



## **Charleston Board of Zoning Appeals**

### **AGENDA**

8:30 a.m., Thursday, October 14, 2021

Join via internet at:

<https://us02web.zoom.us/j/82765183337?pwd=aW1DMUtVNHJLaElvVFhwc2VqZ2NEZz09>

Or call: 312-626-6799 or 929-436-2866 or 346-248-7799

Webinar ID: 827 6518 3337

Password: 822180

#### **I. Items for Review**

##### **CUP-21-0214**

Application of Christopher Hudson requesting a conditional use permit in order establish a tattoo studio on the property located at **308 41<sup>st</sup> Street, SE.**

#### **II. Approval of minutes for the September 23, 2021 hearing.**



**Board of Zoning Appeals  
PUBLIC HEARING NOTICE**

---

**Until further notice, BZA hearings will be accessible via Zoom.**

**Case Descriptions**

**CUP-21-0214:** Application of Christopher Hudson requesting a conditional use permit in order to establish a tattoo studio on the property located at **308 41<sup>st</sup> Street, SE.**

The file (including the application, site plan and other supporting documentation) is available for your inspection online at <https://charlestonwv.civicclerk.com/>. If you have questions, email [lori.brannon@cityofcharleston.org](mailto:lori.brannon@cityofcharleston.org) or call 304-348-8105.

**Hearing Details**

**WHEN:** 8:30 a.m.  
Thursday, October 14, 2021

**WHERE:** Join via internet at:  
<https://us02web.zoom.us/j/82765183337?pwd=aW1DMUtVNHJLaElvVFhwc2VqZ2NEZz09>  
Or call: 312-626-6799 or 929-436-2866 or 346-248-7799  
Webinar ID: 827 6518 3337  
Password: 822180

**Public Participation**

Anyone who wishes to comment on the case described above is encouraged to do so in one of the following ways:

1. Send a written statement to [lori.brannon@cityofcharleston.org](mailto:lori.brannon@cityofcharleston.org). These statements will become a part of the record and will be shared with members of the Board prior to the hearing.
2. Speak directly to the Board by joining the meeting via Zoom using the details listed above. ***Please provide your name and the phone number or e-mail address you'll be using to join the hearing to [lori.brannon@cityofcharleston.org](mailto:lori.brannon@cityofcharleston.org) by 5 pm on Tuesday, October 12, 2021.***

As a matter of general policy these proceedings will not be transcribed by the Board. Anyone wishing a legal transcript must provide a court reporter at his/her own expense.



Board of Zoning Appeals

# Application for Conditional Use Permit

CU # CWP-21-0214

Hearing Date: Oct 14<sup>th</sup>

| Applicant Information                                              | Property Information                                                                                                                          |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Name: <u>Christopher Hudson</u>                                    | Address: <u>308 41<sup>st</sup> SE Charleston WV 25304</u>                                                                                    |
| Address: <u>409 3<sup>rd</sup> Ave. South Charleston WV 25303</u>  | Tax Map and Parcel:                                                                                                                           |
| Phone: <u>304-395-9913</u>                                         | Zoning District:                                                                                                                              |
| Agent Name, Address and Phone Number:<br>(if other than applicant) | Property Owner and Mailing Address:<br>(if other than applicant) <u>Murhat Hachmi</u><br><u>830 Chappel Rd.</u><br><u>Charleston WV 25304</u> |

**IMPORTANT:** This application must be typed or legibly printed and filed with the Planning Department in person or by mail to 915 Quarrier Street, Suite 1 Charleston, WV 25301. The following items must accompany this application: 1) a site plan drawn to scale; 2) ~~a list of the owners, with their mailing addresses, of the properties within a 250 foot radius of the property for which the variance is being sought;~~ 3) \$125.00 filing fee in the form of a check or money order made payable to the City of Charleston. You are also encouraged to submit any additional information, including photographs, elevations, testimonials or other documentation, which may support your application. You or your representative must be present at the scheduled public hearing in order to present your request and answer questions. THE PLANNING DEPARTMENT WILL NOT ACCEPT ANY INCOMPLETE APPLICATIONS.

Please describe the proposed use. Include information such as the activities to be conducted on the site, hours these activities will be conducted, and any other data pertinent to the proposed use. If the proposed use is a business, please attach a list of the officers and their contact information. This will be a private appointment only tattoo studio. 1:00pm - 8:00pm. 5 Days a week. Tattoos will only be done By Christopher Hudson. No walk ins or heavy foot traffic.

Applicable Section(s) of the Zoning Ordinance \_\_\_\_\_

Does the proposed use comply with the conditions set forth in the Zoning Ordinance? Yes, I am already registered with the Kanawha County Health Department. Tattooing is done in a private room out of view public. Hours of operation is 1:00pm - 8:00pm. Windows are transparent. IS not located within 1500ft of another tattoo shop.

Please describe any proposed work to be done on the property. ~~XXXXXX~~ None

If your request for a conditional use permit is granted, how will others in the area be affected? No one will be affected. Appointment only tattoos would mean myself and the person being tattooed will be the only people in the Building. Not alot of come and go traffic.

Will your request devalue the property of others in the vicinity by altering land use characteristics or diminishing the marketable value of adjacent land and structures or increasing congestion on public streets? No, no altering or changes would be made. Myself and my client will be the only traffic in and out of the property.

Is your request consistent with the purposes and intent of the Zoning Ordinance of the City of Charleston? Small Business

I hereby affirm that all of the statements and information contained in or filed with this application are true and correct to the best of my knowledge.

Signature

Date

Aug 26<sup>th</sup>, 2021

| Planning Department Use Only                                                                                                               |      |
|--------------------------------------------------------------------------------------------------------------------------------------------|------|
| The following is a list of related cases:                                                                                                  |      |
| The following is a list of zoning ordinance violations, building code violations and enforcement actions relating to the subject property: |      |
| Application reviewed by:                                                                                                                   |      |
| Action: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected                                                                |      |
| If approved, were there any specific conditions or limitations imposed by the BZA?                                                         |      |
|                                                                                                                                            |      |
|                                                                                                                                            |      |
| Planning Official Signature and Title                                                                                                      | Date |



