



FARR WEST CITY COUNCIL AGENDA

February 5, 2026 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 work session with the Planning Commission at 5:30 p.m. and its regular meeting at 6:30 p.m. on Thursday, February 5, 2026 at the Farr West City Hall, 1896 North 1800 West, Farr West

5:30 p.m. – Joint work session with the Planning Commission to discuss the proposed Elevantage development

Regular Meeting

Call to Order – Mayor David Bolos

1. Opening Ceremony
 - a. Opening Prayer
 - b. Pledge of Allegiance
2. Comments/Reports
 - a. Public Comments (*3 minutes*)
 - b. Appointment of Assistant Mayor
 - c. Report from the Planning Commission
3. Consent Items
 - a. Assignments and directions for Planning Commission
 - b. Consider approval of minutes dated January 22, 2026
 - c. Consider approval of bills dated February 4, 2026
4. Business Items
 - a. Consideration of business license applications – Echo Valley Services – *Colin Shumaker*
F-Squared Excavation LLC – *Daryl Fullmer*
Top Shed LLC – *Cohen Zaugg*
 - b. Consideration of the request of a conditional use permit for an accessory building over 2,000 square feet for Jonathon & LeAnne Ostler located at 3056 West 3600 North
 - c. Consideration of Ordinance No. 2026-02, amending the fee schedule enumerated in the Farr West City Municipal Code to include the TUF fee
 - d. Consideration of Planning Commission appointments
 - e. Consideration of Planning Commission Chairman and Vice Chair appointments
5. Mayor/Council Remarks
 - a. Assignment Follow-up (*3 minutes*)
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 February 3, 2025.



Lindsay Afuvai
Recorder

Application for Residential Business License

Application date: 11/13/26



Owner Name: Colin Shumaker

Owner Address: 1285 W 1100N City: Farr West State: UT Zip: 84404

Telephone: [REDACTED]

Business Name: Echo Valley Services DBA: 39-2848067

State Sales Tax ID # [REDACTED] State License # [REDACTED]

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

Describe your type of business in detail: Handyman Services

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

Health Department Permit # [REDACTED] or check if not applicable [REDACTED]

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.

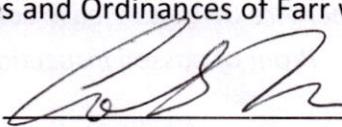
Residential Business License Fee
\$30.00

***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? no

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: 1/13/26

For office use only:

Amount paid: 30.00 Date paid: 1-13-26 Receipt Number: 1.000000571
City Council Date: Jan 22, 2026 Approved: _____ Disapproved: _____
License number: _____ Date issued: _____

Application for Business License



Application date: 01/21/24

Owner Name: Daryl Fullmer

Owner Address: [REDACTED]

Telephone: [REDACTED]

Business Name: F-Squared Excavation LLC

Business Address: 1258 W. 1050 N City: Farr West State: UT Zip: 84404

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

Business Phone Number: 801-941-6217 Number of employees: 4

Manager Name: Daryl Fullmer Contact Phone: 801-941-6217
(Galena) Michelle Fullmer 801 882 6388

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

State Sales Tax ID # N/A State License # 12630540-0160

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

Describe your type of business in detail: Have home office for excavation company. Any work is done on jobsites. No equipment is stored onsite at home.

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: 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: David Michael J. Jr. Date: 01/21/24

For office use only:

Amount paid: \$100 Date paid: 1-21-24 Receipt Number: 1.00000580
City Council Date: Feb 5, 2024 Approved: _____ Disapproved: _____
License number: _____ Date issued: _____

Application for Business License

Application date: 12 Jan 26



Owner Name: Cohen Zavag

Owner Address: [REDACTED]

Telephone: [REDACTED]

Business Name: TOP Shed LLC DBA: TOP Sheds and Cabins 84404
Business Address: 1410 N 1900 W City: Farr West State: UT Zip: 84404
Mailing Address: 546 N. Sarah St City: Providence State: UT Zip: 84332
Business Phone Number: 801 785 4357 7433 Number of employees: 1
Manager Name: Cohen Contact Phone: 801 870 9200

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

State Sales Tax ID # C10022128-002-STC State License # 45 - 3129789

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

Describe your type of business in detail: _____

Sell Residential out buildings sheds and shipping containers

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

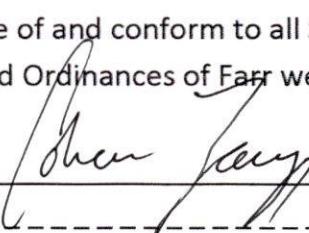
Class "A" Beer	Class "B" Beer Restaurant	Class "C" Limited Restaurant	Class "D" Golf Course	Class "E" Full Service Restaurant
\$200.00	\$200.00	\$200.00	\$200.00	\$200.00

*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: 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: 22 JAN 26

For office use only:

Amount paid: 100.00 Date paid: 1-26-26 Receipt Number: 1.000000587

City Council Date: 2-5-26 Approved: _____ Disapproved: _____

License number: _____ Date issued: _____



Farr West City

APPLICATION FOR ISSUANCE OF CONDITIONAL USE PERMIT

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

Application Date 12/26/25 Applicant Name Joanathon & LeAnn Ostler

Mailing Address 3056 West 3600 North Farr West, Utah 84404

Phone Number [REDACTED]

Property address of proposed conditional use 3056 W 3600 N Farr West, Utah 84404 Current Zoning: A-1-R

Please list the requested conditional use as listed within the city zoning ordinance Shop/Garage/Storage

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.

The proposed garage/shop/storage use is necessary and direable for me as the homeowner because it provides secure, enclosed space for vehicle storage, tools and personal projects that support proper maintenance of my property. As an accessory residential use in Farr West, it does not generate additional traffic, noise or demand on public services and helps reduce outdoor clutter, maintain neighborhood appearance, and contribute to the general well being of the community.

B) Explain how such use will not be detrimental to the health, safety and general welfare of persons nor injurious to property or improvements in the community, but will be compatible with and complementary to the existing surrounding uses.

The purposed use will not be detrimental to public health, safety, or general welfare because it is a residential accessory garage/shop/storage use intended solely for the homeowner. It will not generate commercial activity, increased traffic, or demand on public services, and all activity will occur within an enclosed structure that complies with applicable codes. The use is consistent with surrounding residential and agricultural properties in Farr West and is compatible with existing neighborhood character.

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

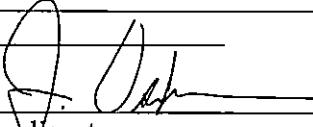
The proposed garage/shop/storage use will comply with all applicable Farr West City zoning, building, and safety regulations for accessory residential structures, including requirements for size, height, setbacks, and use. The structure will remain accessory to the primary residence, be used for non-commercial purposes only, and meet all standards of Farr West.

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

The proposed garage/shop/storage use aligns with the Farr West City General Plan by supporting low-density residential land use, proper property maintenance, and neighborhood compatibility. As an accessory residential use, it promotes orderly development and preserves community character in Farr West.

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.

The proposed garage/shop/storage use will not cause environmental or ecological deterioration because it is an enclosed accessory structure on an already developed site with minimal land disturbance. The project will comply with all drainage and environmental requirements and will not generate pollution or impact natural resources in Farr West.

 Property Owner? Y N

Signature of Applicant

Date Application & \$100.00 Processing Fee received 12/29/2025

Received by McKinzie Toms

Date of public hearing: _____

Date application was Approved Denied by Planning Commission _____

Conditions/Reasons

Date application was Approved Denied by City Council: _____

Conditions/Reasons

Planning Commission Chair

Mayor

ORDINANCE NO. _____

**AN ORDINANCE OF FARR WEST CITY, UTAH AMENDING TITLE 3 OF THE
FARR WEST CITY MUNICPAL CODE**

WHEREAS, Title 3 Section 3.30.010 “Fee Schedule Enumerated” of the Farr West City Code of Ordinances establishes certain fees for various municipal services within Farr West City; and

WHEREAS, the Farr West City Council desires to update certain provisions of Title 3 Section 3.30.010 “Fee Schedule Enumerated” to reflect the adoption of the Transportation Utility Fee; and

NOW THEREFORE, the Farr West City Council ordains that Title 3 Section 3.30.010 “Fee Schedule Enumerated” shall be amended in part to add the following fee/language (amended/updated language contained in red lettering):

3.30.010 FEE SCHEDULE ENUMERATED

Code Section	Item	Fee	Effective Date
3.40.040	Transportation Utility Fee	Base rate: \$7.00/ERU	October 2, 2025

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 15 days after publication or posting by the City Council of Farr West City, Utah.

Dated this _____ day of _____, 2026.

FARR WEST CITY MAYOR

David P. Bolos

ATTEST: _____
Farr West City Recorder

Vote of City Council

Yes No

Council Member Anderson	_____ ____
Council Member Williams	_____ ____
Council Member Shupe	_____ ____
Council Member Blind	_____ ____
Council Member Jay	_____ ____