FARR WEST CITY COUNCIL AGENDA

January 18, 2024 at 6:30 p.m.
City Council Chambers
1896 North 1800 West
Farr West, UT 84404

Notice is hereby given that the City Council of Farr West City will hold its regular meeting at 6:30 pm on Thursday, January 4, 2024 at the Farr West City Hall, 1896 North 1800 West, Farr West

Call to Order – Mayor Ken Phippen

1. Opening Ceremony
   a. Pledge of Allegiance
   b. Opening Prayer
2. Comments/Reports
   a. Public Comments (*2 minutes)*
   b. Report from the Planning Commission
3. Consent Items
   a. Assignments and direction for Planning Commission
   b. Consider approval of minutes dated January 4, 2024
   c. Consider approval of bills dated January 17, 2024
4. Business Items
   a. Consider approval of business licenses – Reed's Creamery LLC
      Potro's Kustoms
      Blue Sky Energy Corporation
   b. Consider business license renewal and conditional use permit review of Farr West Auto Inc.
   c. Consider approval of the request to amend the general plan to allow for the commercial zone at 1407 North 2000 West
   d. Consider approval of the request to re-zone the Beal Family Trust property, parcel number 15-442-0002, located at 1407 North 2000 West, from the A-1 zone to the C-2 Commercial zone
   e. Discussion/Action – Vision Insurance
   f. Approval of Ordinance No. 2024-04, amending city attorney and prosecutor wages
5. Mayor/Council Follow-up
   a. Report on Assignments
6. Adjournment

In compliance with the American with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify the City Recorder at 801-731-4187, at least three working days prior to the meeting. Notice of time, place and agenda of the meeting was emailed to each member of the City Council, posted in the City Hall, and posted on the Utah Public Meeting Notice Website on January 16, 2024.

Lindsay Afuvai
Recorder

Application for Business License

Application date: 12/28/2023

Owner Name: [redacted]

Owner Addres

Telephone: (4

Business Name: Reed's Creamery LLC DBA: Nil's Swedish Creamery

Business Address: 1812 N 2000 W STE 2 City: Farr West State: UT Zip: 84404

Mailing Address: 4121 Aldercreek Dr City: Pleasant View State: UT Zip: 84414

Business Phone Number: (385) 238-4706 Number of employees: 6

Manager Name: Kylee Reed Contact Phone: (435) 851-4202

**If business is commercial or manufacturing/warehousing, please list square footage: _____

State Sales Tax ID # _____ State License # _____

If a daycare of preschool, number of own children: _____; number of other children: _____

Describe your type of business in detail: _____

_____

_____

Businesses that require Health Department inspection and permit: ANY business that is selling food, tattoo and piercing salons, tanning salons, day cares, nursing and assisted livings.

Health Department Permit # Don't have yet or check if not applicable _____

All *new business licenses or change of ownership/tenant are required to undergo a fire inspection from Weber Fire District. Please* ***contact Jolene at Weber Fire District at 801-782-3580*** *to schedule the inspection. Proof of passed inspection must be submitted with the business license application before any approval is given.*

BUSINESS LICENSE FEE SCHEDULE

COMMERCIAL

Small (under 10,000 sq ft)	Medium (10,000 to 50,000 sq ft)	Large (over 50,000 sq ft)
$100.00	$200.00	$300.00

MANUFACTURING/WAREHOUSING

Small (under 10,000 sq ft)	Medium (10,000 to 50,000 sq ft)	Large (over 50,000 sq ft)
$100.00	$150.00	$200.00

OTHER

Contractor	Professional	Interstate Commerce
$100.00	$50.00	$50.00

ALCOHOL

Class "A" Beer	Class "B" Beer Restaurant	Class "C" Limited Restaurant	Class "D" Golf Course	Class "E" Full Service Restaurant
$200.00	$200.00	$200.00	$200.00	$200.00

*If you are renewing an alcohol license:
Has the applicant been arrested or convicted of a felony or misdemeanor in the past 12 months? _____

Type of License Applying For: Small License fee due: $100.00

I, the applicant, am aware of and conform to all State and Federal Regulations. I have read and understand the Codes and Ordinances of Farr west City for Business License Regulations (Title 5).

Applicant signature: Kylee Reed Date: 01-08-2024

For office use only:

Amount paid: _____ Date paid: _____ Receipt Number: _____
City Council Date: _____ Approved: _____ Disapproved: _____
License number: _____ Date issued: _____

Application for Business License

Application date: 12.7.23

Owner Name: [redacted]

Owner Address: [redacted]

Telephone: 61[redacted]

PoTro's

Business Name: ~~[redacted]~~ KUSTOMS DBA: 1521896O-003-STC

Business Address: 3394 N 2000 W City: Farr West State: UT Zip: 84404

Mailing Address: S.A.A. City: " State: " Zip: "

Business Phone Number: 619-602-4866 Number of employees: 0

Manager Name: ADAN MEZA Contact Phone: 619-602-4866

**If business is commercial or manufacturing/warehousing, please list square footage: _____

State Sales Tax ID # 1521896O-003-STC State License # _____

If a daycare of preschool, number of own children: _____; number of other children: _____

Describe your type of business in detail: AUTOMOTIVE restoration

Businesses that require Health Department inspection and permit: ANY business that is selling food, tattoo and piercing salons, tanning salons, day cares, nursing and assisted livings.

Health Department Permit # _____ or check if not applicable ✓

***All** new business licenses or change of ownership/tenant are required to undergo a fire inspection from Weber Fire District. Please **contact Jolene at Weber Fire District at 801-782-3580** to schedule the inspection. Proof of passed inspection must be submitted with the business license application before any approval is given.*

BUSINESS LICENSE FEE SCHEDULE

COMMERCIAL

Small (under 10,000 sq ft)	Medium (10,000 to 50,000 sq ft)	Large (over 50,000 sq ft)
$100.00	$200.00	$300.00

MANUFACTURING/WAREHOUSING

Small (under 10,000 sq ft)	Medium (10,000 to 50,000 sq ft)	Large (over 50,000 sq ft)
$100.00	$150.00	$200.00

OTHER

Contractor	Professional	Interstate Commerce
$100.00	$50.00	$50.00

ALCOHOL

Class "A" Beer	Class "B" Beer Restaurant	Class "C" Limited Restaurant	Class "D" Golf Course	Class "E" Full Service Restaurant
$200.00	$200.00	$200.00	$200.00	$200.00

*If you are renewing an alcohol license:
Has the applicant been arrested or convicted of a felony or misdemeanor in the past 12 months? _____

Type of License Applying For: Commercial License fee due: $100

I, the applicant, am aware of and conform to all State and Federal Regulations. I have read and understand the Codes and Ordinances of Farr west City for Business License Regulations (Title 5).

Applicant signature: _____ Date: 12.7.23

For office use only:

Amount paid: 100 - Date paid: 12/7/2023 Receipt Number: 6-006792
City Council Date: Jan 4, 2023 Approved: _____ Disapproved: _____
License number: _____ Date issued: _____

APPLICATION FOR ISSUANCE OF CONDITIONAL USE PERMIT

Date Submitted:_08/21/2018_____Applicant Name:[redacted]

Applicant Address:_[redacted]

Applicant Phone:_8[redacted]

CONDITIONAL USE PERMIT FEE SCHEDULE

$100.00

Address of site to be considered: __3394 N 2000 W Farr West Ut 84404_____

Current Zoning: ___M-1_____ Rezone required (circle one) (**No**) **Yes** (attach application)

County Tax Number and Property Description 19.017.0093; 3394 N 2000 W

*Provide list of all property owners and their addresses located within three hundred feet (300') of property.

The Municipal Code 17.48.020 requires that the following be considered to obtain a Conditional Use Permit.

A) Explain how the proposed use of the particular location is necessary or desirable to provide a service or facility which will contribute to the general well-being of the community.

Ability to sell good quality cars to the community, and provide auto body repair services to locals at affordable prices.

B) Explain how such use will not be detrimental to the health, safety and general welfare of persons or injurious to property or improvements in the community, but will be compatible with and complementary to the existing surrounding uses.

The dealership portion will have no issues towards health, safety and general welfare to persons or community. It'll provide opportunity for more business in general area and will be compatible, only issue would be body work side with paint, but We have a full functioning, filtered paint booth that will be under code for EPA and the environment.

C) Explain how the proposed use will comply with the regulations and conditions specified in this title for such use.

The dealership will comply with the general (auto use businesses) that surround the area, and the bodyshop portion will comply with all regulations and conditions needed for paint booth and paint spraying since we have a full functioning carbon filtered system with its own fire prevention system.

D) Explain how the proposed use conforms to the goals, policies and governing principles and land use of the Farr West City General Plan.

By putting in a used car Dealership/Custom body shop, we will be providing affordable body repair to the farr west citizens, and custom work from Rhino Lining truck beds, to complete classic car rebuilds. We will also offer discounts for all services to our farr west citizens, and free breakdown assistance to our locals who needs help. The "old paint shop" is worn down, and an eye sore. I would love to spruce it up and make it appealing from the road and boost curb appeal for surrounding business as well. This business will fit in with the trend of business in the general area, along with the needs of the city in general.

APPLICATION FOR ISSUANCE OF CONDITIONAL USE PERMIT

E) Explain how the proposed use will not lead to the deterioration of the environment, or ecology of the immediate vicinity, the general area, or the community as a whole.

Paint booth filtration system will keep the environment and ecology stable and safe to the community. And as for the environment on the property, we will assist with the current landscape to keep environment beautiful and up to date.

I, the undersigned agree to abide by all conditions defined by the Planning Commission and City Council.

Property Owner? **Yes** **No**

Signature of Applicant

_Antonio Beckstead_____
Print Full Name

Address: 2708 W 1800 N Plain City Utah 84404
Phone: 801-991-191
E-mail: antoniobeckstead@gmail.com

Date Application & $100.00 Processing Fee received: _____

Received by: Lindsay

Date of public hearing: 10.11.18

Date application was X Approved ____ Denied by Planning Commission: 10/25/18

Conditions/Reasons

_____

_____

_____

Date application was X Approved ____ Denied by City Council: 1.17.19

Conditions/Reasons limit of 25 cars for sale

_____

_____

_____

Planning Commission Chair

_____

Mayor

_____

Application for Business License

Application date: 01/01/2024

Owner Name: [redacted]

Owner Address: [redacted]

Telephone: [redacted]

Business Name: Blue Sky Energy Corporation DBA: _____

Business Address: 2105 W 1800 N City: Ogden State: UT Zip: 84404

Mailing Address: PO Box 220 City: Roy State: UT Zip: 84067

Business Phone Number: (801) 815-5256 Number of employees: 5

Manager Name: Jeff Lowe Contact Phone: (435) 279-0123

**If business is commercial or manufacturing/warehousing, please list square footage: _____

State Sales Tax ID # 15598695-004-STC State License # 12548888-0142

If a daycare of preschool, number of own children: _____; number of other children: _____

Describe your type of business in detail: Headquarters office

Businesses that require Health Department inspection and permit: ANY business that is selling food, tattoo and piercing salons, tanning salons, day cares, nursing and assisted livings.

Health Department Permit # _____ or check if not applicable _____

***All** new business licenses or change of ownership/tenant are required to undergo a fire inspection from Weber Fire District. Please **contact Jolene at Weber Fire District at 801-782-3580** to schedule the inspection. Proof of passed inspection must be submitted with the business license application before any approval is given.*

BUSINESS LICENSE FEE SCHEDULE

COMMERCIAL

Small (under 10,000 sq ft)	Medium (10,000 to 50,000 sq ft)	Large (over 50,000 sq ft)
$100.00	$200.00	$300.00

MANUFACTURING/WAREHOUSING

Small (under 10,000 sq ft)	Medium (10,000 to 50,000 sq ft)	Large (over 50,000 sq ft)
$100.00	$150.00	$200.00

OTHER

Contractor	Professional	Interstate Commerce
$100.00	$50.00	$50.00

ALCOHOL

Class "A" Beer	Class "B" Beer Restaurant	Class "C" Limited Restaurant	Class "D" Golf Course	Class "E" Full Service Restaurant
$200.00	$200.00	$200.00	$200.00	$200.00

*If you are renewing an alcohol license:
Has the applicant been arrested or convicted of a felony or misdemeanor in the past 12 months? _____

Type of License Applying For: Professional License fee due: $50

I, the applicant, am aware of and conform to all State and Federal Regulations. I have read and understand the Codes and Ordinances of Farr west City for Business License Regulations (Title 5).

Applicant signature: Alan E Hall Date: 12/20/2023

For office use only:

Amount paid: 50 - Date paid: 12/27/23 Receipt Number: 6.006819
City Council Date: Jan 4, 2024 Approved: _____ Disapproved: _____
License number: _____ Date issued: _____

Application for Rezoning
Real Property

Date Submitted Dec. 8, 2023 Applicant's Name [redacted]

Applicant's Address [redacted]

Applicant's Phone [redacted]

Fee Schedule (check one):

Up to 5 acres..... $150.00 [ ]

More than 5 acres.....$200.00 [ ]

Commercial or Manufacturing..... $250.00 [X]

Fee received by Lindsay Afuvai Date 12/8/2023

I (we), the undersigned property owner (s), request that the following real property (include or attach a legal description and a scale drawing of the real property here):

15-442-0002

Be rezoned from (present zoning) Residential/Agricultural

To (desired zoning) Commercial

Include or attach a list of all adjacent property owners within three hundred feet (300') of the property proposed for rezone and their addresses. [ ]

The Planning Commission must review the request from the standpoint that changes in property zoning cannot be made unless it is in the best interest of the citizens of Farr West City generally.

Please answer the following questions: (Attach additional sheets if necessary)

1. How is this request consistent with the policies of Farr West City's General Plan?

The majority of the properties along 2000 W are planned as residential in the future

Application for Rezoning
Real Property

2. How will this request benefit the general public and the community?

Provide excellent oral health care.

3. How will this request promote the health, safety, convenience, order or prosperity of the general public?

Provide greater access ~~for recare~~ to oral health care

Signature of Petitioner(s):

Brad Butterfield

Address:

1761 N 2000 W
Farr West UT 844

✓ Checklist:

[✓] Fees Paid
[X] Legal Description
[X] Scale Drawing
[ ] Adjacent Property Owners List
[ ] Public Hearing Set
[ ] Adjacent Property Owners Notified

[ ] Notice Advertised on: _____
[ ] Public Hearing Held on: _____
PC Recommendation:
[ ] Approve [ ] Reject Date: _____
CC Action:
[ ] Approve [ ] Reject Date: _____

WEBER COUNTY

Ownership Info for 154420002 as of Dec-11-2023 10:17:23am

Property Owner as of Dec-11-2023 10:17:23am

Property Address
MICHAEL & BONNIE BEAL FAMILY
TRUST
1407 N 2000 W
FARR WEST
84404

Mailing Address
MICHAEL & BONNIE BEAL FAMILY
TRUST
430 N STATION PKWY APT 456
FARMINGTON UT
840253149

Parcel Number: 154420002
Tax Area: 145

Current References

Entry #	Book	Page	Recorded Date
2321541			February 13, 2008

Kind of Instrument WARRANTY DEED

2797765			June 10, 2016

Kind of Instrument EASMNT

2860267			May 31, 2017

Kind of Instrument QUIT CLAIM DEED

Dedication Plats

Cottam Subdivision 1st Amendment
66-032(TIF)

Prior Parcels

152620002 (Dead)
150040006 (Dead)

Legal Description

ALL OF LOT 2, COTTAM SUBDIVISION 1ST AMENDMENT, FARR WEST CITY, WEBER COUNTY, UTAH.
TOGETHER WITH AND SUBJECT TO PRIVATE ACCESS EASEMENT E# 2797765.

PART OF THE SE 1/4 OF SECTION 2, T.6N., R.2W. S.L.B. & M.

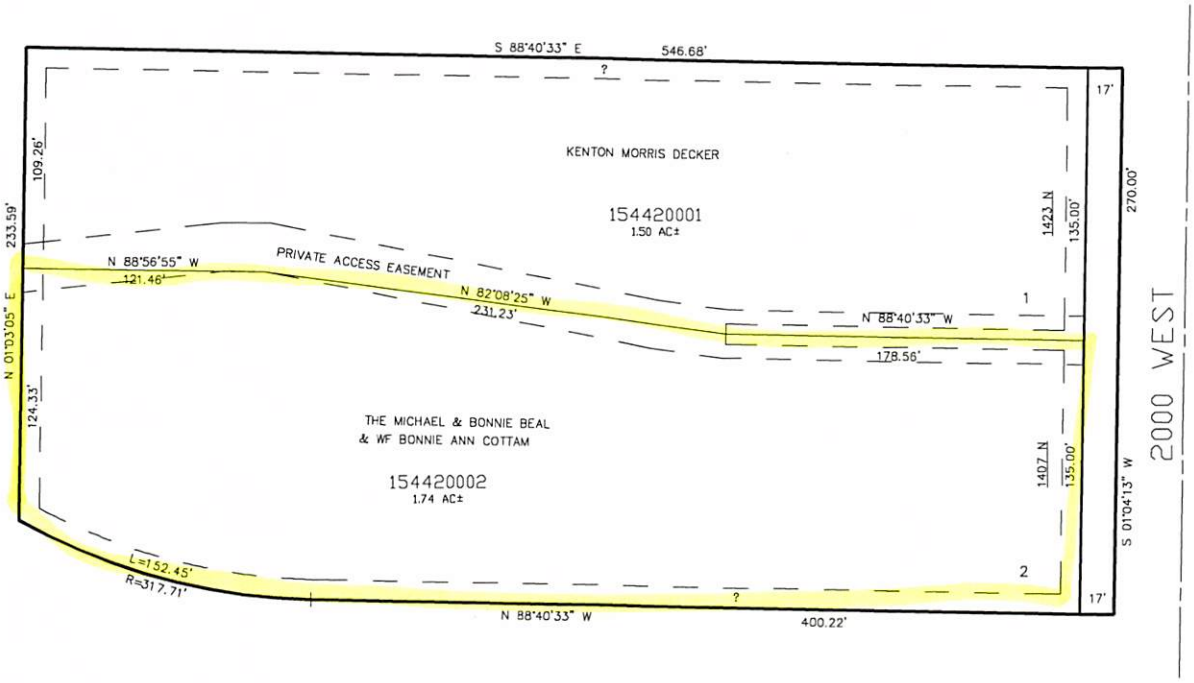
COTTAM SUBDIVISION 1ST AMENDMENT

IN FARR WEST CITY

TAXING UNIT: 145

SCALE 1" = 50'

SEE P. 4



SEE P. 4

SEE P. 4

FOR COMPLETE ENG DATA SEE ORIGINAL DEDICATION PLAT IN BOOK 66, PAGE 32 OF RECORDS.

10' UTILITY & DRAINAGE EASEMENTS EACH SIDE OF PROPERTY LINES AS INDICATED BY DASHED LINES EXCEPT AS OTHERWISE SHOWN.

PEHP Full

40% OFF
additional complete pair of prescription eyeglasses

20% OFF
non-covered items, including non-prescription sunglasses

Find an eye doctor
(Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads up
You may have additional benefits. Log into **eyemed.com/member** to see all plans included with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	$10 copay	Up to $30
Retinal Imaging	Up to $39	Not covered
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up – Standard	Up to $40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up – Premium	10% off retail price	Not covered
FRAME		
Frame	$0 copay; 20% off balance over $100 allowance	Up to $50
STANDARD PLASTIC LENSES		
Single Vision	$10 copay	Up to $25
Bifocal	$10 copay	Up to $40
Trifocal	$10 copay	Up to $55
Lenticular	$10 copay	Up to $55
Progressive – Standard	$75 copay	Up to $40
Progressive – Premium Tier 1 - 3	$95 - 120 copay	Up to $40
Progressive – Premium Tier 4	$75 copay; 20% off retail price less $120 allowance	Up to $40
LENS OPTIONS		
Anti Reflective Coating – Standard	$45	Not covered
Anti Reflective Coating – Premium Tier 1 - 2	$57 - 68	Not covered
Anti Reflective Coating – Premium Tier 3	20% off retail price	Not covered
Photochromic – Non-Glass	$75	Not covered
Polycarbonate – Standard	$40	Not covered
Polycarbonate – Standard < 19 years of age	$40	Not covered
Scratch Coating – Standard Plastic	$15	Not covered
Tint – Solid or Gradient	$15	Not covered
UV Treatment	$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts – Conventional	$0 copay; 15% off balance over $120 allowance	Up to $96
Contacts – Disposable	$0 copay; 100% of balance over $120 allowance	Up to $96
Contacts – Medically Necessary	$0 copay; paid in full	Up to $200
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing exam and	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered

FREQUENCY	ALLOWED FREQUENCY - ADULTS	ALLOWED FREQUENCY - KIDS
Exam	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Contact Lenses	Once every 12 months	Once every 12 months

(Plan allows member to receive either contacts and frame, or frames and lens services)

PREMIUMS - monthly	
Subscriber only	$7.51
Subscriber + 1	$12.07
Subscriber + family	$16.60

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

ORDINANCE NO. _____

AN ORDINANCE OF FARR WEST CITY, UTAH AMENDING TITLE 2 OF THE FARR WEST CITY MUNICPAL CODE AND PROVIDING FOR THE COMPENSATION OF ELECTED AND STATUTORY OFFICERS

WHEREAS, Title 2 Section 2.24.020 "Compensation for Statutory Officers" establishes the compensation amounts to be paid to each appointed statutory officer with the exception of the City Recorder; and

WHEREAS, the Farr West City Council finds that statutory officers and elected officials should be fairly compensated for their time and expenses; and

WHEREAS, the Farr West City Council desires to update Title 2 Section 2.24.020 "Compensation for Statutory Officers" to reflect needed changes and current practices; and

NOW THEREFORE, the Farr West City Council ordains that Title 2 Section 2.24.020 "Compensation for Statutory Officers" shall be amended to read as follows:

2.24.020: COMPENSATION FOR STATUTORY OFFICERS

Compensation for the following statutory officers of the city shall be fixed according to the following schedule with the exception of the City Recorder:

Attorney	$1,000.00 per month
Justice Court Judge	$1,540.00 per month
Recorder	Compensation paid according to the established payroll schedule of the city
Treasurer	$2,339.47 per month + adjustments set by the established payroll schedule of the city

This Ordinance supersedes all prior ordinances and policies of Farr West City, Utah to the extent that such may be in conflict with the specific provisions contained herein. In all other respects, such prior ordinances, resolutions, actions and policies shall remain in full force and effect.

This ordinance shall take effect upon its adoption and publication or posting by the City Council of Farr West City, Utah this _____ day of _____, 2024.

MAYOR OF FARR WEST CITY, UTAH

By _____
Ken Phippen

ATTEST:

_____
Recorder
Farr West City, Utah

Vote of City Council

Yes	No	
___	___	Council Member Ferrin
___	___	Council Member Williams
___	___	Council Member Shupe
___	___	Council Member Blind
___	___	Council Member Jay