



FARR WEST CITY COUNCIL AGENDA

November 21, 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 with a work session to follow on Thursday, November 21, 2024 the Farr West City Hall, 1896 North 1800 West, Farr West

Call to Order – Mayor Ken Phippen

1. Opening Ceremony
 - a. Opening Prayer
 - b. Pledge of Allegiance
2. Comments/Reports/Introduction
 - a. Public Comments (*2 minutes*)
 - b. Report from the Planning Commission
3. Consent Items
 - a. Assignments and directions for Planning Commission
 - b. Consider approval of minutes dated November 7, 2024
 - c. Consider approval of bills dated November 20, 2024
4. Business Items
 - a. Consider approval of business license – Peak Power CC LLC
Feathers of Heather
 - b. Consider approval of the Knight Center Commercial PUD Subdivision located at approximately 1750 North 2000 West
5. Mayor/Council Follow-up
 - a. Report on Assignments
6. Adjourn the regular meeting and enter into a work session to discuss the West Creek Master Development Agreement

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 November 15, 2024.

Lindsay Afuvai
Recorder

Application for Business License



Application date: 11-14-24

Owner Name: Chance Clarke

Owner Address: _____

Telephone: _____

Business Name: Peak Power CC LLC DBA: Peak Power CC LLC

Business Address: 2457 W 2825 N City: Farr West State: UT Zip: 84404

Mailing Address: 2457 W 2825 N City: Farr West State: UT Zip: 84404

Business Phone Number: 801 668 7106 Number of employees: 1

Manager Name: Chance C Contact Phone: 801 668 7106

**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 # _____ 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 and a building code compliance inspection from Farr West City Building Department. Please contact Jolene at Weber Fire District at 801-782-3580 to schedule the fire inspection and the city office at 801-731-4187 for the building inspection. Proof of passed inspections 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: Contractor 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: Chance Cerna Date: 11-14-24

For office use only:

Amount paid: 100- Date paid: 11/14/24 Receipt Number: 1.000263
City Council Date: 11/21/24 Approved: _____ Disapproved: _____
License number: _____ Date issued: _____

Application for Subdivision



Date Submitted OCTOBER 22, 2024

Developer's Name SPENCER KNIGHT

Developer's Mailing Address _____

Developer's Daytime Phone _____

Subdivision Name KNIGHT CENTER PUD SUBDIVISION Phase (1)

Subdivision Address 1741 NORTH 2000 WEST

Is this a Re-Subdivision NO Current Property Zone C-2 Is Re-Zoning Required NO

Acreage of property being divided 4.00 ACRES Acreage of entire land parcel 4.00 ACRES

Number of proposed lots in Subdivision 4 In Phase 1 Number of Phases 1

Title Search Completed Y N *Attach Documentation

Available Utilities and Services:

| | | | |
|-------------------------------|----------------------------------|---|---|
| Culinary Water | <input checked="" type="radio"/> | N | |
| Secondary Water | <input checked="" type="radio"/> | N | Company: <u>PINEVIEW</u> |
| Secondary System | <input checked="" type="radio"/> | N | |
| Adequate Storm Sewer/Drainage | <input checked="" type="radio"/> | N | |
| Sewer | <input checked="" type="radio"/> | N | |
| Electric Power | <input checked="" type="radio"/> | N | |
| Natural Gas | <input checked="" type="radio"/> | N | |
| Telephone Service | <input checked="" type="radio"/> | N | |
| Broadband/Fiber Internet | <input checked="" type="radio"/> | N | <u>Comcast</u> Jim Hansen/801-831-6849 Century Link: Troy Long/801-974-8119 Connex: Dave Brown/ 801-686-2468 Optic Loop: Tim Wright/801-737-1900 |
| Cable/Satellite TV | <input checked="" type="radio"/> | N | Company: _____ |

Application for Subdivision



Property is in which Flood Zone: X Panel Number: 49057C0200F

Lowest Elevation of Property: 4243

Access Road above 4,215' Elevation: YES Source: SURVEY

Does the property contain Wetlands: NO Source: NATIONAL WETLANDS INVENTORY

Please give a brief history of the property that is being subdivided (attach additional pages if needed).

PROJECT INVOLVES CREATING SEPARATE OWNERSHIP OF THREE EXISTING BUILDINGS AND

A BUILDING PAD ON A SINGLE COMMERCIAL PARCEL.

Please describe any agreements, right-of-ways, easements, etc. which could affect the planning and construction of

this development (attach additional pages if needed). NONE - SUBDIVISION TO HAVE COMMON/SHARED

ACCESS, PARKING, DRAINAGE AND UTILITIES EASEMENTS.

I have read and understand the Subdivision Ordinance. I understand I am responsible for all engineering costs. I believe the information on this form is true and correct to the best of my knowledge. I understand missing or inaccurate data may result in delays in processing this application.

Signed _____ Date _____

FEE SCHEDULE

Subdivision Plan Processing:

| | |
|------------|------------------------|
| 1-4 lots | \$100.00 |
| 5-9 lots | \$100.00 plus \$10/lot |
| 10-24 lots | \$150.00 plus \$10/lot |
| 25 lots + | \$250.00 plus \$10/lot |

Engineering Fee Deposit: \$125.00/lot/phase

Application Fee \$ _____ Developer User Fee \$ _____ Total \$ _____
Receipt # _____ Date Paid _____ Received by _____

MEMORANDUM

TO: Farr West City Planning Commission

FROM: Matt Robertson, P.E.
City Engineer

RE: **KNIGHT CENTER PUD SUBDIVISION**
Subdivision Plat Review

Date: November 12, 2024

Our office has reviewed the subdivision plat for the referenced subdivision. The proposed subdivision is located at the existing commercial parcel, Knight Center, at 1741 North 2000 West. The subdivision will allow the property owner to have separate ownership of the three existing buildings shown on the plat and the proposed building pad on the south side of the parcel. Everything outside of the buildings is considered Common Area and will provide for access and utility easements on the site.

We have reviewed the plat and boundary description and found only one minor spelling error, which can be corrected prior to recording the plat. We recommend approval of the plat at this time.

If you have any questions, please let us know.

Application for Business License



Application date: NOV 13, 2024

Owner Name: Heather Falter

Owner Address: 1478 W. 1950 S. City: Syracuse State: VT Zip: 84075

Telephone: 208-680-9175 Fax: _____ Email: h@feathersofheather.com

Business Name: Feathers of Heather DBA: Feathers of Heather

Business Address: 2389 North 2000 West City: Farr West State: VT Zip: 84404

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone Number: 208-680-9175 Number of employees: 1

Manager Name: _____ Contact Phone: _____

**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: Massage Therapy, Energy Work
1 booth rent out of a local spa. (Mid Street salon)

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 _____

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Type of License Applying For: professional License fee due: \$50.00

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Applicant signature: [Signature] Date: NOV 13, 2024

For office use only:

Amount paid: 50- Date paid: 11/15/2024 Receipt Number: 9.002848
City Council Date: 11/21/2024 Approved: _____ Disapproved: _____
License number: _____ Date issued: _____