



City of Farmington
354 W. Main Street
P.O. Box 150
Farmington, AR 72730
479-267-3865
479-267-3805 (fax)

PLANNING COMMISSION AGENDA
November 25, 2013

**A meeting of the Farmington Planning Commission will be held on
Monday, November 25, 2013 at 6:00 p.m. at City Hall
354 W. Main Street, Farmington, Arkansas.**

1. Roll Call
2. Approval of the minutes -October 28, 2013
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. **Renewal of Conditional Use Request – renewal of home daycare
(Farmington Family Daycare)**
Property Location: 23 Ash
Presented by: Rebecca Keeton
5. Discuss sign ordinance

PLANNING COMMISSION MINUTES

October 28, 2013

1. ROLL CALL:

PRESENT

Bahn
Harris
Hutcherson
Schader
Horne
Mann

ABSENT

Clary
Wilson

2. APPROVAL OF MINUTES:

The Minutes for Sept. 23, 2013 were unanimously approved.

3. COMMENTS FROM CITIZENS:

NONE

4. RESOLUTION NO. 2013-01

It was stated they went out as far as they could on all boundaries. Steve Tennant read Resolution 2013-01 out loud. There were no comments from Public or the Commission. It was approved and passed onto City Council-2013-01.

5. REQUEST EXTENSION OF APPROVAL OF LSD FOR PROPERTY ON BROYLES STREET FOR SELF-STORAGE FACILITY.

Letecia Yarbrough bought, in June 2013, the South 4 acres & wants to continue To continue plans that Roger Hurst laid out. Melissa asked the Commission to stipulate a timeline for this extension.

Judy Horne asked if there were plans to have other developments. Owner stated she would like to explore the options and needs. Melissa pointed out if it fits C-1 we can't really keep her from it. The extension would be for LSD/facility on property that has already been approved.

Owner also stated she needs to come up with plan for storage offices. Asked about variance for manager to live on site. Melissa advised no variances available.

The FLOOR WAS OPEN FOR PUBLIC COMMENT: NONE

The Planning Commission voted unanimously for a 1 year extension of LSD as was approved.

6. DISCUSS SIGN ORDINANCE:

All business owners were invited to attend the Work Session on October 21st to discuss all types of signs. Melissa advised the Commission of what was discussed at the meeting. The Planning Commission wants to have a good working relationship with all businesses.

Motion to Adjourn: Toni Bahn

Gerry Harris 2nd.

Secretary, Planning Commission

Chairman, Planning Commission

CITY OF FARMINGTON

CONDITIONAL USE ON APPEAL APPLICATION

Initial Application

Renewal Application

CONDITIONAL USE ON APPEAL MUST BE RENEWED EACH YEAR.

Applicant's Name Rebecca Keeton Date 10/1/13
Address 23 Ash St Zoning _____
Phone # 479-856-2244 Email lucisparents@hotmail.com
Description of proposed use:
In-Home Daycare Open Mon-Fri 7am-5³⁰pm

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. Does applicant reside at the address that this conditional use was applied for?
- Yes No 3. The applicant has provided proof that each adjacent property owners have 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. *all adjacent properties have been contacted by mail or in person.*
- Yes No 4. Are public services and utilities available and adequate? *Yes, all services & utilities are up to date and adequate.*
- Yes No 5. Is fire protection adequate? *Home is equipped with interconnected smoke alarms and a yearly serviced fire extinguisher.*
- Yes No 6. Is the proposed use compatible with the surrounding area and the planned use for the area. *Yes, we try not to affect the surrounding area by the business.*
- Yes No 7. Is screening and egress safe and convenient? *Our driveway has been enlarged to accommodate several vehicles at once*
- Yes No 8. Are off-street parking and loading areas adequate? *Yes, off-street parking is available*
- Yes No 9. Will refuse and service areas **not** cause adverse effects on adjacent property? *Adjacent properties have not been effected in the past.*
- Yes No 10. Will off street parking and loading areas **not** cause adverse effects on adjacent property? *Our driveway can accommodate six vehicles at once which is ample for the number of families I serve.*
- Yes No 11. Will signs be in compliance with the City's sign ordinance? (In some zoning classifications signs are not permitted.) *No signs are posted*

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

RECEIPT

DATE 10-14-13 No. 087489

RECEIVED FROM Rebecca Kerton \$ 50.00

Fifty & no/100 DOLLARS

FOR RENT
 FOR Cond use application - day pay

ACCOUNT	
PAYMENT	<u>50.00</u>
BAL. DUE	

- CASH
- MONEY ORDER
- CHECK
- CREDIT CARD

FROM _____ TO _____
BY F. Coleman

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CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE FARMINGTON AR 72730	
Postage	\$ 0230
Certified Fee	\$0.46
Return Receipt Fee (Endorsement Required)	\$3.10
Restricted Delivery Fee (Endorsement Required)	\$2.55
Total Postage & Fees	\$6.11

Sent To
Resident
Street, Apt. No.,
or PO Box No. 15 Ash St
City, State, ZIP+4 Farmington, AR 72730

PS Form 3800, August 2006 See Reverse for Instructions

640E 1088 0000 094E 2102

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Restricted Delivery Fee (Endorsement Required)	\$2.55
Total Postage & Fees	\$6.11

Sent To
Resident
Street, Apt. No.,
or PO Box No. 32 Ash St
City, State, ZIP+4 Farmington, AR 72730

PS Form 3800, August 2006 See Reverse for Instructions

640E 1088 0000 094E 2102

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Total Postage & Fees	\$6.11

Sent To
Resident
Street, Apt. No.,
or PO Box No. 31 Ash St
City, State, ZIP+4 Farmington, AR 72730

PS Form 3800, August 2006 See Reverse for Instructions

640E 1088 0000 094E 2102

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)

7012 3460 0000 8801 3063

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 William Harley Agent
 Addressee
- B. Received by (Printed Name)
William B Harley
- C. Date of Delivery
10-8
- D. Is delivery address different from item 1?
If YES, enter delivery address below: Yes
 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:
Residents
15 Ash St
Farmington, AR
72730

2. Article Number
(Transfer from service label)

7012 3460 0000 8801 3049

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Zach Moberg Agent
 Addressee
- B. Received by (Printed Name)
Zach Moberg
- C. Date of Delivery
10-8
- D. Is delivery address different from item 1?
If YES, enter delivery address below: Yes
 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)

7012 3460 0000 8801 3056

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 Kaylie Barndome Agent
 Addressee
- B. Received by (Printed Name)
Kaylie Barndome
- C. Date of Delivery
10-8
- D. Is delivery address different from item 1?
If YES, enter delivery address below: Yes
 No

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

4. Restricted Delivery? (Extra Fee) Yes

Copy of
notice

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

To all Owners of land laying adjacent to the property at:

23 Ash St
Location:

Rebecca & Brandon 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: In Home Daycare M-F 7am-5³⁰pm

A hearing on said application will be held by the Farmington Planning Commission at Farmington City Hall, 354 W. Main Street, on NOV 25 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 at City Hall, 354 W. Main St., Farmington, Ar. 72730. Ph. #267-3865.

AFFIDAVIT

I hereby certify that I Rebecca Keeton
Print 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 nay notices that were undeliverable.

Signature: Rebecca Keeton Date: 10/1/13

FARMINGTON FIRE DEPARTMENT
DAY CARE INSPECTION FORM

Name of Business Farmington Family Day Care
Location 23 East Ash st
Owner or Manager Rebecca Keeton
Number of Children 6 Date of Inspection 11/12/13

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 combustible 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: Look real Good

Date Re-inspection Due none Fire Marshal or Representative Mark Cunningham
Fire Chief
Inspection Complete _____