



STAFF REPORT

CASE NUMBER: **23-01**

DATE: January 9, 2023

PETITIONER: Sandra Bayless, Angela P. Bayless, & Shalimar Ali El

PROPERTY OWNERS: Sandra Bayless
15 N Dade Ave.
St. Louis, MO 63135

REQUEST: Special Use Permit

PROPERTY ADDRESS: 8438 Airport Road
Berkeley, MO 63134

SIZE: 2,820 square feet

CURRENT ZONING: "C-2" Local Commercial District

PROPOSED ZONING: Zoning to remain the same

EXISTING USE: Full-Service Barber & Beauty Salon

PROPOSED USE: Full-Service Barber & Beauty Salon

RECOMMENDATIONS: Staff recommends referral to Plan Commission



REPORT TO CITY COUNCIL

TO: Mayor and Members of the City Council

FROM: Nathan Mai-Lombardo, City Manager

DATE: January 9, 2023

SUBJECT: **Case # 23-01** – A request for a Special Use Permit from Sandra Bayless, Angela P. Bayless, and Shalimar Ali El to continue the operations of *Oscar's Barber and Beauty*, a business located at 8438 Airport Road, Berkeley, MO 63134.

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

PROPERTY LOCATION

8438 Airport Road – is zoned C-2

RECOMMENDATION

Staff recommends referral to the Plan Commission.

Note: Case 22-07 and Resolution #3650 is associated with this application. Applicants failed to complete a Commercial Occupancy Inspection and obtain a business license through the City of Berkeley within six (6) months of the approval of their Special Use Permit which was on June 6, 2022.

SUPPORTING DOCUMENTS

- -Staff Report
- -Special Use Application
- -Site Photographs



TYPE OF APPLICATION

(Please check all that apply)

INITIAL FEE: \$350 (non-refundable)

<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): Sandra Bayless, Angela P. Bayless, Shalimar Hi E!

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

LOCATION OF PROPOSED USE

STREET ADDRESS: 8438 Airport Road

PROPERTY DESCRIPTION: Barber and Beauty Salon

PRESENT ZONING DISTRICT: _____

PROPOSED ZONING DISTRICT (IF APPLICABLE): _____

PROPERTY IS PRESENTLY BEING USED AS FOLLOWS: Barber and Beauty Salon

PROPERTY TO BE USED FOR (TYPE OF BUSINESS): Barber and Beauty Salon

DAYS & HOURS OF OPERATION ETC: Tuesday & Wednesday 9-4, Thursday 9-5, Friday 9-6, Sat 8-5

PROPOSED NAME OF BUSINESS: Oscar's Barber and Beauty

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



IF APPLICANT IS NOT OWNER:

OWNER(S) NAME: _____

OWNER(S) ADDRESS: _____

STREET

CITY

STATE

ZIP

PHONE: (____) ____ - ____ EMAIL: _____

I HAVE AUTHORITY TO ACT ON BEHALF OF THE OWNER: _____

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: *Jandra Bayless* Date: 12 / 29 / 2022

Owner(s) Signature: _____ Date: ____ / ____ / ____

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: *AP - PW Secretary* Date: 12 / 29 / 2022

Date Paid: 12 / 29 / 2022 Cash Check Money Order Debit/Credit

Receipt No: 51655 Case No: 2023-01

Site Photographs (File Photos) –

