



City of Farmington
354 West Main Street
P.O. Box 150
Farmington, Arkansas 72730
479-267-3865
479-267-3805 fax

PLANNING COMMISSION AGENDA
November 22, 2010

**A meeting of the Farmington Planning Commission will be held on
Monday, November 22, 2010 at 6:00 p.m. at City Hall
354 W. Main Street, Farmington, Arkansas.**

1. Roll Call
2. Approval of the minutes – October 25, 2010
3. Comments from Citizens – the Planning Commission will hear brief comments at this time from citizens. No action will be taken. All comments will be taken under advisement.
4. **PUBLIC HEARING**
 - A. **Conditional Use -Daycare**
Property owned by: Rebecca Keeton
Property Location: 23 Ash
Presented by: Rebecca Keeton
5. Discuss final draft of zoning classifications and zoning map for Farmington
6. Discuss December meeting date for work session and monthly meeting.
7. Committee reports

**PLANNING COMMISSION MINUTES OF
OCTOBER 25, 2010**

1. Roll Call:

Present: John Clary
Sean Schader
Matthew Hutcherson
Toni Bahn
Robert Mann
Gerry Harris
Judy Horne
Bobby Wilson

2. Approval of minutes of September 27, 2010

Minutes approved with all commissioners voting yes.

3. Comments fro Citizens: None

4. OLD BUSINESS:

A. Variance Request: Reduce Property Set Back for an in ground pool

Property owned by: Jeff Wiedner

Property Location: 279 Briarhill

Presented by: Jeff Wiedner

Variance approved contingent upon all utilities vacating easements.

5. PUBLIC HEARING

A. Larry Stephens-rezoning Request from A-1 to C-2

Property Location: 12203 Hwy 62

Property Owner: Larry Stephens

Presented by: Larry Stephens

Request approved with all commissioners voting yes.

6. Discuss final draft of zoning classifications and zoning map for Farmington

Commissioners looked and discussed draft provided. Asked for a FINAL copy by Wednesday to review prior to Monday's meeting.

Please consider this your official notification for Planning Commission Work Session on November 1, 2010 @ 6:30 p.m.

Motion to adjourn.

Secretary, Planning Commission

Chairman, Planning Commission

CITY OF FARMINGTON

CONDITIONAL USE ON APPEAL APPLICATION

Initial Application

Renewal Application

Applicant's Name Rebecca Keeton
Address 23 Ash St Farmington, NE 72730
phone # 479-856-2244 or 267-0995

Date 10-1-10
Zoning _____

Description of proposed use:
Licensed Child Care Family Home

The following criteria must be answered with a "yes" finding before the Farmington Planning Commission will hold a public meeting on the Conditional Use on Appeal application. For #3 through #10, provide a brief explanation.

Yes
 No

1. A written application has been filed with the City and the \$50.00 permit application fee or renewal application fee has been paid.

Yes
 No

2. The applicant has provided proof that each adjacent property owner has been notified by Return Receipt mail or personal contact. If personal contact is used, a signed affidavit by the owner must be submitted. The affidavit must contain information notifying of the proposed intent and the date of the public hearing, at a minimum.

Yes
 No

3. Are public services and utilities available and adequate?
water, gas, electric and trash pick-up are up to date and adequate.

Yes
 No

4. Is fire protection adequate?
Fire extinguisher and hard wired smoke detectors are in place

Yes
 No

5. Is the proposed use compatible with the surrounding area and the planned use for the area? *Children enrolled in the Daycare will be kept in home or in fenced-in yard.*

Yes
 No

6. Is screening and egress safe and convenient?
yes, driveway and off street parking available.

Yes
 No

7. Are off-street parking and loading areas adequate?
Off street parking will be secondary to driveway. No loading area will be necessary.

Yes
 No

8. Will refuse and service areas not cause adverse affects on adjacent property? *Daycare should not affect adjacent properties.*

Yes
 No

9. Will off-street parking and loading areas not cause adverse affects on adjacent property? *Should not be any affect on adjacent property. Daycare's property should provide plenty of parking.*

Yes
 No

10. Will signs be in compliance with the City's sign ordinance?
No signs will be posted.

APPLICANT MUST BE PRESENT AT THE PLANNING COMMISSION MEETING FOR THIS CONDITIONAL USE PUBLIC HEARING.

RECEIPT

DATE	10-15-10	No.	990886
RECEIVED FROM	Rebecca Wilson		
FOR	2010 Car		
FOR RENT	Chattelwood Loo - Daycare		
			\$50.00 DOLLARS
ACCOUNT			
PAYMENT	50.00		
BAL. DUE			
<input type="radio"/> CASH			
<input type="radio"/> MONEY ORDER			
<input checked="" type="radio"/> CHECK			
<input type="radio"/> CREDIT CARD			
FROM	B. Colman		
TO			

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Resident
32 Ash St
Farmington, AR
72730

2. Article Number
(Transfer from service label) **7010 1670 0002 3096 8503**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent
 Addressee

B. Received by (Printed Name) *Forrest W Baton* C. Date of Delivery *10/4/11*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Resident
31 Ash St
Farmington, AR
72730

2. Article Number
(Transfer from service label) **7010 1670 0002 3096 8473**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent
 Addressee

B. Received by (Printed Name) *Alisha Easter* C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Resident
15 Ash St
Farmington, AR
72730

2. Article Number
(Transfer from service label) **7010 1670 0002 3096 7902**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent
 Addressee

B. Received by (Printed Name) *Bette Raymond* C. Date of Delivery *10-2*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Resident
40 Pittman
Farmington, AR
72730

A. Signature
 Agent
 Addressee
Melba Morrison

B. Received by (Printed Name)
Melba J. Morrison

C. Date of Delivery
10-4-11

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
Melba

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7010 1670 0002 3096 8459

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Resident
16 Pittman
Farmington, AR
72730

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Reginal Romero

B. Received by (Printed Name)
Reginal Romero

C. Date of Delivery
10-2

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7010 1670 0002 3096 8466

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Resident
32 Pittman
Farmington, AR
72730

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
Connie Wallace

B. Received by (Printed Name)
Connie Wallace

C. Date of Delivery
10-3

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

7010 1670 0002 3096 8480

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Resident
 24 Ash St.
 Farmington AR
 72730

2. Article Number
(Transfer from service label)

7010 1670 0002 3096 8497

PS Form 3811, February

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

102595-02-M-1540

Undeliverable

Personal delivery
 of Hearing notice
 to Resident of
 24 Ash St.

**NOTICE OF HEARING BEFORE THE
FARMINGTON PLANNING COMMISSION
ON AN APPLICATION FOR CONDITIONAL USE**

To All Owners of land lying adjacent to the property at:

~~240~~ 240 Ash St. Farmington, AR
Location:

Rebecca Keeton
Owned by:

NOTICE IS HEREBY GIVEN THAT an application has been filed for
CONDITIONAL USE at the above property

The purpose of this request is to use this property for
explanation:

Daycare Family Home

A hearing on said application will be held by the Farmington Planning
Commission in City Hall, 354 W. Main Street, on Nov 22 at 6:00
p.m.

All parties interested in this matter may appear and be heard at said time and
place or may notify the Planning Commission of their views on this matter by
letter. All persons interested in this request are invited to call or visit the City
Business Manager in City Hall, 354 W. Main Street, 267-3865, and to review the
application and discuss the same with the staff.

Ray A. W.

AFFIDAVIT

I hereby certify that I Rebecca Keeton
Print or type name

acting as agent/owner, have provided notice to affected parties in accordance with the requirements set forth in the instruction given with the application and that the notice information provided is to the best of my knowledge true and factual. I am hereby enclosing the following supporting documents: copies of the notice, mailing receipts, return cards and any notices that were undeliverable.

Name: Rebecca Keeton
Signature
Date: 10-14-10

FARMINGTON FIRE DEPARTMENT
DAY CARE INSPECTION FORM

Name of Business Farmington Family Day Care

Location 23 Ash

Owner or Manager Rebecca Keeton

Number of Children 5

Date of Inspection 10-21-10

EXITS

- 1. Keep all exit doors unlock and unobstructed
- 2. Repair or activate exit lights
- 3. Provide printed exit signs or exit lights
- 4. Provide additional exits
- 5. 2 exits in daycare facility
- 6. install emergency lighting unit's
- 7. Repair emergency lighting units

ELECTRICAL

- 8. Install Child Protection inserts in wall outlets
- 9. 30 inch clearance in front of electrical panels
- 10. Keep covers closed on electrical panels
- 11. Repair loose fixtures and wiring
- 12. Have licensed electrician make necessary repairs
- 13. Recommend elimination of all extension cords

STORAGE

- 14. Keep all storage 18" away from sprinkler heads and 24" below ceiling of non-sprinkled building.
- 15. Keep all combustibile storage 48" away from heating, 18" from vent pipes, 2" from heating ducts and steam pipes.
- 16. Segregate hazardous materials that will react with each other or cause spontaneous ignition.

HEATING APPLIANCES

- 18. Have heating system inspected and repaired.
- 19. Is heating appliance vented?
- 20. Have fireplace/woodstove chimney/flue-pipe inspected/repared as necessary.
- 21. Have hot water heater checked for pressure relief valve, no gas shut off valve, combustion air, venting or leaking.

FIRE PROTECTION EQUIPMENT

- 22. Provide _____ UL and/or FM listed _____ lb. dry chemical or other _____.
- 23. Mount all extinguishers on wall with top not over 5 feet above floor.
- 24. Recommended service tag, and date on all portable fire extinguishers on annual basis and/or after each use by a certified licensed company or individual.
- 25. Recommend monthly/weekly/ inspection by owner or representative of fire extinguisher, exit lights, emergency lighting, alarm pull station or any other fire protection equipment on premises, with a log of date, condition of equipment with individuals signature.

SMOKE DETECTORS

- 26. Test smoke detector monthly/weekly, log date condition and signature.
- 27. Replace any smoke detectors with UL/FM listed, hard wired-battery back-up type.

MISCELLANEOUS

- 28. Conduct fire drills as required.
* log date, time, number of occupants evacuated, time to evacuate.
- 29. Post emergency evacuation procedures in required areas.
- 30. Instruct employees, occupants, key personnel in location and proper use of fire extinguishers. Include locations of extinguishers, pull stations on above evacuation plan.
- 31. Repair all openings: walls, ceilings, floors, fire separation
- 32. Are all fuel burning space heaters, floor furnace, and wall type electrical heaters provided with a protective screen and anchored securely?
- 33. Is the building free of any non-vented fuel burning heaters?
- 34. Are bathroom door locks designed to permit opening of the locked door from the outside in an emergency and the opening device shall be readily accessible to the staff?

Notes: Looks Good

Date Re-inspection Due _____ Fire Marshal or Representative Mark Chynoweth

Inspection Complete _____ Fire Chief Fire Chief