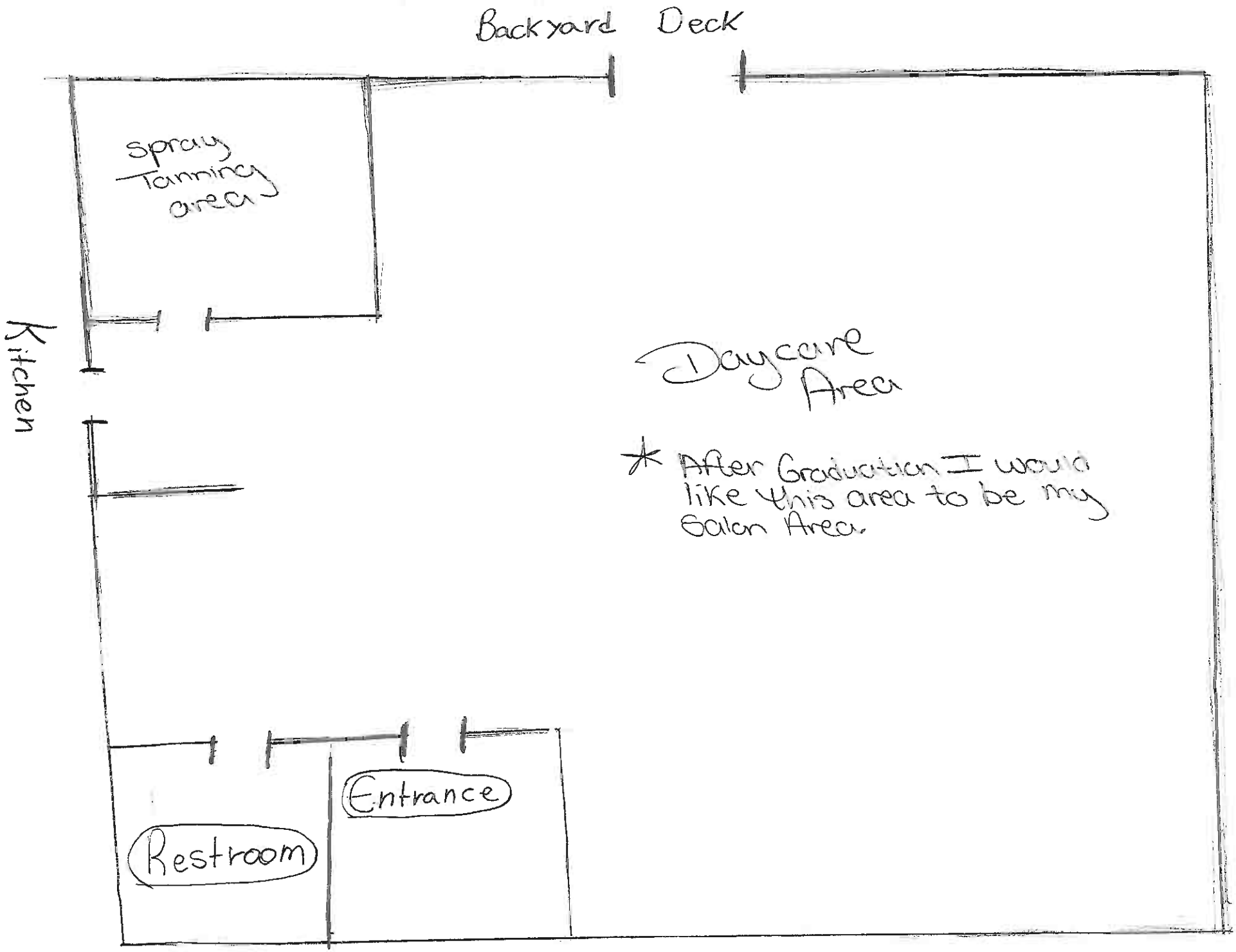
Signature of applicant: _____ ***Date:*** 6/1/20

- ☐ Home Occupation permitted
- ☐ Home Occupation grandfathered (Legal non-conforming)
- ☐ Special Use permit granted on _____

_____ _____
Zoning Officer, City of Marshalltown *Date*


Backyard Deck
Spray Tanning area
Kitchen
Daycare Area
* After Graduation I would like this area to be my Salon Area.
Entrance
Restroom

Associated Skin Care Professionals

Certificate of Insurance

OCCURRENCE COVERAGE

ASCP In-Dues Liability Program

ASCP MAILING ADDRESS:

Associated Skin Care Professionals
25188 Genesee Trail Road
Suite 200
Golden, CO 80401

POLICY #: API-ASCP-20

MASTER POLICY HOLDER

Allied Professionals Insurance RPG

AGENT/BROKER

Allied Professionals Insurance Services

ISSUED BY:

Allied Professionals Insurance Company, A Risk Retention Group, Inc.

LIABILITY LIMITS *(per member)*

COMMERCIAL GENERAL LIABILITY

ANNUAL AGGREGATE	$6,000,000
PER OCCURRENCE LIMIT	$2,000,000
PRODUCTS-COMP/OP	included
PROFESSIONAL LIABILITY	included
GENERAL LIABILITY	included
FIRE LIABILITY LIMIT	$100,000

To verify information, contact ASCP. Tel: 303-674-8478 Fax: 303-674-0859

This Policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group. Coverage is afforded to person(s) named herein as Named Insureds according to the terms and conditions of the Policy to which this Certificate refers, subject to limitation by any applicable state licensing laws. No other rights or conditions, except as specifically stated herein, are granted or inferred.

COVERAGES

THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED ABOVE HAS BEEN ISSUED TO THE INSURED NAMED BELOW. THE INSURED ACTIVE DATE LISTED BELOW APPLIES ONLY TO ELEMENTS OF COVERAGE CONTINUOUSLY IN PLACE SINCE THE INCEPTION OF THE NAMED INSURED'S POLICY. CHANGES TO COVERAGE ARE EFFECTIVE RETROACTIVELY ONLY TO THE DATE THE CHANGE WAS MADE. REPORT IN WRITING WITHIN 48 HOURS ANY & ALL CLAIMS, OR INCIDENTS THAT YOU BELIEVE MAY RESULT IN A CLAIM, EVEN IF GROUNDLESS.

This Certificate, along with the Policy to which it refers, is valid evidence of coverage extended to the Certificate Holder listed below.

CERTIFICATE HOLDER

(Active Registered Members are on file with the ASCP Membership Director.)

Member/Named Insured:	Jessica Quick	
Membership I.D. #:	1365888	
Member/Policy Term Active:	Jun-03-2020	
Member/Policy Term Expires:	Nov-01-2020	
Total Member Cost:	$ 15	(ASCP Membership, including Member Liability Coverage)

Authorized Representative

CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice for non-payment or 90 days written notice for any other reason to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

ADDITIONAL INSURED: *(with inception date)*

Student Membership includes insurance for education related activities only. Coverage is extended subject to all terms and conditions of the Policy. Membership coincides with the first and last days of class (except in those states where students are allowed by law to refine their skills by practicing skin care while waiting for valid licensure), not to exceed twelve (12) months. This level of membership is not available to individuals taking solely a continuing education course or seminar. Employers/Contractors should not accept this Certificate of Insurance as proof that the student membership provides individual liability insurance coverage for a student member who is working for compensation. ASCP provides liability insurance to qualified members and the Insurance Company will rely on the information each applicant provides on their application/renewal as true and accurate.

ASCP

This certifies that

Jessica Quick

is a Student member in good standing of Associated Skin Care Professionals.

ASCP members meet specific eligibility requirements pertaining to their level of membership based on training. All members are required to maintain the highest standards of professional conduct and strictly adhere to the ASCP Code of Ethics.

Member ID No.: 1365888
Loyal Member Since: June 3, 2020
Expiration Date: November 1, 2020

Tracy Donley, Managing Director

THE IOWA STATE BAR ASSOCIATION Official Form No. 143	John J. Haney	FOR THE LEGAL EFFECT OF THE USE OF THIS FORM, CONSULT YOUR LAWYER

REAL ESTATE CONTRACT
(SHORT FORM)

IT IS AGREED between Robert D. Hessenius

("Sellers"); and

Mike Quick and Jessica Quick

("Buyers").

Sellers agree to sell and Buyers agree to buy real estate in Marshall County, Iowa, described as:

The West Sixty Feet of Lot Two of Three of the Subdivision of the Northeast Quarter of the Northwest Quarter of Section Thirty-four, Township Eighty-four North, Range Eighteen West of the Fifth P.M., Marshall County, Iowa, except the South 101.75 Feet thereof.

Subject to easements, restrictions, covenants, ordinances and limited access provisions of record.

with any easements and appurtenant servient estates, but subject to the following:

a. any zoning and other ordinances;

b. any covenants of record;

c. any easements of record for public utilities, roads and highways; and

d. (consider: liens; mineral rights; other easements; interest of others.)

(the "Real Estate"), upon the following terms:

1. **PRICE.** The total purchase price for the Real Estate is Eighty-Five Thousand and 0/100 Dollars ($ 85,000.00) of which One Thousand and 0/100 Dollars ($ 1,000.00) has been paid. Buyers shall pay the balance to Sellers at 1721 Country Club Lane, Marshalltown, Iowa 50158 or as directed by Sellers, as follows:

Balance of purchase price of $84,00.00 shall be paid as follows: $616.58 per month on or before the 1st day of January 2010 and on or before the 1st day of each month thereafter, until all sums due under this contract are paid in full, including interest on the unpaid balance thereof at a rate of 8% per annum payable monthly from date of possession until fully paid: said payments to be applied first to the interest, then unpaid and next upon the balance of the principal. Buyers shall on said dates for payment each month, in addition to the monthly payments, pay one-twelfth of the annual taxes and annual special assessments to Sellers, currently $141.17, as a trust fund, in the amounts reasonably calculated by Sellers, for the timely payment of such items by Sellers, and as from time to time may change.

The Sugar Shack

- My hours of operation once I am a licensed esthetician would be Monday-Saturday from 10am-7pm.
- For now I am just going to do spray tanning and that is by appointment only. Most of them would be evening and weekend appointments while I still have the daycare open.
- I will close my daycare once I have graduated and feel comfortable performing the services in my home.
- Parking will be in my driveway as I have room for about 4 cars. I would never really have more then 2 guests at a time.
- Equipment being used would be my Norvell spray tanning machine for the tanning part.
- Once I am a licensed esthetician I would have a table for waxing and facials. facial light and steamer, waxing pot for waxing services. A ring-light for eyelash extensions.
- I have completed a course through Norvell University for spray tanning.
- The state of Texas has no Regulations for spray tanning. Only regulations for Tanning beds.
- My daughter who lives with me would be my only employee and she would only be performing spray tans until

She gets her Cosmotology license.
- I have requested another copy of my spray tan certificate as I have not recieved it from Norvell yet.

Board of Adjustment Finding of Fact Report

Meeting Date: 10/6/2020	Application Type: HOME OCCUPATIONSPECIAL USE PERMIT
Zoning District: R-3	Comp. plan designation:
Property Address: 1314 W Main St	
Property Owner:	
Applicant (if different than owner):	

Request Description

Plan Zoning Commission Recommendation

New Information introduced for consideration

Findings of Fact (Answer yes or no to each item and provide reasoning if necessary)

YES	NO	Finding Description
		Does the Home Occupation Special Use requested comply with the listed criteria? *Reasoning:* Vote result if applicable: _____ Yes _____ No
		➢ Will there be exterior display (except allowable sign)? Vote result if applicable: _____ Yes _____ No
		➢ Will the building maintain residential design features? Vote result if applicable: _____ Yes _____ No
		➢ Will the residential character of the neighborhood be maintained? Vote result if applicable: _____ Yes _____ No
		➢ Is the proposed signage limited to one building mounted sign (1 s.f. max)? Vote result if applicable: _____ Yes _____ No
		➢ Will all equipment/merchandise be stored inside: Vote result if applicable: _____ Yes _____ No
		➢ Will there be employees? If yes are they residents of the home or is the Board granting approval? Vote result if applicable: _____ Yes _____ No
		➢ Is the traffic and parking need addressed so to not objectionable to neighbors? Is there adequate parking available on site? Vote result if applicable: _____ Yes _____ No
		➢ Structural modification or additions to the residence for expansion of the home occupation are prohibited, are there planned changes? Vote result if applicable: _____ Yes _____ No

Based on the Findings of Fact the following action occurred:

❑ Motion by _____ to APPROVE the request as submitted with the following conditions:

Second by_____

Vote results:

Name:	YES	NO	Abstain	Comment
Engle				
Schulze				
Stark				
Thurston				
Wenner				

❑ Motion by _____ to CONTINUE the public hearing and request as submitted to date certain_____. Second by_____.

Vote results:

Name:	YES	NO	Abstain	Comment
Engle				
Schulze				
Stark				
Thurston				
Wenner				