

?BOARD OF ADJUSTMENT

Notice of Public Meeting
City Council Chambers, City Hall
10 West State Street, Marshalltown IA

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1. Call To Order & Roll Call

Danielson

Engle

Schulze

Thurston

Wenner

2. Board Of Adjustment Mins 1-14-2020

Documents:

[BOARD OF ADJUSTMENT MIN 011420.PDF](#)

3. Home Occupation Special Use Permit- Healing Space

Documents:

[HEALING SPACE_05192020.PDF](#)

MISSION STATEMENT

The City of Marshalltown collaborates to provide a welcoming, safe, vibrant, and growing community.

Board of Adjustment

Meeting Minutes - January 14, 2020

Meeting was called to order at 5:00 PM in the City Council Chambers at 10 W. State Street

1. Roll Call:

Present: Danielson, Engle, Schulze, Thurston and Wenner

Absent:

2) Meeting Minutes From 11/19/19

Thurston Motion to approve

Wenner seconded

All approve and accept minutes

3) Public Hearing: Special Use Permit 1602 S 2nd Ave

Public Hearing open at 5PM – No public comments received – Public Hearing Closed.

Knutson presented information related to history of Special Use Permits issued in the past for the cellphone tower at 1602 S 2nd Ave. Noting that the Plan Zoning Commission recommended the upgrades.

Shawn Kellis presented the request to the board. Height increase of 10' and increase the cannister size.

Schulze: Vertical antennas won't be there anymore?

Kellis:

Spohnheimer: The office only received two calls for information on the sign posting, what was being requested. Didn't receive any written comments, and no comments. No public comments at Plan Zoning Commission.

Schulze: Is this a colocation antenna

Kellis: No

Spohnheimer: There are not many colocation towers.

Schulze: opens questions to the board.

Thurston: How long will the work take?

Kellis: about two weeks.

Wenner: how this this affect service?

Kellis: will move the antennas down.

Wenner: when will this take place?

Kellis: Don't schedule because of permitting process.

Schulze: Will coordinate with the school?

Kellis: Absolutely. Already have been in conversation. The tower crew will coordinate. Might be spring break, or after school gets out for the summer.

Schulze: This won't make any changes at the base of the tower.

Kellis: anything that's going on the ground will go inside the shelter. No expansion of the ground space.

**Motion by Thurston to approve the Special Use Permit. Second by Wenner. All Aye.
Motion carried 5-0.**

With no further business, the meeting adjourned.

Meeting minutes prepared by,
Caleb Knutson
City Planner

PERMIT # _____

Home Occupation Registration Form

City of Marshalltown, 36 North Center Street, Marshalltown, IA 50158
Phone: 641-754-5756; Fax: 641-754-5742 Email: cknutson@marshalltown-ia.gov

This form must be complete or the application cannot be accepted.

Applicant Name: Claire Gervich	Business Name: Healing Space
Address: 2501 Reyclif Dr.	
Phone: 641-751-7330	Email: hanken.claire@gmail.com

Please describe your home occupation (attach additional information if necessary).

I am a licensed massage therapist. I see about 2-5 clients a day and they come only 1 at a time. I have a ranch style home with a double walkout basement, where I would be setting up my home office practice.
* See attached sheet.

Please check the appropriate category for your home occupation:

- | | |
|--|--|
| <input type="checkbox"/> Office facilities for accountant, architect, engineer, lawyer, clergyman, or other similar professional occupations. | <input type="checkbox"/> Telephone answering. |
| <input type="checkbox"/> Office facilities for telecommuters, salesmen, sales representatives, manufacturer's representatives, and other similar trades or occupations | <input type="checkbox"/> Catering, home-cooking and preserving for the purpose of selling the product. |
| <input type="checkbox"/> Home sewing or tailoring. | <input type="checkbox"/> Tutoring or giving lessons, limited to four students simultaneously. |
| <input type="checkbox"/> Studio for an artist, photographer, writer, or composer. | <input type="checkbox"/> Day care homes.
(List the number of permitted Children: _____) |
| | <input checked="" type="checkbox"/> None of the above, Special Use permit required. |
| | <input type="checkbox"/> None of the above, use "grandfathered". |

The following home occupations are prohibited: Animal hospitals, private clubs, restaurants, stables and kennels, automobile repair or auto body shops (More than 2 vehicles per year which are not registered at the residence and are rebuilt, repaired, or reconstructed shall constitute an automobile repair or auto body shop), automobile paint shops, any occupation which is considered illegal by law, and any use which does not meet the Home occupation regulations.

Home Occupation Regulations

- a) **Appearance.** That in connection with which there is no display that will indicate from the exterior that the building is being utilized in part for any purpose other than that of a dwelling, with the exception of one home occupation sign defined in section c) below.
Initial that you understand this appearance requirement: GG
- b) **Design.** That the building shall include no features of design not customary for residential use; That the building or premises occupied shall not be rendered objectionable or detrimental to the residential character of the neighborhood due to exterior appearance or by the emission of dust, gas, noise, odor, or smoke, or in any other way.
Initial that you understand this design requirement: CG
- c) **Signs.** Any sign utilized by a home occupation in an "R" (residential zoning) district shall be limited to one building mounted sign which shall not exceed one square foot in area.

Attach a photo or drawing of the home occupation sign to be used showing all dimensions and where it will be mounted. Initial that you understand this design requirement: CG

d) **Equipment.** Any merchandise or stock in trade sold, repaired or displayed shall be stored entirely within the residential structure or in an accessory building.
Are any dangerous materials stored? Yes No
If yes, please list the materials: _____

e) **Employment.** On-site employees must be members of the immediate family residing on the premises. Additional employees may be permitted as required by law or may be permitted through the Home Occupation Special Use Permit process by the Board of Adjustment.
How many people are employed? self
How many employees are not members of the immediate family residing on the premises? _____
List all employees: Claire Gervich

f) **Traffic and Parking.** Traffic generated by the home occupation shall not be objectionable to the neighboring residents. Off-street parking shall be adequate to accommodate the parking demand generated by the home occupation.
How many visits per day are made to your business? 2-5
How many parking spaces are available? 4

g) **Structural modifications.** Structural modifications or additions to the residence for the expansion of a home occupation is prohibited.
Initial that you understand this requirement: CG

h) **Non-compliance.** Any home-occupation which does not abide by the terms of this section shall be punishable under the Violation and Penalty section of the zoning ordinance. Any person, firm or corporation who violates, disobeys, omits, neglects, or refuses to comply with, or who resists the enforcement of any of the provisions of this Ordinance shall, upon conviction, be fined not more than one hundred (\$100.00) dollars for each offense. After a written notice of such violation, each day that the violation is permitted to exist beyond the expiration of the time designated on said notice, shall constitute a separate offense.

- Please attach Please read the attached Section 156.025-Home Occupations excerpt from the Zoning Ordinance.
- a photo of the residence and site map showing parking.
- This home occupation permit does NOT continue with the land and is NOT transferable.
- Any changes to the operation of the home occupation requires a re-registration.

Agreement: I hereby state I have received, have read and understand the terms of the home occupation section of the Zoning Ordinance. I agree to comply with the ordinance.

Signature of applicant: Claire Gervich Date: 4-28-20

- Home Occupation permitted
 Home Occupation grandfathered (Legal non-conforming)
 Special Use permit granted on _____

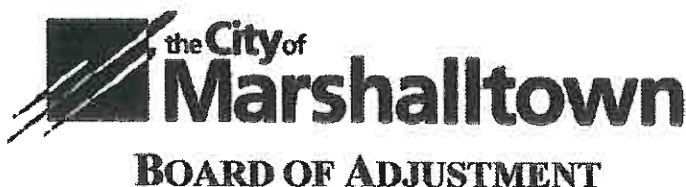
City Planner, City of Marshalltown

Date

* Home occupation description continued...

My clients would park in the driveway where they would then walk to the back of the house on a cement walkway. They would enter into the basement living room/waiting area. The nature of my business is very peaceful and quiet. There would be minimal traffic added to the neighborhood, zero noise, and all parking can be done in our private driveway. I do not plan to display any sign.

DATE SUBMITTED & FEE PAID: _____
HEARING DATE: _____



Special Use & Home Occupation Special Use Permit Application

36 N. Center Street, Marshalltown, IA 50158 Ph: 641-754-5756 Fax: 641-754-5742

All items listed must be submitted with this application:

A site plan, drawn in ink to scale. This site plan shall not be larger than 11" X 17."

Any other applicable drawings or diagrams. Home Occupation Special use permits must submit a floor plan diagram.

Application fee. A \$300 fee is required for a special use request (\$50 for a Home Occupation Special Use request). Make check payable to "City of Marshalltown." The fee must be paid when the application is submitted to the Housing Department.

Legal description of the property. The property owner should have a copy of the legal description of the property. Please note that the tax description on the Marshall County assessor's webpage is NOT the legal description. The legal description is listed on the property's abstract or owners may obtain a copy of the recorded deed from the Marshall County Recorder's Office for a fee.

It is the burden of the applicant to provide sufficient facts with this application and at the Board of Adjustment meeting to support a finding that all the standards for approval have been met. For all special use requests, with the exception of a Home Occupation Special Use request, the Plan & Zoning Commission shall first review the proposal and make a recommendation to the Board of Adjustment.

Attendance at all meetings is required.

Please type or print legibly in ink.

Property Address: 2501 Reyclif Dr.

Owner: Claire Gervich

Mailing Address: 2501 Reyclif Dr.

Phone: 641-751-7330

Email: hanken.claire@gmail.com

Owner's Agent (if applicable):

Agent Address:

Agent Phone:

Agent Email:

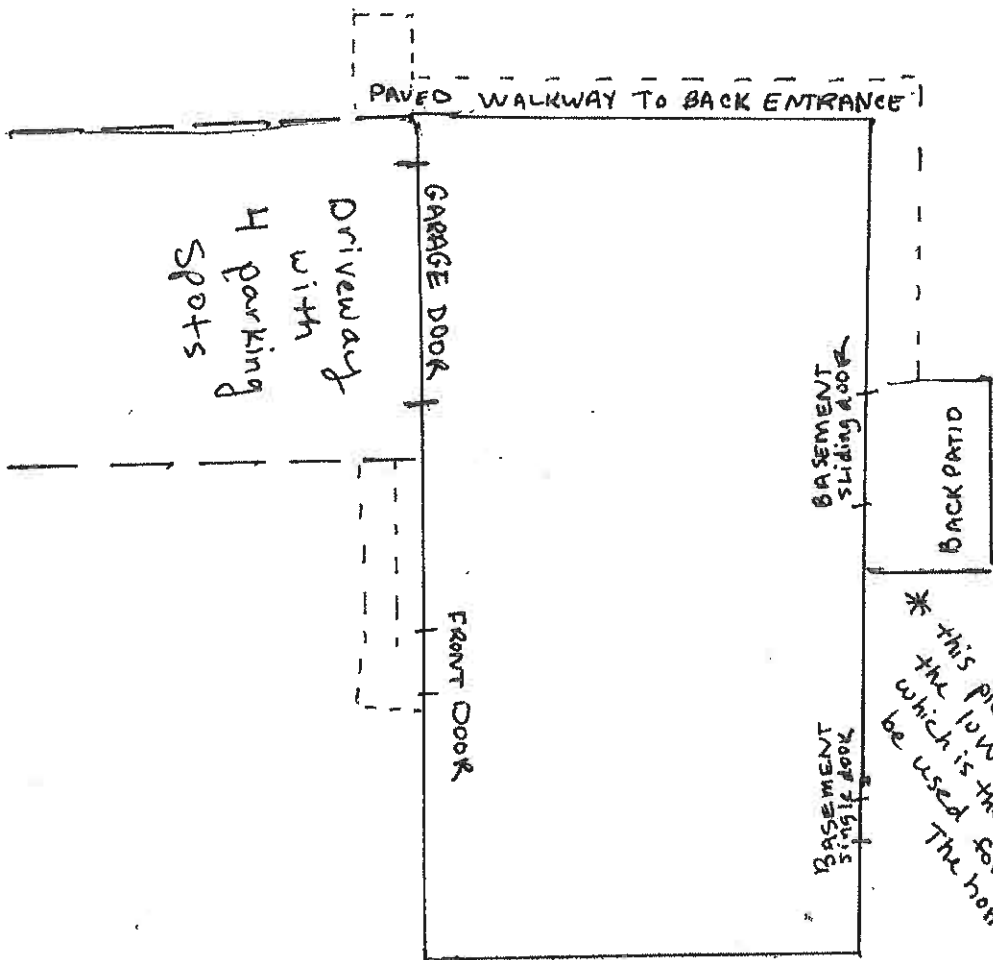
The board will use this information to review your request. Please attach any additional supporting information. If you have any questions, please contact the Zoning Department at 754-5756.

Please describe the request and what justification there is for the proposal. Attach additional pages if necessary. If applicable, please provide a description of the business or use, discuss any signage to be used, and parking issues.

Owner/Agent Signature: 

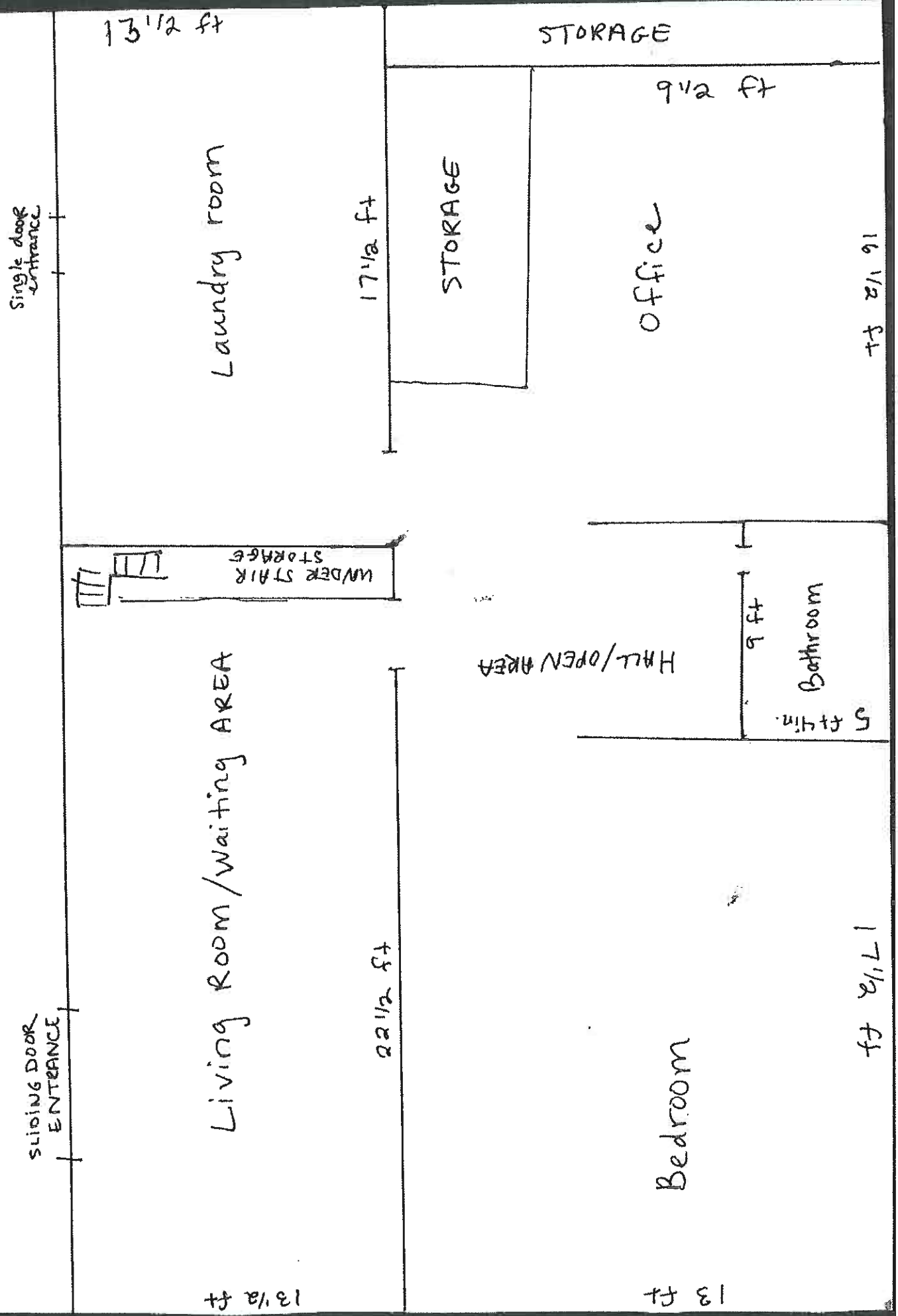
Date: 4-28-20

Site MAP of Home
2501 Raycliff Dr.



* this picture only shows house in the back
the lower level of house that will
which is the part that will
be used for my workspace.
The home is a walkout ranch.

INDOOR SPACE FLOOR PLAN - BASEMENT WORKSPACE
DOUBLE WALKOUT



MARSHALL COUNTY ABSTRACT COMPANY
MEMBERS OF IOWA TITLE ASSOCIATION AND OF THE AMERICAN TITLE ASSOCIATION

ABSTRACT OF TITLE
OF

LOT 1 IN BLOCK 3 IN REYCLIF ADDITION TO MARSHALL,
MARSHALL COUNTY, IOWA, SUBJECT TO RESTRICTIVE
COVENANTS OF RECORD, FROM THE DATE OF GOVERNMENT
ENTRY.

PREMIER

REAL ESTATE

2003 S. Center St. • Marshalltown, IA 50158
641-754-5678

Property: 2501 REYCLIFF

NUMBER 1

UNITED STATES	Kind of Instrument	Certificate of Entry
TO	Dated	June 6, 1855
SAMUEL WATTS	Abstract of Original Entries, No. 15417	

DESCRIPTION OF PROPERTY

The Northeast Quarter of the Southwest Quarter of Section 33, Township 84 North, Range 18 West of the 5th P. M., Marshall County, Iowa, and other real estate.

NUMBER 2

UNITED STATES	Kind of Instrument	Patent
TO	Filed	February 2, 1939
SAMUEL WATTS	Dated	January 15, 1858

Book 348, Page 359

DESCRIPTION OF PROPERTY

The Northeast Quarter of the Southwest Quarter of Section 33, Township 84 North, Range 18 West of the 5th P. M., Marshall County, Iowa, and other real estate.

NUMBER 3

IN THE DISTRICT COURT OF IOWA IN AND FOR MARSHALL COUNTY

IN THE MATTER OF THE ESTATE OF)

IN PROBATE NO. 3 6 0 4

SAMUEL WATTS, SR., DECEASED)

On April 19, 1913, the following Will was filed in the above entitled matter:

W I L L

IN THE NAME OF GOD, AMEN. This my last Will and Testament. I, Samuel Watts, Senior, being of sound mind and body, delegate, appoint and authorize, my two sons, Mart O., and S. H. Watts, and son-in-law W. H. Oldt, an Executive Committee to save time and expense, to transact business and to be my true and lawful Executors of my Estate, east, west or south (Majority of Trustees shall always prevail) and I pray God may so influence them to be in perfect harmony with each other and perfect peace reign supremely among them. In event of death of one, the remaining two shall have the power to select and appoint a third to take his place.