



MEMO

TO: Planning and Zoning Commission
FROM: Doni Wilbanks
Planning Specialist
DATE: May 4, 2015
SUBJECT: **Conditional Use Permit**
Animal Clinic – 900 N. Beeline Highway

CUP15-003

Background

This is a request by Walter & Barbara Knoll, property owners; Holistic Veterinary Services, LLC; applicant; Timothy Patterson, DVM, agent, to allow a Conditional Use Permit for an animal clinic use in a fully enclosed building in a C-2 zoning district at 900 N. Beeline Highway parcel number 302-64-002. The properties to the north, south, and east (across Beeline Highway) are all C-2 zoned properties and used for commercial purposes. The property to the rear (west) is zoned R-1 (single-family). The building and the single-family neighborhood are separated by an alley/roadway.

Analysis

The proposed use will be in a fully enclosed building, only serving dogs and cats on site. The applicant travels to customers' locations for larger animals such as horses or goats. Animal clinics in a fully enclosed building may be allowed in C-2 zoning districts through the conditional use permit process. Certain aspects of animal clinics, such as potential noise disturbance from barking dogs, exterior animal use areas, and the risk of contaminants from bathing or treatment of animals and animal waste precipitate the need for conditional use permit approval. The building is within an existing commercial center with adequate parking facilities for this use. No exterior changes to the building have been proposed. This property is within the Northern Gila County Sanitary District (NGCSD). Public water and sanitary facilities are required and currently in use. The application and business license has gone through Development Services and there are no concerns from any other departments.

Staff Recommendation

Staff recommends: **Approval** of CUP15-003 with the conditions listed below.

1. Site shall comply with all Town of Payson development regulations, including design review requirements for commercially zoned property.
2. No dogs or other animals, which may create noise discernible by the human ear at the property lines shall be kept, maintained, bred or offered for sale on the premises.
3. That the length of this Conditional Use Permit shall run concurrent with the use of this property. That is, as long as the animal clinic use at 900 N. Beeline Highway conforms to the above conditions, this CUP is valid. Change in uses or additional uses shall require approval through the CUP process.

Suggested Motion to Approve:

“I move the Planning & Zoning Commission approve CUP15-003, a request to allow an animal clinic use in a fully enclosed building in a C-2 zoning district at 900 N. Beeline Highway with the conditions listed in the staff report.”

Citizens’ Participation meeting was held April 14, 2015. Materials are attached.

CITIZENS
PARTICIPATION
MATERIAL

April 14, 2015

Community meeting:

Call to order 1:00.

People Present:

Timothy Patterson, DVM

Concerns:

Name

Read letter from Hospice
(Attached).

Meeting Adjourned 1:15

Timothy A. Patterson


March 31, 2015

To Whom It May Concern,

This letter is to advise you that a formal meeting will be held on Tuesday, April 14, 2015 at one o'clock in the afternoon at 900 N. Beeline Hwy, Suite A in Payson, AZ. The purpose of the meeting is to allow community discussion regarding a conditional use permit for the commercial property at said address to be used as a veterinary clinic.

Sincerely,

Holistic Veterinary Services, LLC

Doctor Paterson,

*Hospice of Payson has no concerns,
and we welcome our "next door"
neighbor.*

*Respectfully
Margaret Napiewock
owner*

**TOWN OF PAYSON
PLANNING AND ZONING APPLICATION**

The undersigned Applicant(s) hereby applies for:

- | | | |
|--|---|---|
| <input type="checkbox"/> Abandonment Request | <input type="checkbox"/> Devel. Agreement, PAD & SPD | <input type="checkbox"/> Preliminary Subdivision Plat |
| <input type="checkbox"/> ADU | <input type="checkbox"/> Development Master Plan | <input type="checkbox"/> P & Z Commission Appeal |
| <input type="checkbox"/> Administrative Appeal | <input type="checkbox"/> Final Subdivision Plat | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Administrative Relief | <input type="checkbox"/> General Plan/Land Use Plan Amendment | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Guest Quarters | <input type="checkbox"/> Zone Change |
| <input type="checkbox"/> Code Amendment | <input type="checkbox"/> Minor Land Division | |
| <input checked="" type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Mobile Storage | |

Jul, 2014

Project Address: 900 N. BEELINE Hwy Tax Parcel Number: 30264002
 Subdivision: _____ Lot Number: LOT 2
 Name of Applicant(s): Timothy A. Patterson DVM Phone #: 928-951-5261
 Mailing Address: 1000 N Beeline Hwy Town: Payson St: AZ Zip: 85541
 Name of Property Owner(s): WALTER & BARBARA KNOLL, TRUSTEES
 Mailing Address: PO Box 110546 Town: Campbell St: CA Zip: 95811
 Contact Person: Tim Patterson Phone #: 951-5261 Fax #: _____
 Payson Business License # Pending Sales Tax # NA

Detailed Description of Request:

Conditional Use Permit to allow a veterinary practices on premises

(Note: Additional Description area can be included in an attachment)

Certification: I hereby certify that the data submitted on or with this application is true and correct, that I am the owner of the property at this address, or that for the purpose of obtaining this approval I am an authorized agent in his/her behalf.

Walter H. Knoll
Timothy A. Patterson
 Print Name

[Signature]
 Signature

3/20/15
 Date

STAFF USE ONLY - PERTINENT DATA			
APPLICATION	DATE	INITIALS	APPLICATION FEE:
DATE FILED	<u>3/24/15</u>	<u>OW</u>	<u>\$500</u> <u>Paid</u> CHECK NUMBER: <u>CC</u> DATE: <u>3/24/15</u>
COMPLETED APPLICATION	<u>3/31/15</u>	<u>OW</u>	
NEWSPAPER PUBLICATION	<u>4/17/15</u>	<u> </u>	
300' NOTIFICATION MAILOUT	<u>4/17/15</u>	<u> </u>	
POSTING DATE	<u>4/17/15</u>	<u> </u>	

RECOMMENDATION <u>Approval</u>	DECISIONS
By: <u>OW</u> Date: <u>4/17/15</u>	By: _____ Date: _____

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of SANTA CLARA)

On 03-12-2015 before me, JUDY CHOL, NOTARY PUBLIC
(insert name and title of the officer)

personally appeared WALTER H. KNOLL BARBARA J. KNOLL,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

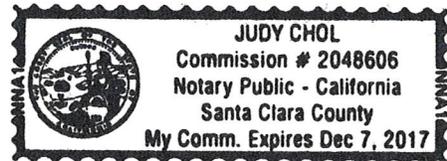
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature

Judy Chol

(Seal)



TOWN OF PAYSON
PRINCIPAL / AGENT FOR ZONING SUBMITTALS

A Principal (owner) / Agent (acts for the owner) relationship has been created between

_____ [Principal(s)] and

Timothy A Patterson, Owner (Agent),

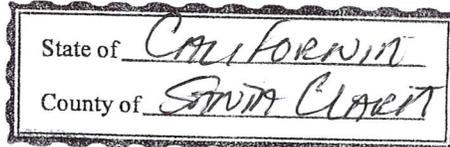
for the purpose of:

Obtaining Conditional Use Permit

Walter H. Knoll, Trustee
Principal

Barbara J. Knoll, Trustee
Principal

(Need both signatures, if husband and wife)



The foregoing Principal / Agent Relationship Statement was signed before me this 12th day of

03, 2015, by WALTER H. KNOLL BARBARA J. KNOLL [Principal(s)],

known to me to be the person(s) who signed said statement.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

See attached for proper CA
notarial wording JK

Notary Public

My commission expires:

TOWN OF PAYSON



Receipt Number: 4412

Project Number CUP15-003
Address 900 NORTH BEELINE HWY A
Applicant
Owner KNOLL, WALTER
Project Description Animal Clinic

FEES PAID

ZONING/SUBDIVISIONS	101-4-5328-720	\$500.00
TOTAL FEES PAID		\$500.00

DATE PAID 03/24/2015
PAID BY Timothy Patterson
PAYMENT METHOD CREDIT CARD

RECEIVED

MAR 30 2015

COMMUNITY DEVELOPMENT
DEPARTMENT

Parking

Patterson
900 N Beeline
Suite A

Waiting

Room

Coffee

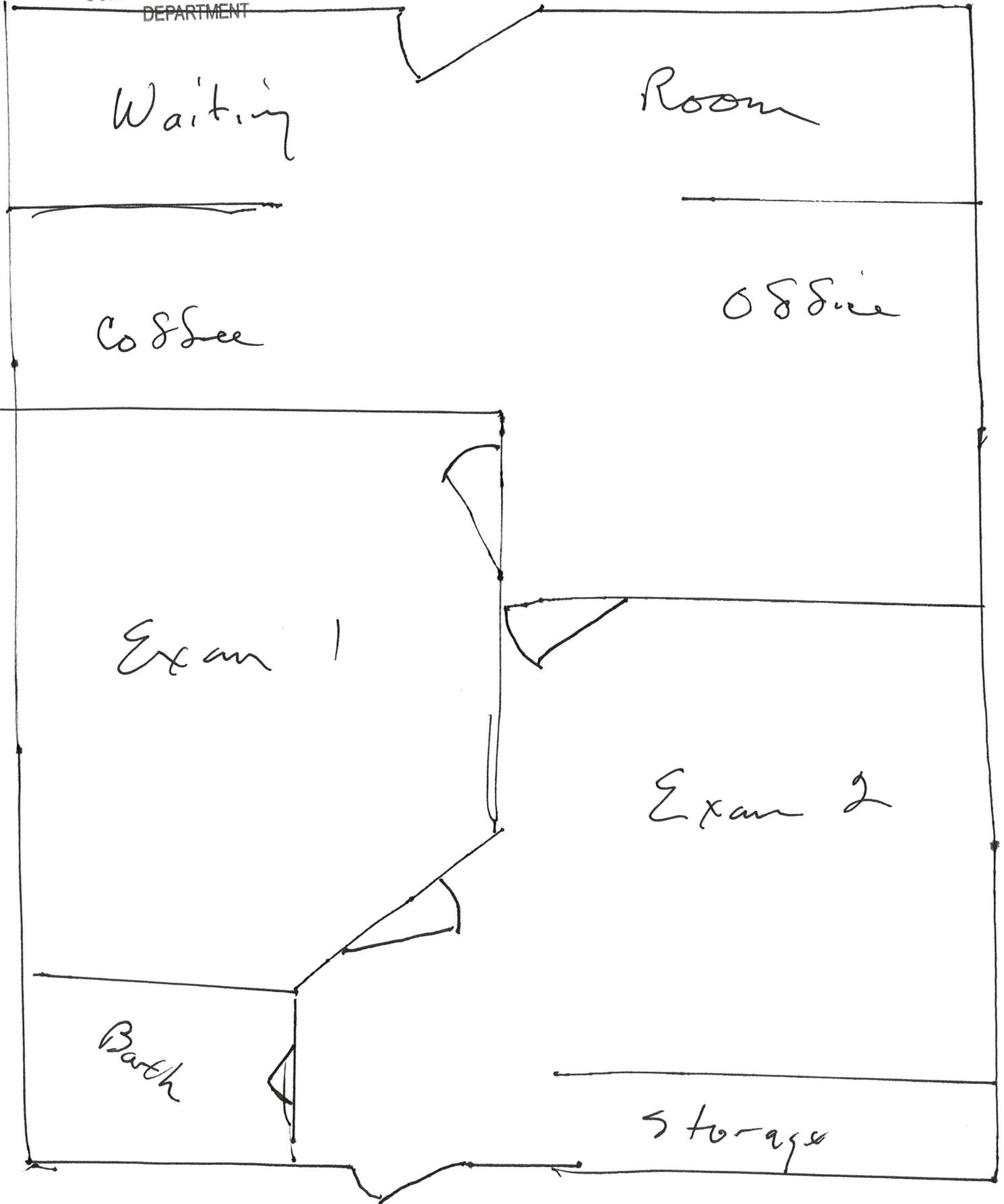
Office

Exam 1

Exam 2

Barth

Storage





Site



902

901

851

NIBELINE HWY