



Charleston Board of Zoning Appeals

AGENDA

8:30 a.m., Thursday, August 25, 2022

City Service Center Conference Room · 915 Quarrier Street

I. Items for Review

VAR-22-3015 & CUP-22-0225

Application of Joseph Shawkey requesting a conditional use permit and a waiver of the spacing requirements in order to establish a vape/smoke shop on the property located at **1429 Washington Street, East.**

CUP-22-0226

Application of Dawn Parsons on behalf of Wandering Wind Meadery requesting a conditional use permit in order to serve alcohol on the property located at **422 Washington Street, West.**

II. Approval of minutes for the August 11, 2022 hearing.



**Board of Zoning Appeals
PUBLIC HEARING NOTICE**

Case Description

CUP-22-0226: Application of Dawn Parsons on behalf of Wandering Wind Meadery requesting a conditional use permit in order to serve alcohol on the property located at **422 Washington Street, West.**

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 or call 304-348-8105.

Hearing Details

WHEN: 8:30 a.m.
Thursday, August 25, 2022

WHERE: City Service Center Conference Room
915 Quarrier Street

Public Participation

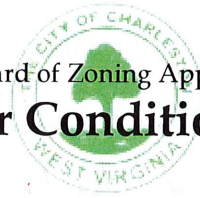
Anyone who wishes to comment on the case described above is encouraged to do so in one of the following ways:

1. Send a written statement to lori.brannon@cityofcharleston.org. 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.

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 # _____

Hearing Date: _____

Applicant Information	Property Information
Name: Joseph shawkey	Address: 1429 Washington St. E Charleston WV 25311
Address: 2312 Washington St. E #2 Charleston WV 25311	Tax Map and Parcel:
Phone: 304 421 9457	Zoning District:
Agent Name, Address and Phone Number: (if other than applicant) Joseph shawkey 2312 Washington St. E Apt. # 2 Charleston W-V 25311	Property Owner and Mailing Address: (if other than applicant) George shawkey 734 Mayflower Dr. Charleston WV 25311

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, or by email to planning@cityofcharleston.org. The following items must accompany this application: 1) a site plan drawn to scale; 2) \$125.00 filing fee in the form of a check or money order made payable to City of Charleston; 3) 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. operation
of tobacco / smoke vape store. Hours of operation
time 9 AM to 9 PM daily. Entry limited to
adults over 21 years of age. lesse operator
to be Abdul Gabar Abdo Nassar

Applicable Section(s) of the Zoning Ordinance _____

Does the proposed use comply with the conditions set forth in the Zoning Ordinance? _____

Please describe any proposed work to be done on the property. Property has been prepared for operation including security doors and windows, secured shelving and show cases.

If your request for a conditional use permit is granted, how will others in the area be affected? other parties or properties will not be affected

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, but proposed use will improve the area

Is your request consistent with the purposes and intent of the Zoning Ordinance of the City of Charleston? yes. proposed use will be more controlled than surrounding businesses and will promote other businesses

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

7-11-2022
Date

Board of Zoning Appeals
Application for Variance

BZA # _____

Hearing Date: _____

Applicant Information	Property Information
Name: Joseph Shawkey	Address: 1429 Washington Street East
Address: 2312 Washington St E Apt 2 Charleston WV 25311	Tax Map and Parcel: 11-20-5
Phone: 304-421-9457	Zoning District: CVD
Agent Name, Address and Phone Number: (if other than applicant) Joseph Shawkey 2312 Washington Street East, Apt 2 Charleston, WV 25311	Property Owner and Mailing Address: (if other than applicant) George Shawkey 734 Mayflower Drive Charleston, WV 25311

INSTRUCTIONS: 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 100 foot radius of the property for which the variance is being sought; and
3. \$125.00 filing fee in the form of cash, personal 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 INCOMPLETE APPLICATIONS.

A variance is a method by which a property owner receives permission to vary from the development standards established in the Zoning Ordinance governing such matters as building location, building dimensions, setback requirements, placement and quantity of parking, landscaping, signage, and other features included in site design. **Please describe your variance request.** Variance from amendment of section 3-060 supplemental regulation to land use table so vape/smoke shop introduced January 18, 2022 adopted March 7, 2022 was not known to the applicant nor the tenant at the time of the agreement to lease premises. This amendment altered distance from a school from 1,000 ft to 1,500 ft. It is believed the subject property is approx. 1,200 ft from the nearest school.

Applicable Section(s) of the Zoning Ordinance 3-060

Please describe the proposed work to be done on the property. _____

Work on property for occupancy by tenant for use as a tobacco/vape/smoke shop has been completed, with barred windows and doors and secured shelving to preclude theft and access to products except by sales personnel.

IMPORTANT: According to Section --- of the Code of the State of West Virginia and Section 29-040 of the City of Charleston's Zoning Ordinance, the Board of Zoning Appeals may grant a variance if and only if **ALL** of the following four criteria can be satisfied:

- 1.) The variance, if granted, will not adversely affect the public health, safety and welfare or the rights of adjacent property owners or residents; and,
- 2.) The variance arises from special conditions or attributes which pertain to the property for which a variance is being sought and which were not created by the person or entity seeking the variance; and,
- 3.) The variance, if granted, would eliminate an unnecessary hardship and permit a reasonable use of the land; and,
- 4.) The variance, if granted, will allow the intent of the Zoning Ordinance to be observed and substantial justice done.

1.) If granted, your variance must not adversely affect the public health, safety and welfare or the rights of adjacent property owners or residents. For example, public safety cannot be compromised by limiting access for emergency vehicles, and neighboring property owners must not be hindered in the use their properties in any manner permitted in the Zoning Ordinance. If your variance request is granted, how will others in the area be affected? Others in area will not be in any way affected.

2.) Your request must arise from special conditions or attributes which pertain to the subject property and which you did not create. The size, shape and topography of your lot are examples of the physical conditions which may satisfy this criterion. In comparison with other properties in the vicinity and under the same zoning regulations, what is unusual or different about the subject property?

The subject property is designed and has been historically used for the sale of tobacco and alcoholic products which is still being sold by adjacent businesses.

3.) **An unnecessary hardship is neither personal nor financial in nature.** In this application, an unnecessary hardship is a problem created by some feature of the land which prevents the owner from making reasonable use of the property as permitted by the Zoning Ordinance. The following three questions help to determine if there is an unnecessary hardship with regard to your property.

Without a variance, are you deprived of all beneficial use of your land?

Yes, because other uses are not secure from theft and loitering which is very prevalent in the vicinity of the premises.

Is your situation due to unique circumstances that are not shared by other land in the district?

Applicant is not aware of any other tobacco/vape shops in this district.

Would approval of your variance request alter the essential character of the surrounding neighborhood or community? no

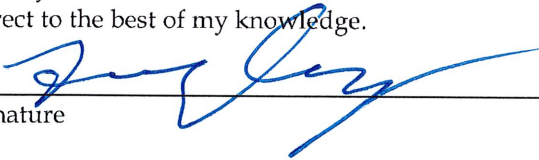
4.) The general purpose and intent of the Zoning Ordinance of the City of Charleston is to protect and promote the public health, safety, convenience, morals and general welfare. For more specific information in regard to the scope and intent of the Zoning Ordinance, please see Section 1-020 as well as the section from which you are requesting this variance. Will approval of the variance allow the intent of the Zoning Ordinance to be observed?

Yes

Substantial justice is the idea that a standard of fairness has been satisfied according to the substance of the law. Does your variance request represent the least deviation from the Zoning Ordinance necessary to achieve an outcome that is fair to both you and to your community? _____

Yes

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

6-30-2022
Date

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: ☐ Approved ☐ Rejected	
If approved, were there any specific conditions or limitations imposed by the BZA?	
Planning Official Signature and Title	Date



**Board of Zoning Appeals
PUBLIC HEARING NOTICE**

Case Description

CUP-22-0226: Application of Dawn Parsons on behalf of Wandering Wind Meadery requesting a conditional use permit in order to serve alcohol on the property located at **422 Washington Street, West.**

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 or call 304-348-8105.

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Alcohol Related Conditional Uses in Charleston, WV

Application for Conditional Use Permit
Release of Information
Security & Operations Plan

Wandering Wind Meadery

(Name of Proposed Business)

Board of Zoning Appeals

Application for Conditional Use Permit



CU # _____

Hearing Date: _____

Applicant Information	Property Information
Name: <u>Wandering Wind Meadery</u>	Address:
Address: <u>422 Washington St. W., Char., WV 25302</u>	Tax Map and Parcel: <u>WC Map 27 Parcel 403</u>
Phone: <u>(304) 932-3678</u>	Zoning District: <u>UCD</u>
Agent Name, Address and Phone Number: (if other than applicant) <u>Dawn Parsons</u> <u>5018 Kingswood Dr., Apt. F</u> <u>So. Char., WV 25309</u>	Property Owner and Mailing Address: (if other than applicant) <u>PJ Gilmer Inc.</u> <u>424 Washington St. W</u> <u>Charleston, WV 25302</u>

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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. We intend to be a retail space to sell Mead. We make numerous varieties ie. Triple Berry Mocha: Raspberry, Blackberry, Blueberry, 100% Dark Ghiradelli Chocolate with Coffee, Irish Sailors Mead: Lavender, Rosehips, Heather Tips, Juniper Berry, Orange Peel and aged over Bourbon Barrel Oak Chips; Vanilla Chai; Blueberry Maple; Chili Caramel Cacao; etc... We sell our bottles \$25- \$35 per bottle. We will sell wine related merchandise as well. We will have tasting events and charge \$20 per person to taste.
Dawn Parsons Secretary/Treasurer (304) 932-3678 dawnparsons@meadery.com
Michael David Bragg President (304) 561-8471 davidella-fiamma@gmail.com

Applicable Section(s) of the Zoning Ordinance _____

Does the proposed use comply with the conditions set forth in the Zoning Ordinance? _____

As we understand them, we are consistent with Charleston Zoning Ordinance.

Please describe any proposed work to be done on the property. We have been paying rent and utilities at our retail space since Jan. 2022. We have purchased over \$10,000 worth of Mead making supplies, several thousand worth of fine Crystal glassware, tables with stools, sinks, remodeled rooms, and have been building our counter ourselves. We have purchased bookshelves to use for selling our inventory, purchased security cameras, removed and changed lights and installed comfortable ceiling fans, we have created a comfortable cozy sitting area as well

If your request for a conditional use permit is granted, how will others in the area be affected?

We intend to provide a space to educate others on the historical art of Mead making, offer a retail space to host art shows for local artists who may not have another opportunity to showcase their talents, help bring more tourism to Charleston, help the City become more well-rounded and add more diversity to our growing community, and bring more customers to Elk City to help it grow and thrive.

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?

There is off street parking behind our building, so there should not be an increase in congestion on public streets. We expect our business to increase the land value by bringing a new thriving business to Elk City with new customers. We did not alter the exterior of the building or land or parking lot, so our footprint in the area was nonexistent. We are not a bar or restaurant, but a retail store that will offer tastings with intent for the customer to taste, buy a bottle and leave.

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

As we understand them, we are consistent with Charleston Zoning Ordinances

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.

Dawn Parsons
Signature

7-14-22
Date

Security & Operations Plan

Submittal Requirements

Exterior Site Plan indicating the location of the following:

- | | |
|---|---|
| ☒ Entrances/exits | ☐ Exterior lighting |
| ☒ Parking area, if applicable | ☐ Surveillance cameras |

Interior Floor Plan indicating location of the following:

- | | |
|--|---|
| ☒ Bar | ☐ Food service/preparation areas |
| ☒ Fixed seating | ☒ Movable seating |
| ☐ Stage and/or DJ platform | ☐ Dance floor, if applicable |
| ☒ Security personnel | ☐ Interior cameras |

Description of Operations

Please provide a narrative description of the business operations, including the type and frequency of entertainment to be provided.

We will be producing our Meads in the upstairs production area. The downstairs is for customers. It has a bathroom and a retail floor with seating for customers to come in and sample our products to purchase the bottles of their choosing. We are not a bar. We may have friends sit and play an acoustic guitar, or allow customers to sit and read books. We intend to host themed paid tastings, where the customers will be limited to a small group and pay \$20 to enter, then sample the products with intent to sell the bottles. We are a retail space mostly, and will provide snacks free, such as cheese, chocolates, nuts and olive varieties. Our children will also be with us daily while open. And we intend to exhibit art shows for local artists. We may also start a brewery club to teach others the antiquated art of natural mead making.

Hours of Operation Thurs 4-9pm, Fri 4-9pm, Sat. 2-9pm, Sun 11-5pm

We will have our children with us, so hrs need to end early.

Full meal service should be available during normal meal times, and snacks/appetizers must be available during all other operating hours. Please provide a narrative description of the business's plans for food service. Include as an attachment the menu to be offered, and written agreements with any restaurant, off-site kitchen, or delivery service.

We do not want to cook or prepare food at our retail store. We do want to provide snacks and hors d'oeuvres to accompany and enhance the flavors of our meads. Some charcuterie trays, fine dark chocolates, grapes, berries, etc. We are not a bar, but instead a retail space.

Responsibilities of the Establishment

Please initial after each statement indicating understanding and acknowledgement of responsibilities of the business owner.

Provide an adequate number of management staff, security personnel, and employees to effectively manage the establishment.

DP (initial)

Use reasonable measures to provide a safe and clean environment for guests and employees.

DP (initial)

Maintain both the interior and exterior of the establishment in a safe, well-maintained condition that is inviting to the public.

DP (initial)

Ensure all managers, bartenders, and servers complete the Professional Server Certification Corporation's On-Premises Responsible Serving Course. Copies of staff certification must be kept on site and made available to City staff upon request.

DP (initial)

Security Personnel

Please initial after each statement indicating understanding and acknowledgement of responsibilities of the business owner.

A minimum one of security personnel shall be provided for every 35-50 patrons during any time when entertainment is provided on the premises. It is the responsibility of the establishment to monitor and adjust the number of security personnel provided based on business operations.

DP (initial)

The approximate locations of security personnel must be shown on the floor plan submitted with this application. Security personnel should be stationed in strategic locations throughout the establishment to ensure adequate oversight and management of the entire premises.

DP (initial)

Security staff should be easily identifiable to customers. Apparel clearly identifying security personnel is recommended. Other equipment recommended for security personnel includes flashlight, manual counter, black light, and a communication device.

DP (initial)

Security personnel should be stationed at all points of entry into the establishment in order to check IDs, enforce establishment dress codes when applicable, ensure that alcoholic beverages do not enter or leave the establishment, and to deny entry to anyone who has been barred from the establishment or is obviously intoxicated.

DP (initial)

Additional security personnel should be positioned strategically around the establishment to monitor the crowd, identify patrons who are becoming unruly or visibly over-intoxicated, and maintain open walkways.

DP (initial)

Last Call Process

Last call occurs at least 30 minutes prior to closure.

Entertainment is terminated and house lights are turned up 15 minutes prior to closure.

Customers are asked to leave the business 10 minutes prior to closure.

Security personnel should assist in the dispersal of customers from the premises and prevent loitering in the vicinity of the establishment.

DP (initial)

Addressing Customers with Bad Behavior/Over-consumption

In the event that security personnel determines that there is a need to address a customer who is over-intoxicated or behaving badly, the following protocols should be undertaken:

1. Immediately and discreetly explain the rules to the customer and then promptly enforce the rule. If possible and appropriate, separate the customer from any group. It is the responsibility of security personnel to assess the situation to determine if a warning is appropriate prior to taking corrective action.
2. Notify the bar and wait staff that they are not to serve the customer any additional alcoholic beverages. In the event that the customer is observed with an alcoholic beverage, the customer should be asked to leave the premises.

3. If the customer is not violent or aggressive, provide the customer time to collect their belongings and pay any open tabs. If necessary, escort the customer out of the premises. It may be appropriate to allow the customer to close a tab once outside of the establishment.

DP (initial)

Employees are not to serve alcohol to any person who shows signs of being visible intoxicated, nor should any such person be allowed to enter the establishment. If a patron is "cut off" by a staff member, all other staff members are to be notified immediately. If a patron is too impaired to leave safely, the establishment will make reasonable efforts to arrange transportation on his or her behalf.

DP (initial)

Emergency Contact Information

Please list responsible parties to contact in case of emergency. Include name, cell phone number, and email address.

Dawn Parsons (304) 932-3678 dawninggawareness@gmail.com
Michael David Bragg (304) 561-8471 davidella-fiamma@gmail.com

ACKNOWLEDGEMENT

I have read and understand the policies, procedures, and standards expected of myself, my staff and my establishment. By signing below, I acknowledge that I understand and will abide by this Security & Operations Plan.

Signature:

Dawn Parsons

Print Name:

Dawn Parsons

Title:

Secretary / Treasurer

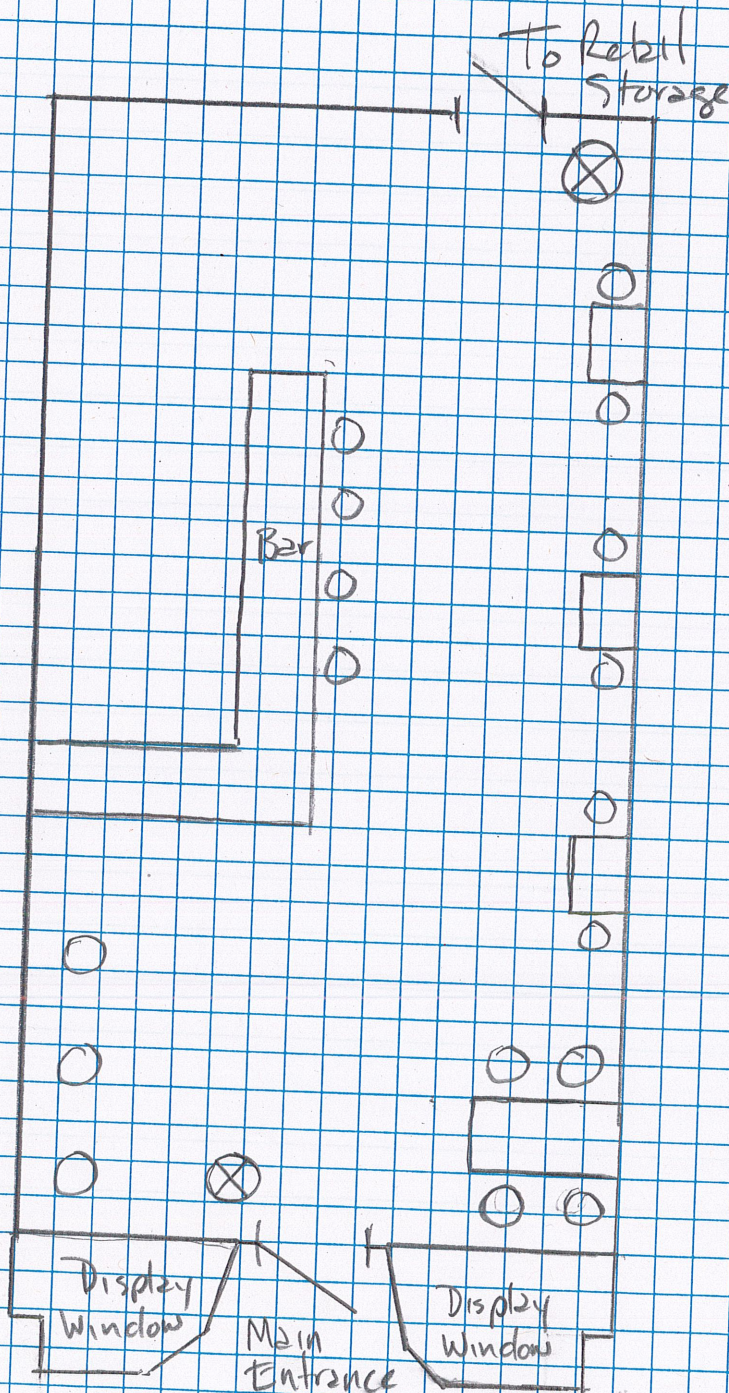
Date:

July 14-2022

Retail Space

Scale 1" = one foot

Display windows at front



32' x 16'

Scale 1" = 1 foot

480 ft²

○ = movable seating
⊗ = Security

12' x 8'6"

Upstairs
Production
of
Wine

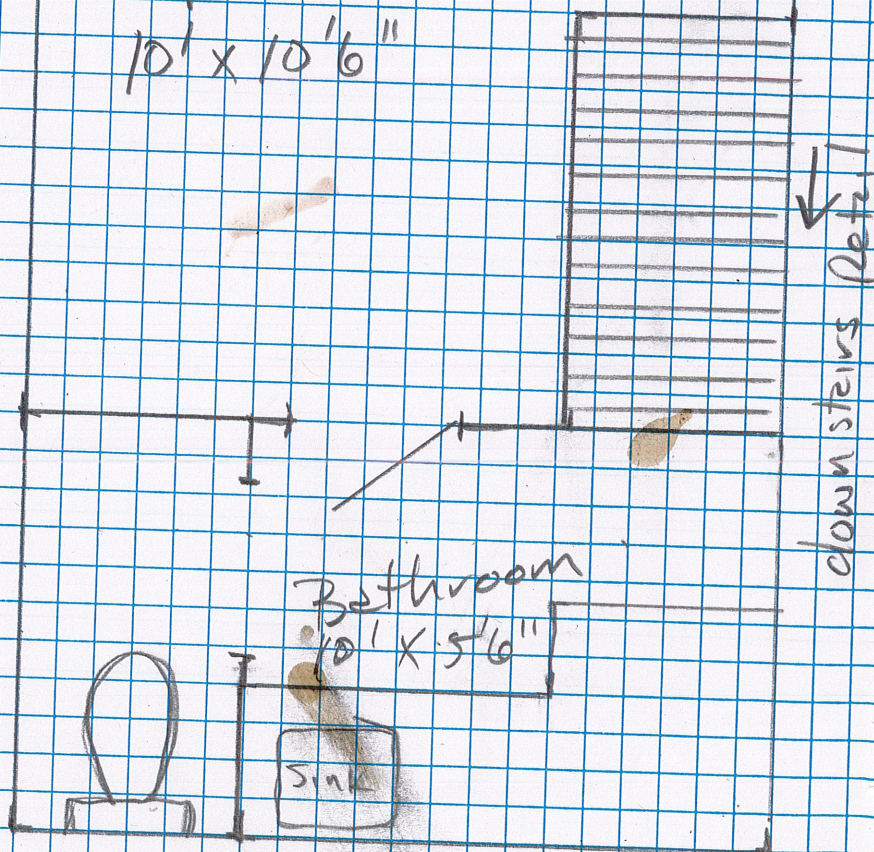
Production
Room
10' x 10'6"

Scale  = One foot

No windows

262 ft²

Bathroom
10' x 5'6"



Downstairs Bathroom

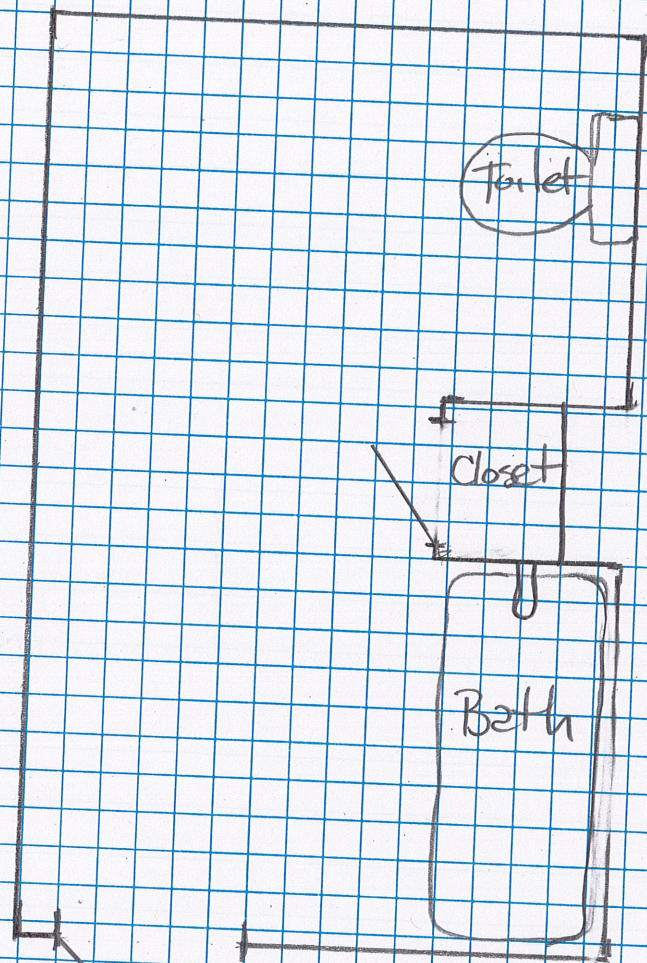
No windows

7'10" x 12'2"

Scale

1" = One foot

106 ft²



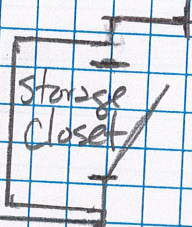
to
Retail
Storage

Retail Storage Space

no windows

18' 9" x 11' 5"

230 ft²



to
bathroom

Scale

1" = 1 foot

to
Retail
Space

locked door
to lead upstairs
to ~~lead~~ production
~~down~~

to
Stirrwell
and
Manufacturing

