FARR WEST CITY COUNCIL AMENDED AGENDA

April 17, 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 joint meeting with the Community Reinvestment Agency at 6:30 p.m. on Thursday, April 17, 2025 at the Farr West City Hall, 1896 North 1800 West, Farr West

COUNCIL MEETING

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 directions for Planning Commission
   b. Consider approval of minutes dated April 3, 2025
   c. Consider approval of bills dated April 16, 2025
   d. Consider support for Traffic Committee – Jason Anderson
   e. Consider scheduling a demonstration of Place AI
4. Business Items
   a. Consider approval of business licenses – Opal & Light Studio
      Chapman's Healing Solutions
      Fit Pro Fitness
      Patriot HVAC Solutions LLC
   b. Appointment of alternate Planning Commission Member per the recommendation of interview panel
   c. Set a date and time for an Open House/Public Hearing to get public input on the proposed Transportation Utility Fee
5. Mayor/Council Follow-up
   a. Report on Assignments
6. Adjourn City Council Meeting and enter into a Community Reinvestment Agency meeting

CRA MEETING

1 Business Items
   a. Consider approval of minutes dated April 3, 2025
   b. Enter into a closed session to discuss the Farr West Landing Incentives Project Proposal
   c. Consideration on Farr West Landing Incentives Project proposal or counter proposal

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 14, 2025.

Lindsay Afuvai, Recorder

Application for Business License

Application date: March 18, 2025

Owner Name: Alicia Burns

Owner Address: [redacted]

Telephone: [redacted]

Business Name: Opal and Light Studio DBA: _____

Business Address: 1980 N 2000 W City: Farr West State: UT Zip: 84404

Mailing Address: 5108 S 2000W City: Roy State: UT Zip: 84067

Business Phone Number: 762-822-6186 Number of employees: _____

Manager Name: Diana Bradley Contact Phone: 801 821 1018

**If business is commercial or manufacturing/warehousing, please list square footage: 920 sqft

State Sales Tax ID # 15806081-002-STC State License # 7326978177

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

Describe your type of business in detail: Photography Studio - family, newborn, portrait photography sessions.

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? _____

Type of License Applying For: Small _____ License fee due: _____

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: Alissa Burns Date: March 18, 2025

For office use only:

Amount paid: 100- Date paid: 3/18/2025 Receipt Number: 1.00000369
City Council Date: April 17, 2025 Approved: _____ Disapproved: _____
License number: _____ Date issued: _____

Weber Fire District

Fire Inspection Results

Business Inspection Farr West

Passed

Completed at	Inspected by	Inspection Contact Name	Inspection Type
04/01/2025 10:20:42	Hansel, Alec	Alicia Burns	Business Inspection Farr West

Business Name	Address	Suite	City	State
Opal and Light Studio	1980 N 2000 W	4	OGDEN	UT

Zip

84404

ACCESS:

✓ Pass

ITEM: Fire lane, Hydrant and FDC are accessible for emergency response.

CODE: IFC - 503.4 - Obstruction of fire apparatus access roads. - Fire apparatus access roads shall not be obstructed in any manner, including the parking of vehicles. The minimum widths and clearances established in Sections 503.2.1 and 503.2.2 shall be maintained at all times.
IFC - 507.5.4 - Obstruction. - Unobstructed access to fire hydrants shall be maintained at all times. The fire department shall not be deterred or hindered from gaining immediate access to fire protection equipment or fire hydrants.

✓ Pass

ITEM: Is the address on the building and visible from the street?

CODE: IFC - 505.1 - Address identification. - New and existing buildings shall be provided with approved address identification. The address identification shall be legible and placed in a position that is visible from the street or road fronting the property. Address identification characters shall contrast with their background. Address numbers shall be Arabic numbers or alphabetical letters. Numbers shall not be spelled out. Each character shall be not less than 4 inches (102 mm) high with a minimum stroke width of 1/2 inch (12.7 mm). Where required by the fire code official, address identification shall be provided in additional approved locations to facilitate emergency response. Where access is by means of a private road and the building cannot be viewed from the public way, a monument, pole or other sign or means shall be used to identify the structure. Address identification shall be maintained.

N/A

ITEM: Knox box? Do the keys work? Is there a gate with a Knox switch that needs to be checked? (Not required at all businesses.)

CODE: IFC - 506.1 - Where required. - Where access to or within a structure or an area is restricted because of secured openings or where immediate access is necessary for life-saving or fire- fighting purposes, the fire code official, after consultation with the building owner, may require a key box to be installed in an approved location. The key box shall contain keys to gain necessary access as required by the fire code official. For each fire jurisdiction that has at least one building with a required key box, the fire jurisdiction shall adopt an ordinance, resolution, or other operating rule or policy that creates a process to ensure that each key to each key box is properly accounted for and secure.

EXITING:

✓ **Pass**

ITEM: Are exit paths clear?

CODE: IFC - 1032.2 - Reliability. - Required exit accesses, exits and exit discharges shall be continuously maintained free from obstructions or impediments to full instant use in the case of fire or other emergency where the building area served by the means of egress is occupied. An exit or exit passageway shall not be used for any purpose that interferes with a means of egress.

✓ **Pass**

ITEM: Exit door opens without a key or special knowledge

CODE: IFC - 1010.2 - Door operations. - Except as specifically permitted by this section, egress doors shall be readily openable from the egress side without the use of a key or special knowledge or effort.

✓ **Pass**

ITEM: Do exit doors require exit signs. (Refer to code)

CODE: IFC - 1013.1 - Where required. - Exits and exit access doors shall be marked by an approved exit sign readily visible from any direction of egress travel. The path of egress travel to exits and within

FARR WEST CITY

Inspection Information

Permit #: 25064
Permit Date: 03/27/2025
Inspection Date: 03/28/2025
Permit Type:
Inspection Type: Business License Inspection
Requested By: alicia burns
Contact Info: 762-822-6186
Scheduled Date: 04/01/2025
Scheduled Time: 10:00
Completed Date: 04/01/2025
Description: Photo Studio business license 1980 n 2000 w
Inspection Status: Work approved with corrections
Assigned To: Nate Carver
Inspector Title: Building Official
Time In: 10:00
Time Out: 10:30
Hours: 0.5

Notes

04/01/2025	Items to be addressed : 1) An EXIT sign must be placed above the door 2) As per section 1004.5 of the 2021 IBC (International Building Code) a maximum occupant load of 7 persons is allowed to be in business space. A placard must be placed in a visible place: “Maximum Occupant Load = 7” Occupant load calculation = 860 sq/ft divided by 150 (occupant load factor) = 7 Please send pictures of corrections to 801-710-7095 and an updated report will be sent.
04/01/2025	Business license can now be granted. See attached approved Fire District inspection report.

Property Information

Parcel#:

,

Zoning: Lot: Block:

Application for Business License

Application date: 04/10/2025

Owner Name: Kim Chapman

Owner Address: [redacted]

Telephone: [redacted] Fax: _____ Email: [redacted]

Business Name: Chapman's Healing Solutions DBA: Kim Chapman

Business Address: 2375 N 2000 W City: Farr West State: UT Zip: 84404

Mailing Address: 1063 E 3300 N City: North Ogden State: UT Zip: 84414

Business Phone Number: 801-458-7698 Number of employees: 1

Manager Name: Kim Chapman Contact Phone: 801-458-7698

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

State Sales Tax ID # 99-3051680 State License # 10752292-3501

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

Describe your type of business in detail: Mental health therapy private practice. Owner is fully credentialed and licensed as an LCSW in the state of Utah.

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.*

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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: $50.00

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: Kim Chapman Date: 04/10/2025

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: 3/17/25

Owner Name: Jeff Hansen

Owner Address: [redacted]

Telephone: [redacted]

Business Name: Fit Pro Fitness DBA: _____

Business Address: 3762 Higley Rd City: Farr West State: Ut Zip: 84404

Mailing Address: 3615 Angel Height Cir City: Pleasant View State: Ut Zip: 84414

Business Phone Number: 801-231-8414 Number of employees: 2

Manager Name: Heather Hansen Contact Phone: 801-891-1762

**If business is commercial or manufacturing/warehousing, please list square footage: 3,600

State Sales Tax ID # 45-2899183 State License # _____
10121720

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

Describe your type of business in detail: We service and install fitness equipment.

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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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 Commercial 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: _____ Date: 3/18/2025

For office use only:

Amount paid: 100- Date paid: 3/18/2025 Receipt Number: 6.00000717 9
City Council Date: 4/17/2025 Approved: _____ Disapproved: _____
License number: _____ Date issued: _____