



CITY OF WHEELING PLANNING COMMISSION

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STAFF REPORT

PROPERTY LOCATION: 62 Greenwood Avenue
NATURE OF REQUEST: Class II Home Occupation
APPLICANT: Robyn Austin

BACKGROUND & ANALYSIS:

Robyn Austin is requesting a Class II Home Occupation permit in order to operate an in-home esthetician practice. As outlined in her application, Ms. Austin intends to offer anti-aging skin care services including facials, light waxing, microderm and radiofrequency in one room of her house. She has applied for her reciprocity licensing in West Virginia from California. Ms. Austin will see customers by appointment only and anticipates operating between 10-15 hours per week. The customer will park on a 1-car parking pad that is being developed in the rear of the property, accessed from the alley. The application indicates Ms. Austin will be installing a 10" x 10" sign in the rear of the property indicating only the address.

This property is located in the R-1C Single Family Residential Zoning District. Home Occupations are permitted Accessory Uses in all Residential Districts; however, Class II Home Occupations require the Planning Commission to conduct a public hearing on an application to ensure the use meets the standards outlined below.

Plan Initiative 6 of the 2014 Comprehensive Plan is to Promote Entrepreneurial Efforts by "ensuring city ordinances do not limit home occupations too severely".

Home Occupation

The purpose of a home occupation as outlined in §1367 of city code is to provide restricted occupational uses that:

1. Are clearly secondary to the use of the premise as a residence.
2. Compatible to the neighborhood.
3. Limited in extent.
4. Do not detract from the residential character of the neighborhood.

A Class II Home Occupation differs from a Class I Home Occupation in the following ways:

1. Clients or customers visit the premises.
2. The property does not have more than one non-illuminated sign exceeding four square feet.
3. The property accommodates parking for both the dwelling unit and the home occupation.

In addition to the above criteria, ten additional measures are specifically outlined in the zoning ordinance and must be met prior to the granting of a Class II Home Occupation permit. These are as follows:

1. The business is secondary to the use as a dwelling unit and does not occupy more than 250 square feet or 25% of dwelling unit.
2. Retail sales are permitted only to the extent that they are incidental and directly related to the service provided. The sales shall not exceed 10% of the gross income.

COMMISSION MEMBERS

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STAFF: THOMAS CONNELLY, AICP

3. Only persons residing at the property shall be employed in the service provided.
4. The business shall operate between 8 a.m. and 10 p.m.
5. The business shall be the only Class II Home Occupation located at the property.
6. The business is carried on wholly within the principal building (including storage).
7. A flat wall sign no larger than 4 square feet shall be the only exterior indication of the home occupation.
8. There is no exterior storage of materials.
9. The business does not generate traffic in greater volume than would normally be expected in a residential neighborhood.
10. The business does not produce offensive noise, vibration, smoke, odors, etc.

As stated in §1367.07.b.2, a permit shall not be granted if the Planning Commission determines that the proposed home occupation will constitute a nuisance or otherwise be detrimental to the neighbors because of excessive traffic, noise, odors or other circumstances that are contrary to the above outline criteria.

STAFF RECOMMENDATION:

Staff recommends approval of the application.

ATTACHMENTS:

Application for Certificate of Zoning Compliance
Application for Home Occupation Permit
Photos



APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE FOR THE USE, ERECTION, ALTERATION, OR REPAIR OF A BUILDING OR LAND

The undersigned applies for a Certificate of Zoning Compliance for the following, said certificate is to be issued on the basis of the information contained within the application. *The applicant hereby certifies that all information and attachments are true and correct.*

- 1. Address of Property: 62 Greenwood Ave., Wheeling 26003
- 2. Name of Property Owner: Robyn K Austin / Roger D Curry
- 3. Name of Applicant: Robyn K Austin
- 4. Address of Applicant: 62 Greenwood Ave, Wheeling 26003
- 5. Applicant Phone: 949.485.1565 Owner Phone: same
- 6. Existing Use: Home / separate spa room.
- 7. Proposed Use: Same Other (describe): rscarne@gmail.com rogercurry@aol.com
- 8. Number of off-street parking spaces to be provided: 1 - see attmt. please.
- 9. Number of off-street loading berths to be provided: _____

COMPLETE THIS SECTION BELOW FOR THE ERECTION, ALTERATION, OR ADDITION OF A STRUCTURE

Type of Improvement:

- New Building
- Addition
- Alteration / Repair

Residential:

Number of existing dwelling units: 1

Number of proposed dwelling units: _____

Existing Lot Dimensions: Width: ~~10-12~~ ft. x Depth: ~~10-12~~ ft. = lot area: _____ sq. ft.

Existing Principal Building:

Dimensions: Width: _____ ft. x Depth: _____ ft. = Total first floor area, including covered porches: _____ sq. ft.

Setbacks: Front: _____ ft. Rear: _____ ft. Side: _____ ft. Other Side: _____ ft. Height/Stories: _____

Existing Accessory Building: (garage, carport, shed, pool, etc):

Dimensions: Width: _____ ft. x Depth: _____ ft. = Total first floor area, including covered porches: _____ sq. ft.

Setbacks: Front: _____ ft. Rear: _____ ft. Side: _____ ft. Other Side: _____ ft. Height/Stories: _____

Proposed Construction:

Dimensions: Width: 10-12' ft. x Depth: 10-12' ft. = Total first floor area, including covered porches: _____ sq. ft.

Setbacks: Front: _____ ft. Rear: _____ ft. Side: _____ ft. Other Side: _____ ft. Height/Stories: _____

Applicant Signature: Robyn K Austin Date: 5-24-21

Owner Signature: Robyn K Austin Date: 5-24-21

Reset Form

Print Form

APPLICATION FOR HOME OCCUPATION PERMIT
WHEELING PLANNING COMMISSION
WHEELING, WEST VIRGINIA

The undersigned requests a Home Occupation Permit for the use specified below. Should this application be approved, it is understood that it shall only authorize the particular use described in this application and will be subject to any conditions or safeguards required by the Planning Commission.

Name of Applicant: ROBYN K. AUSTIN

Address: 62 GREENWOOD AVE.

Phone Number: 949-485-1565

Name and Address of Owner if Different from Applicant: _____

Legal Description of Property (attach copy of deed): ATTACHED

Description of Home Occupation: ESTHETICIAN

Total Habitable Floor Area of Dwelling Unit: 2500 sq. ft.

Total Floor Area to be used for Home Occupation: 180 sq. ft.

Hours of Operation: PART-TIME, APPOINTMENT ONLY - 10A - 8P

Size of Exterior Identification Sign (if applicable): 10'x10' ADDRESS ONLY, IN REAR

Total Number of Off-Street Parking Spaces to be Provided: 1

Supporting Information: Attach a site plan showing parking area(s) and the points of access to parking areas. Attach a narrative statement relative to the proposed Home Occupation.

NOTE: It shall be the applicant's responsibility to insure compliance with all state and local laws as well as any deed restrictions applicable to the subject property.

Robyn K Austin
Applicant's Signature

5-24-21
Date

FOR OFFICIAL USE ONLY

Zoning Classification: R-1C

Type of Home Occupation: Personal Office / Beauty shop (limited to one chair)

Class I X
Class II _____ (Requires Planning Commission Action/Public Hearing)

Public Hearing Date: June 14 Planning Commission Action: _____ Approved
Denied

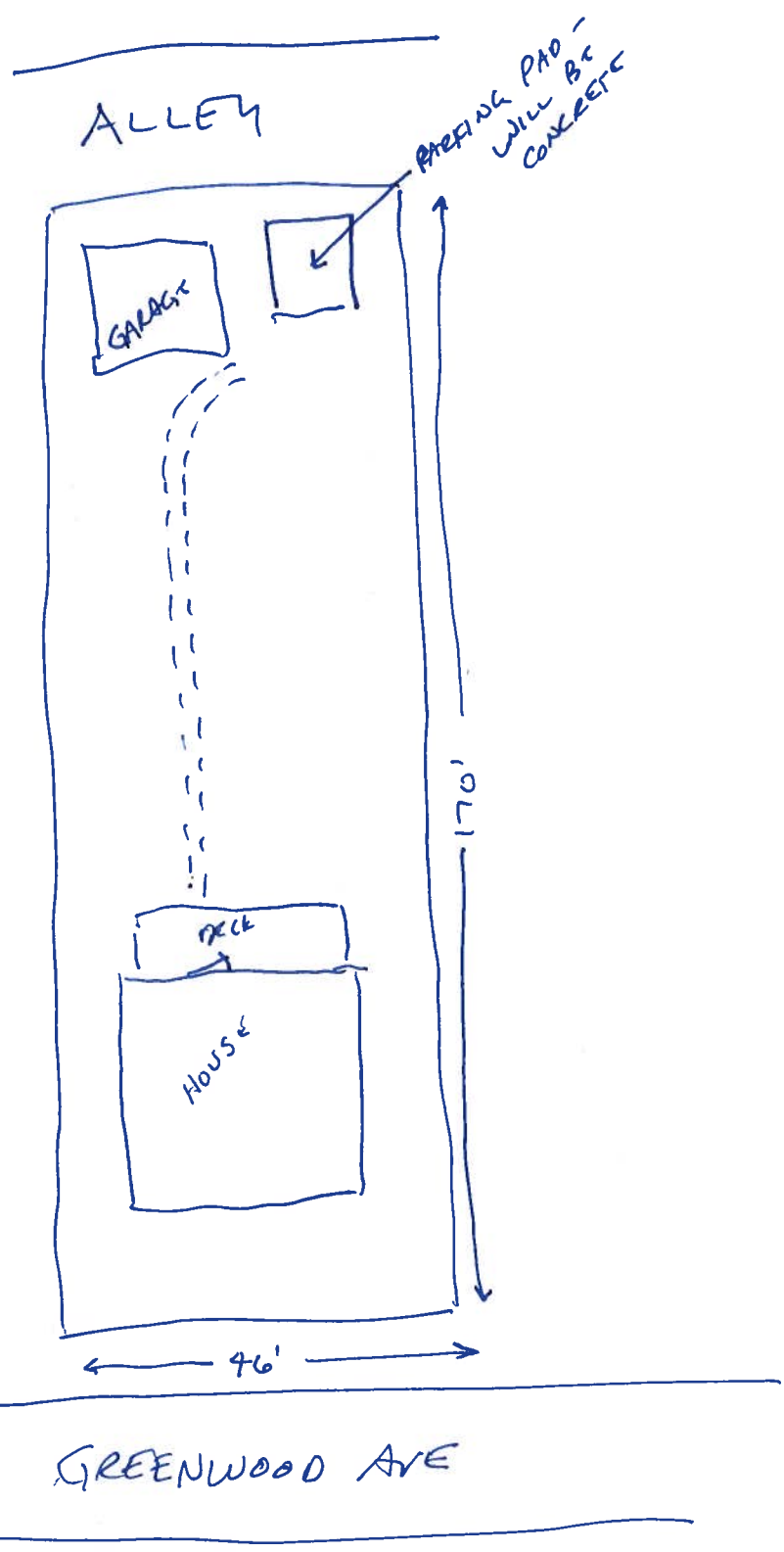
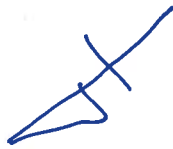
Zoning Administrator: _____ Date: _____

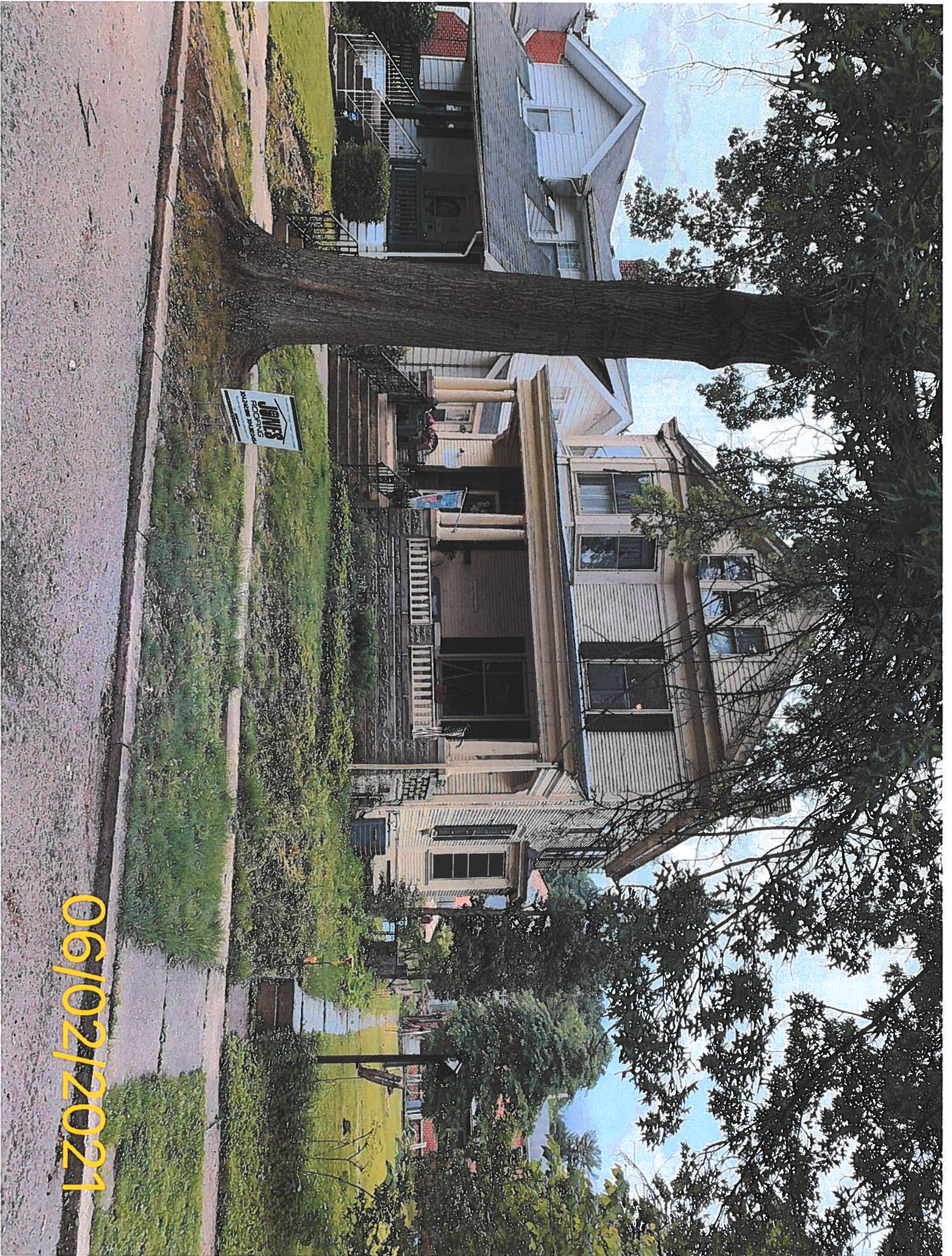
We have recently moved to Wheeling. I am licensed as an esthetician in California. (License no. 101768) I have applied for reciprocity licensing in West Virginia.

Esthetics as I practice it involved anti-aging skin care. I do facials, light waxing, microderm, and radiofrequency. I am setting up a treatment room in our home, approximately 180 sq. ft. (The total finished area of the home is 2500 sq. ft. or more.) This room is exclusively given over to esthetics practice.

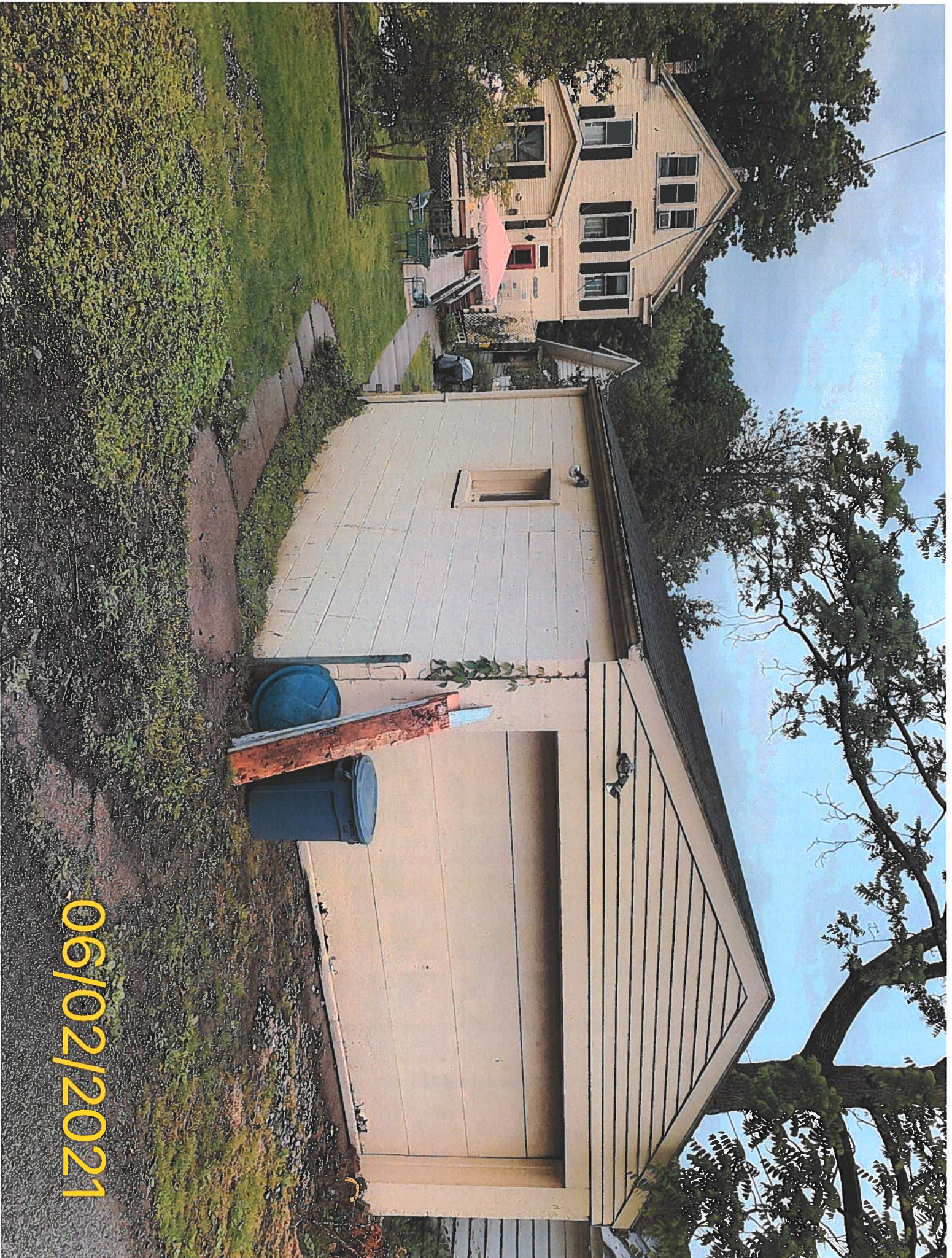
I keep a cabinet in the treatment room with all of the preparations I use in my practice. They come by mail or UPS, do not require a hazardous materials placard, are nonflammable and are in small boxes. Usually, I get about two orders a year. I keep all of the products in the treatment room.

I intend to practice under the name "62 Greenwood Esthetics," and the only signage will be the address, 62 Greenwood. My "advertising" is word-of-mouth. My practice is by appointment only, and I only serve one client at a time. At most, I practice 10 - 15 hours per week, an estimate based on my business in California. I am partially disabled with bilateral lateral epicondylitis, and do not do a full range of esthetics work.





06/02/2021



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