



FARR WEST CITY COUNCIL AMENDED AGENDA

January 16, 2025 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 a work session at 6:00 p.m. and its regular meeting at 6:30 pm on Thursday, January 16, 2025 at the Farr West City Hall, 1896 North 1800 West, Farr West

6:00 p.m. – Work Session, Open and Public Meeting and Ethics training – Liam Keogh, City Attorney

REGULAR MEETING

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
 - c. **Financial Report – Cody Cardon**
3. Consent Items
 - a. Assignments and directions for Planning Commission
 - b. Consider approval of minutes dated January 2, 2025
 - c. Consider approval of bills dated January 15, 2025
4. Business Items
 - a. Consider approval of business licenses – Peak Power CC LLC – Chance Clarke
Wasatch Compressor Pump & Valve – Dustin Smith
 - b. Consider approval of a wall-sign for Honey Bucket located at 2990 North 2000 West – Davis Signs Utah
 - c. **Presentation and acceptance of the 2024-2024 Fiscal Year Audit Report – Child, Richards CPA & Advisors**
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 10, 2025.

Lindsay Afuvai
Recorder

Application for Business License



Application date: 11-14-24

Owner Name: Chance Clarke

Owner Address: [REDACTED]

Telephone: [REDACTED]

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 Residential Business License



Application date: JAN 3, 2025

Owner Name: Dustin Smith

Owner Address: [REDACTED]

Telephone: [REDACTED]

Business Name: Wearatch Compressor Pump 3 ^{VALVE} DBA: _____

State Sales Tax ID # 16110369-002-STC State License # 14512242-0160

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

Describe your type of business in detail: Distribution and Service of Air Compressors and pumps and valves. Most work will be conducted at customer location

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

Health Department Permit # _____ or check if not applicable _____

All daycares 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.

Please initial each box acknowledging you understand and comply with the ordinance requirements (Farr West City Ordinance, Chapter 5.16)

- ☒ Only persons who are bona fide residents of the premises shall be engaged in the business or occupation.
- ☒ The business shall not physically change or alter the exterior of the dwelling.
- ☒ No business signs or advertising will be on the premises.
- ☒ The business will not cause an increase in vehicular traffic.
- ☒ The business will not require additional off street parking beyond that normally required for residential uses.
- ☒ The business will meet all applicable safety, fire, building and health codes.

- ☒ The business will not produce noise, dust, odors, noxious fumes glare or other hazards to safety and health which are emitted from and may be discernible beyond the premises. Residential businesses may not create a public nuisance as defined by State law or this code.
- ☒ The business will not create a hazard by using flammable, explosive or other dangerous materials or by keeping or raising animals which are capable of inflicting harm or discomfort or endangering the health and safety of any person or property.
- ☒ Any nursery or daycare use of the dwelling shall comply with state laws governing such use.
- ☒ If the business is conducted within the living quarters of the home, it will not occupy more than 25% of the main floor area, or more than 400 square feet of the home. If conducted within the garage, it shall not occupy more than 33% of the garage area. *Businesses in accessory building may use the whole structure for business use.

Residential Business License Fee

\$30.00

****Residential businesses conducted entirely within the primary residence are not subject to the \$30.00 fee.***

Is this business conducted entirely within the primary residence? NO

If no, is it conducted in a garage and/or accessory building? yes

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: 1/3/25

For office use only:

Amount paid: 30- Date paid: 01/07/25 Receipt Number: 9.002885
 City Council Date: 01/16/2025 Approved: _____ Disapproved: _____
 License number: _____ Date issued: _____



Application for Signage Approval

This application is to be used for commercial signs, new permanent signs, or in the event of a sign being removed and no new sign is being accomplished, a full site plan.

Date Submitted: 12/6/24 Applicant Name: Davis Signs Utah

Applicant

***** ** ** *****

IGN PERMIT FEE SCHEDULE

IGN \$25.00 Non-illuminated: \$25

Business Name: Honeybucket Address: 2990 N 2000 W

Description of site being considered: Installing a non-illuminated wall sign for Honeybucket

Tax ID number: _____

Abbreviated Site Plan:

Diagram clearly shows the following:

- Location and size of proposed and existing signs.
- Details of the construction of this sign.

If a site plan is not being provided, please indicate:

Proposed sign is compatible with existing surrounding structures, buildings and landscaping? Proposed sign will allow for street visibility for Honeybucket without adding additional structures or affecting the existing landscaping and general area. It is integrated onto the wall itself.



Application for Signage Approval

Applicant's name and address: _____

Expiration Date of temporary sign: _____

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

Signature of Applicant:

In issuing this permit, the undersigned certifies that the applicant is a resident of the City of Fair West City and they are in compliance with the planning commission and/or city council.

Business Owner/Sign Company Signature Blake Davis
Print Name Blake Davis _____

Property Owner Signature _____
Print Name _____

For City Use:

Fee Paid \$ _____ Received _____

Planning Commission/City Council Review Checklist.

Has a public hearing been provided for review where applicable?

Does the applicant conform to the City Sign Ordinance?

____ Has the plan been reviewed by the Planning Commission? _____

PROOF PRESENTED BY:



PREPARED FOR:



Planning & Consultation

Design & Fabrication

Installation & Removal

Maintenance & Repair

OFFICE:



746 N. Harrisville Rd.

Ogden, UT 84401

801-823-3100

www.DavisSignsUtah.com

License - Bonded - Insured

OUT TEAM:



SALES:

Yvonne Leavitt

801-529-7852

yvonne@davissignsutah.com

DESIGN:

design@davis-signs.com

LOCATION:



2990 N 2000 W

Farr West, UT 84404

CONTACT:



Mark Terry

605-222-7368

markperry@nwcasade.com

NOTES:



Customer is responsible for providing a dedicated electrical circuit within 6 feet of each sign location and any desired electrical timing devices.
The colors represented in these drawings are subject to the viewing device, their subsequent resolutions, and the health of the viewers vision.

DRAWING NUMBER

240683-02p

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FILE PATH:



P:\Honey Bucket\LAYOUTS\PROOFS

Honey Bucket

■ LOCATION

2990 N 2000 W
Farr West, UT 84404

■ REVISIONS

01 10.03.24 07
02 08
03 09
04 10
05 11
06 12

■ APPROVALS

SIGN HERE

CUSTOMER APPROVAL

SIGN HERE

LANDLORD APPROVAL

■ RECITALS



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746 N. Harrisville Rd., Ogden, UT 84404

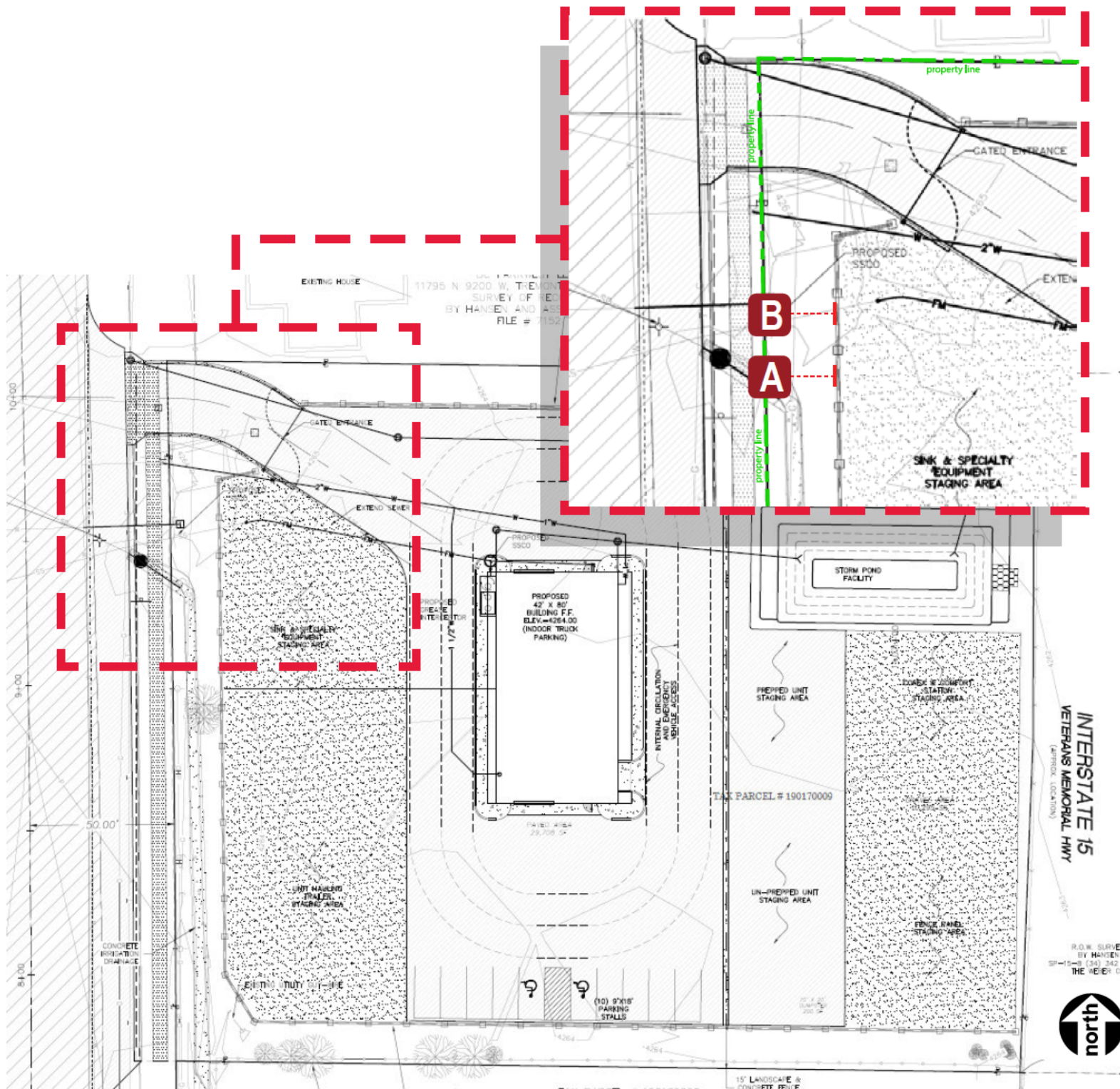
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DRAWING NUMBER

240683-02p 02 OF 04





-PROPOSED WEST ELEVATION-



■ CLIENT

Honey Bucket

■ LOCATION

2990 N 2000 W
Farr West, UT 84404

■ REVISIONS

01	10.03.24	07
02		08
03		09
04		10
05		11
06		12

■ APPROVALS

SIGN HERE

CUSTOMER APPROVAL

SIGN HERE

LANDLORD APPROVAL

■ RECITALS



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DRAWING NUMBER

240683-02p | 02 OF 04



PROPOSED SIGNAGE

FRONTAGE: 188 ft
SIGN HEIGHT: 9'-0"
SQUARE FOOTAGE: 40 sf

A | S/F NON-ILLUMINATED CABINET | Scale: 1/2" = 1'-0"

NOTE:
Fabricate and install ONE (1) NEW single -face non-illuminated wall sign, as illustrated

FACE: 1/8" White Acrylic
RETAINER: 2" **See Paint Colors
ILLUMINATION: N/A
INSTALL: Flat to wall

☺ | FACE

1/8" White

🎨 | PAINT COLORS

YELLOW

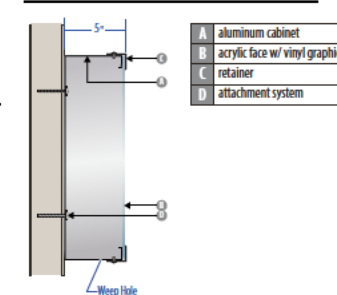
🎨 | VINYL COLORS

King Blue-049
Red-031
Orange-034

☀️ | ILLUMINATION

Hanley White LEDs

🔍 | CROSS SECTION (RIGID FACE)



■ CLIENT

Honey Bucket

■ LOCATION

2990 N 2000 W
Farr West, UT 84404

■ REVISIONS

01	10.03.24	07
02		08
03		09
04		10
05		11
06		12

■ APPROVALS

SIGN HERE

CUSTOMER APPROVAL

SIGN HERE

LANDLORD APPROVAL

■ RECITALS



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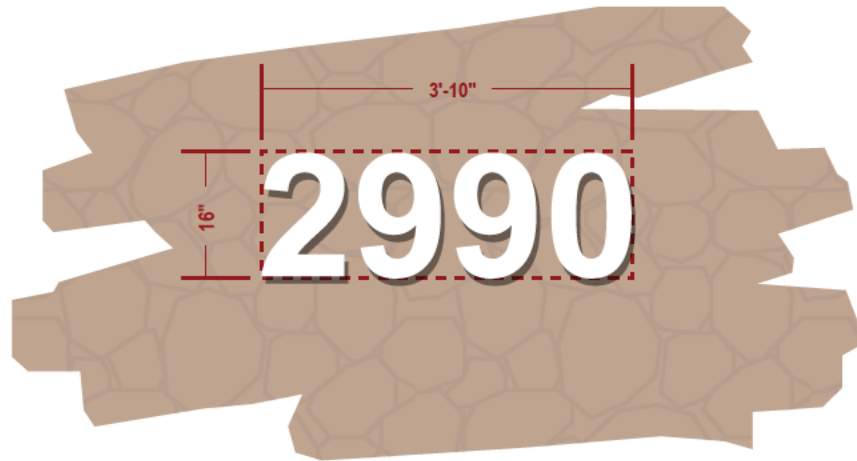
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DRAWING NUMBER

240683-02p | 03 OF 04



PROPOSED SIGNAGE

FRONTAGE: 188 sf
SIGN HEIGHT: 9'-0"
SQUARE FOOTAGE: 5.11sf

B | FCO (Flat Cut Out) DISPLAY | Scale: 1/2" = 1'-0"

NOTE:
Fabricate and install ONE (1) Set of FCO logo/letters as illustrated.

SUBSTRATE: Acrylic/Aluminum
PAINT: SEE PAINT COLORS**
INSTALL: 1 1/2" off the wall

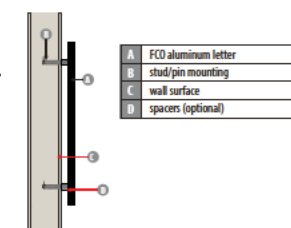
PAINT COLORS

XX

FACE

1/2" Acrylic

CROSS SECTION DETAILS



CLIENT

Honey Bucket

LOCATION

2990 N 2000 W
Farr West, UT 84404

REVISIONS

01	10.03.24	07
02		08
03		09
04		10
05		11
06		12

APPROVALS

SIGN HERE

CUSTOMER APPROVAL

SIGN HERE

LANDLORD APPROVAL

RECITALS



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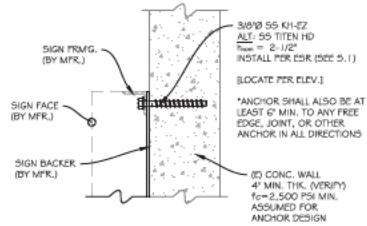
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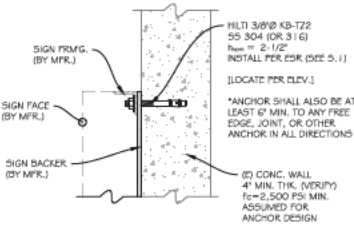
DRAWING NUMBER

240683-02p 04 OF 04

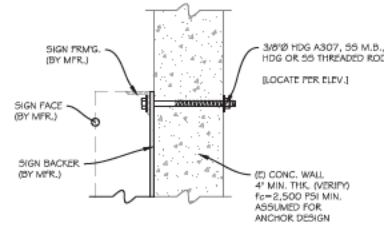
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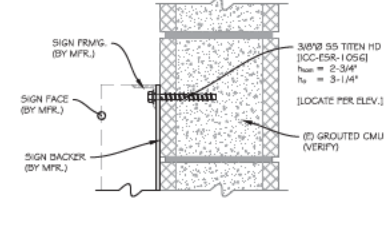
OPTION 'I'



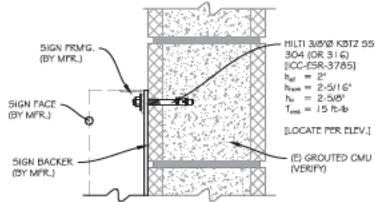
OPTION 'J'



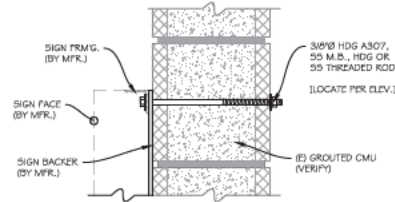
OPTION 'K'



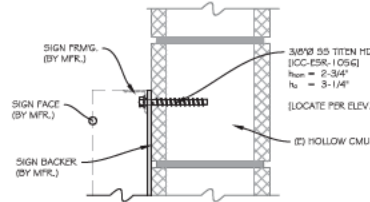
OPTION 'L'



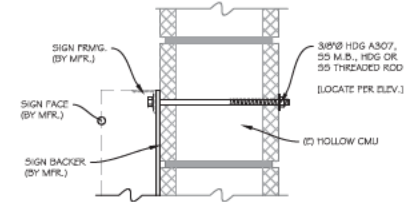
OPTION 'M'



OPTION 'N'



OPTION 'O'



OPTION 'P'

RE

REVERENCI

ENGINEERING

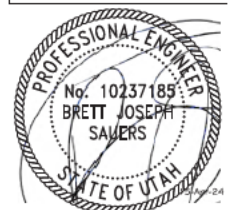
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(619) 354-1152
501 W BROADWAY, STE 425
SAN DIEGO, CA 92101

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VERSION 3.0

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PREPARED IN ACCORDANCE WITH THE
2021 INTERNATIONAL BUILDING CODE
FOR USE IN THE STATE OF UTAH
BY AUTHORIZED SIGN VENDORS ONLY

No.	Issue/Revision	Date
1	Initial Package	4-15-2024



SHEET TITLE:
WALL CONNECTION
DETAILS

SHEET:
S10.2

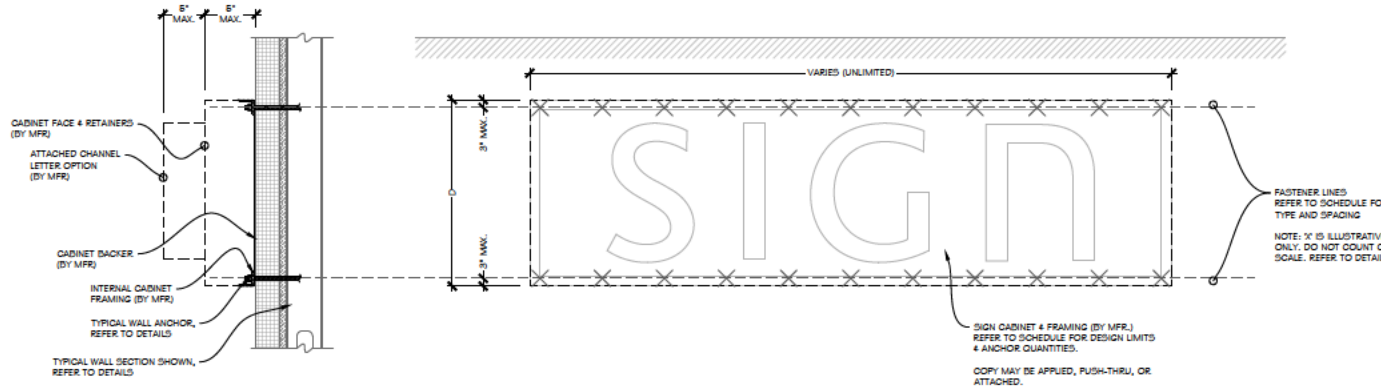
ORIGINAL SHEET SIZE: 11x17

Limit of liability extend only to the work detailed, for the quantity of assemblies indicated (1) unless noted otherwise, at the location specified, and by the client label, use of these plans and/or corresponding structural calculations is without either party's liability.

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EXPOSURE 'C'

PRINT THIS PAGE FOR CITY SUBMITTAL IF APPLICABLE RECTANGULAR WALL CABINETS



1 TYPICAL SIGN ELEVATION

NOTE:
WOOD AND CPD FRAMING DETAILS USE 1/2\"/>

MAX. HEIGHT ('D')	MAX. WEIGHT (PLF)	WIND SPEED (V _{ULT})					
		100	105	110	115	120	130
24'	16	40'	40'	40'	40'	40'	42'
36'	24	36'	36'	36'	36'	37'	24'
48'	32	24'	24'	24'	24'	24'	10'
72'	48	10'	10'	10'	10'	10'	12'
96'	64	12'	12'	12'	12'	12'	10'

INSTRUCTIONS

- OBSERVE ALL NOTATIONS, RULES, & LIMITS OF DESIGN ON THIS SHEET.
- CHECK LIMITS OF DESIGN THIS SHEET. OBSERVE OTHER RULES & NOTES.
 - DETERMINE THE HEIGHT OF THE PROPOSED SIGN AND IDENTIFY THE APPROPRIATE ROW IN THE TABLE.
CIRCLE THE ENTIRE APPLICABLE ROW
 - VERIFY THAT THE WEIGHT PER FOOT OF THE PROPOSED SIGN IS LESS THAN THE WEIGHT LISTED IN THE TABLE.
 - IDENTIFY THE SPACING OF ANCHORS REQUIRED FOR THE APPROPRIATE WIND SPEED AS REQUIRED BY THE LOCAL JURISDICTION.
CIRCLE THE SELECTED ANCHOR SPACING
 - CIRCLE APPROPRIATE DETAILS FOR APPROVAL ON THE FOLLOWING SHEETS. CROSS OUT ANY DETAILS THAT ARE NOT APPLICABLE.

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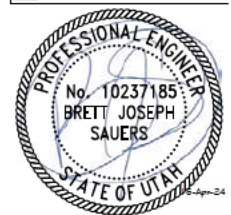
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FOR USE IN THE STATE OF UTAH
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No. Issue/Revision: Date:
Initial Package: 4-18-2024



SHEET TITLE:
RECTANGULAR
WALL CABINETS

SHEET:
S.10

ORIGINAL SHEET SIZE: 11x17

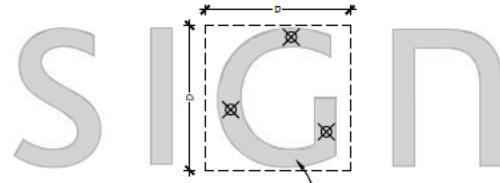
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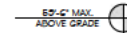
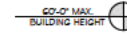
EXPOSURE 'C'

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CHANNEL & REVERSE PAN LETTERS



TYP. CHANNEL/PAN LETTER (BY MFR)
REFER TO SCHEDULE FOR DESIGN LIMITS
& ANCHOR QUANTITIES.
MIN. OPEN AREA PER LETTER = 25%



WHERE SHOWN, TYPICAL ANCHOR LOC.
REFER TO SCHEDULE FOR QUANTITY
ANCHORS PER SCHEDULE & DETAILS SHALL BE
EVENLY ARRANGED. INSTALLER MAY INCLUDE MORE.

1 TYPICAL SIGN ELEVATION

MAX. SIZE (D' x D')	MAX. WEIGHT (LB)	MAX. AREA (SF)	WIND SPEED (VULT)					
			100	105	110	115	120	130
10' x 10'	20	1.00	2	2	2	2	2	2
36" x 36"	60	6.75	3	3	3	3	3	3
40" x 40"	90	12	3	3	4	4	5	5
60" x 60"	150	10.75	5	5	6	6	7	8
72" x 72"	200	27	8	8	9	9	10	11

INSTRUCTIONS

OBSERVE ALL NOTATIONS, RULES, & LIMITS OF DESIGN ON THIS SHEET.

1. CHECK LIMITS OF DESIGN THIS SHEET. OBSERVE OTHER RULES & NOTES.

2. DETERMINE THE MAXIMUM SIZE OF THE PROPOSED LETTER AND IDENTIFY THE APPROPRIATE ROW IN THE TABLE.

CIRCLE THE ENTIRE APPLICABLE ROW

3. VERIFY THAT THE WEIGHT OF THE PROPOSED LETTER IS LESS THAN THE WEIGHT LISTED IN THE TABLE.

4. VERIFY THE MAXIMUM AREA OF THE PROPOSED LETTER IS LESS THAN THE AREA LISTED IN THE TABLE.

NOTE: THE MAXIMUM LISTED AREA IS LESS THAN THE GROSS AREA USING THE MAXIMUM DIMENSIONS. FOR SOLID SIGNS WITH LARGER AREAS THAN LISTED, REFER TO WALL SIGNS ON SHEET S.110.

5. IDENTIFY THE NUMBER OF ANCHORS REQUIRED FOR THE APPROPRIATE WIND SPEED AS REQUIRED BY THE LOCAL JURISDICTION.

CIRCLE THE SELECTED ANCHOR COUNT

6. CIRCLE APPROPRIATE DETAILS FOR APPROVAL ON THE FOLLOWING SHEETS. CROSS OUT ANY DETAILS THAT ARE NOT APPLICABLE.

RE
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ENGINEERING

www.referenceengineering.com
(619) 354-1152
501 W BROADWAY, STE 425
SAN DIEGO, CA 92101

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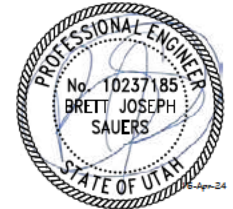
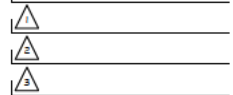
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BY AUTHORIZED SIGN VENDORS ONLY

No. Issue/Revision: Date:

Initial Package: 4-18-2024



SHEET TITLE:

CHANNEL & REVERSE
PAN LETTERS

SHEET:

S.8

ORIGINAL SHEET SIZE: 11x17