



FARR WEST CITY COUNCIL AGENDA

April 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, April 18, 2024 at the Farr West City Hall, 1896 North 1800 West, Farr West

Call to Order – Assistant Mayor Boyd Ferrin

1. Opening Ceremony
 - a. Opening Prayer
 - b. Pledge of Allegiance
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 March 21, 2024
 - c. Consider approval of bills dated April 17, 2024
4. Business Items
 - a. Consider approval of a business license for The Snack Shack - Scott West
 - b. 4H FFA Presentation on Junior Livestock Program - Cassie Joiner, Fremont High FFA
 - c. Consider approval of the request of a sign for the North Ogden Surgery Center located at 1804 West 2550 North
 - d. Discussion/Action – Consider allocation of 2024 RAMP Municipality Grant
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 April 12, 2024.


Lindsay Afuvai
Recorder

Application for Business License



Application date: 3-29-24

Owner Name: Scott West / Amanda Perkins

Owner Address: [REDACTED]

Telephone: [REDACTED]

Business Name: The Snack Shack DBA: _____

Business Address: _____ City: Farr West State: UT Zip: 84404

Mailing Address: 1352 canyon Road Apt 2 City: Ogden State: UT Zip: 84404

Business Phone Number: 801-318-9256 Number of employees: 4

Manager Name: Scott West Contact Phone: 801-318-9256

**If business is commercial or manufacturing/warehousing, please list square footage: 0

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: Snack shack selling sno-cones and other snacks able to move locations if needed such as to host an event

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? no

Type of License Applying For: Small 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: 3-29-24

For office use only:

Amount paid: 100 Date paid: 3/29/24 Receipt Number: _____
 City Council Date: 4/18/24 Approved: _____ Disapproved: _____
 License number: _____ Date issued: _____



Application for Sign Approval

This application is to be used for temporary commercial signs (including any banner signs), new permanent signs, or in the event that a simple change of signs is being requested and no construction or external remodeling is being accomplished which would require a full site plan.

Date Submitted: 4/8/2024 Applicant Name: BLAKE ANDERSON

Applicant Address: [REDACTED]

Phone: [REDACTED]

SIGN PERMIT FEE SCHEDULE

Site Plan: \$25.00

Sign Erection or Relocation: \$25

Business Name: NO. DEIDEN SURGERY CENTER Address: 1904 W. 2550 N.

Description of site being considered:
NEW MONUMENT SIGN

Tax ID number: _____ Current zoning of site: C-2

Abbreviated Site Plan:

Provide a scale drawing that clearly shows the following:

- Location, type, lighting and size of proposed and existing signs.
- Materials to be used for the construction of this sign.

If any of the above information is not being provided, please indicate reasoning:

How will the proposed sign be compatible with existing surrounding uses, buildings and structures when considering traffic generation, parking, building design, location and landscaping? SIGN COLOR & MATERIALS TO MATCH BUILDING COLORS.



Application for Sign Approval

The following conditions will apply to this sign application: _____

Expiration Date for the use of a temporary sign: _____

All fields must be filled out before application will be considered. ('N/A' fields not applicable)

Signature of Applicant:

In issuing this application the signer(s) certifies the information provided is correct and they agree to the conditions set by the planning commission and/or city council

Business Owner/Sign Company Signature *BA*
Print Name BLAKE ANDERSON

Property Owner Signature *Bob Job*
Print Name _____

For City Use:

Fee Paid \$ _____ Received By: _____

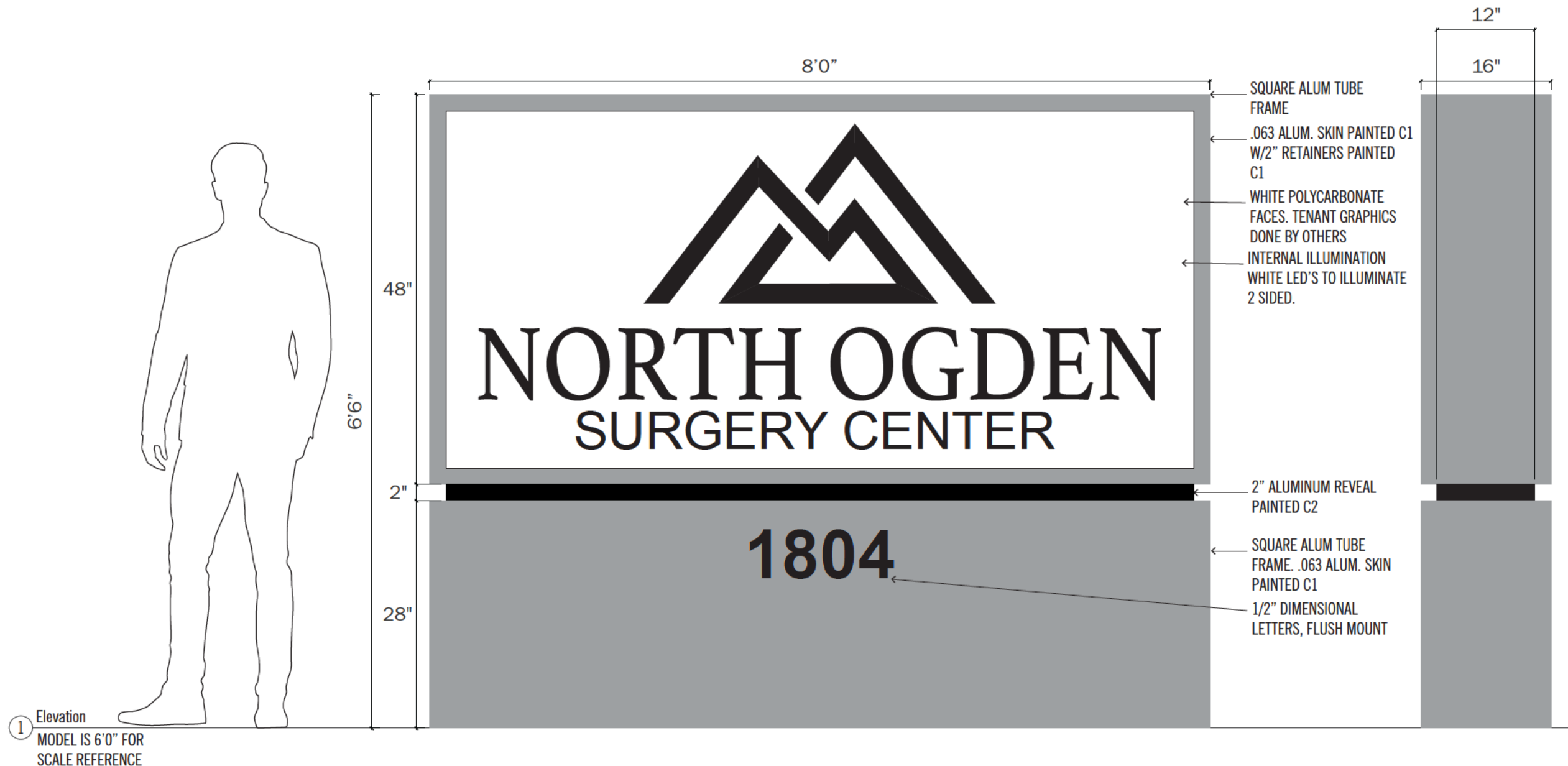
Planning Commission/City Council Review Checklist.

- ___ Has all the required information been provided for review where applicable?
- ___ Does the proposed sign conform to the City Sign Ordinance?
- ___ Has the plan been reviewed by the City Engineer/Bldg Official and all concerns addressed?

MONUMENT SIGN - 2 SIDED
Tenant Graphics, not included, done by others.

Project:
N Ogden Surgical Center
1804 W 2550 N
Farr West, UT

Designer: JG
Job Number: 18676



3480 S. Main Street
Salt Lake City, UT. 84115

801.484.5576

signaramasc.com

Contact:
Blake Anderson
801 484 5576
blake@signaramasc.com

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COLOR CHART

(C1) SW 9162 - AFRICAN GRAY
Match client provided PMS 722 C
(C2) BLACK

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NORTH

**AERIAL SITE PLAN
SIGN LOCATION**

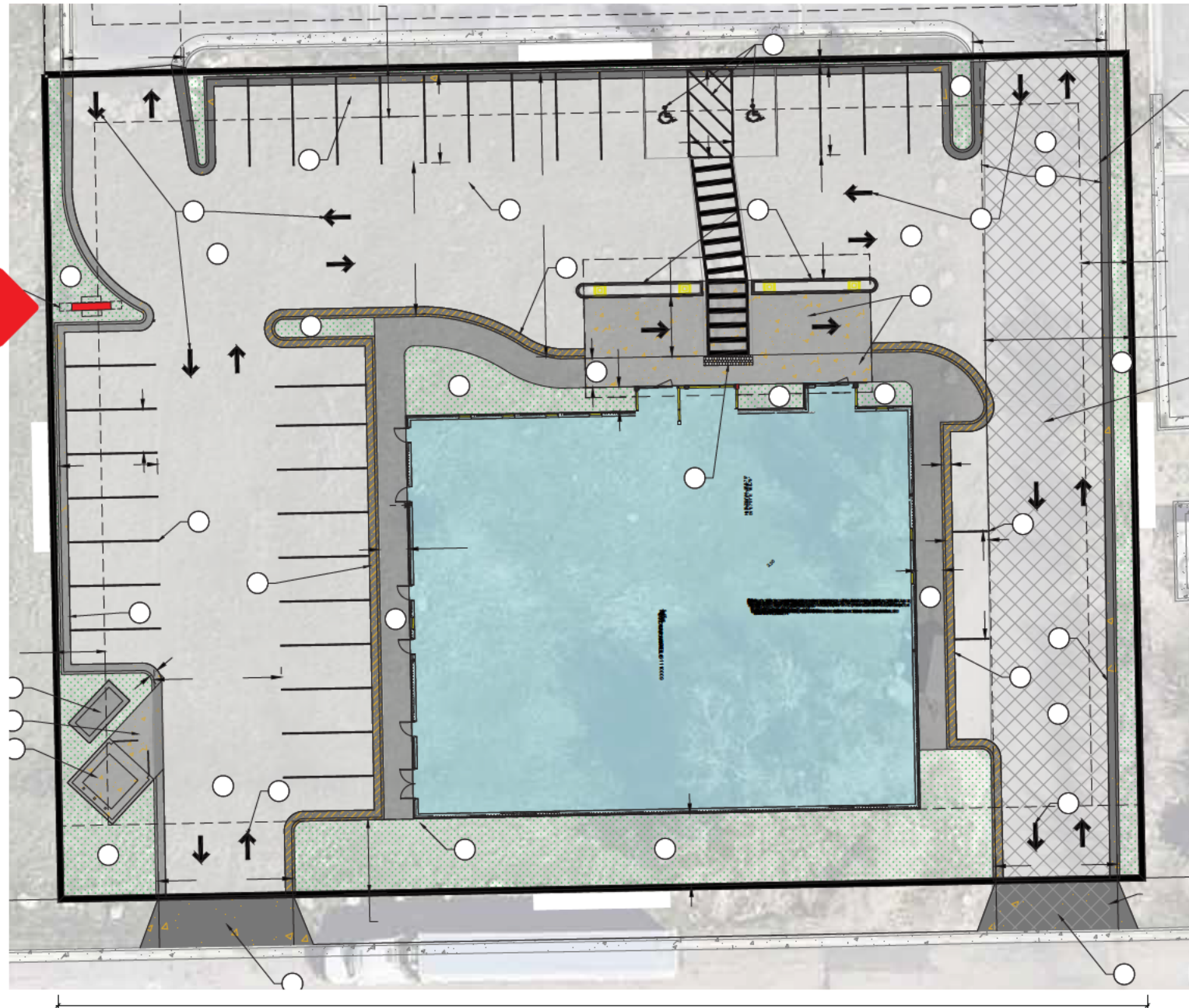
SCALE: NONE

Project:
N Ogden Surgical Center
1804 W 2550 N
Farr West, UT

Designer: JG
Job Number: 18676

SIGN LOCATION

LOCATION APPROVED WITH
DEVELOPMENT PLAN SUBMITTAL



223' FRONTAGE



3480 S. Main Street
Salt Lake City, UT. 84115

801.484.5576

signaramasc.com

Contact:
Blake Anderson
801 484 5576
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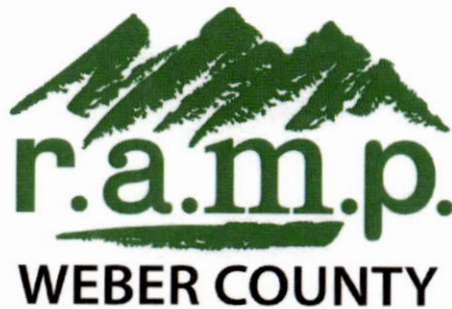
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March 12, 2024

Farr West City:

You have been awarded \$7,691 from the RAMP Municipality Grant program. This grant is to be used for Recreation, Arts, Museums and Parks related projects in your city. Please take a moment after your activity/project is completed to fill out the bottom of this letter and return it to us so that we can track your Municipality Grant. This will be used as your report in the auditing process.

Thank you again for your willingness to enrich our community with great RAMP Projects.



Please remember that you must return a brief report of your finished project, to ensure future funding possibilities.

PLEASE REPORT ON RAMP ACTIVITY:

Our activity was held on the date/dates of _____.

We had _____ people participate in the activity.

Include a statement outlining the success of activity: