

SUP-22-0008

**ARTICLE NINE
Unified Development Code**

Adopted: July 7, 2015



SPECIFIC USE PERMIT (SUP) APPLICATION

SECTION 1. APPLICANT/OWNER INFORMATION
Please Print or Type

Applicant/Developer: Fredrecio Washington / F A Washington Enterprises, LLC
Street Address: 3930 Glade Rd. Ste 108 #271
City: Colleyville State: TX Zip: 76034
Telephone: 214-433-2067 Fax: 1-682-292-2643 E-mail: Fawashingtonenterprises11@gmail.com
Applicant's Status: (Check One) Owner Tenant Prospective Buyer

Property Owner must sign the application or submit a notarized letter of authorization.

Owner: Retail Opportunity Keller LLC / Dan Arvery
Street Address: 4851 LBJ Freeway, 10th Floor, Dallas, TX 75244
City: Dallas State: TX Zip: 75244
Telephone: 214-256-7144 Fax: _____ E-mail: davnergy@aairl.com

Fredrecio Washington
Signature of Applicant
Date: 03/25/2022

Dan Arvery Dan Arvery
Signature of Owner Printed Name of Owner
Date: 3/28/2022

SECTION 2. PERMIT REQUEST INFORMATION

Property Location: 2122 Rufe Snow, Keller, TX 76248 Suites 110-130

Legal Description:
Lot(s): 1 Block(s): A Subdivision Name: Keller Commons

Unplatted Property Description:
Abstract Name & Number: _____ Tract Number(s): _____
If property is not platted, please attach a metes and bounds description.

Current Zoning: F1 Commercial Proposed Zoning: _____

Current Use of Property: Shell Space

Proposed Use of Property: Stylists, facial treatment, eyebrow treatment, eyelash treatment, manicures/pedicures, medical massage services

March 30, 2022

F A Washington Enterprises, LLC
Owner: Fredrecio Washington
3930 Glade Road Ste. 108, #271
Colleyville, TX 76034
Ph: (903)691-2036
FAWashingtonEnterprisesllc@gmail.com

To:
City of Keller
Amy Botcher, Community Development
1100 Bear Creek Parkway
Keller, TX 76248

RE: Request for a Specific Use Permit

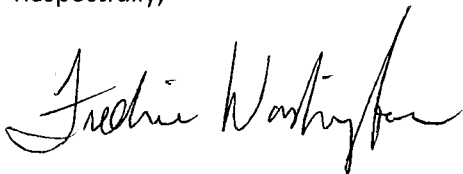
Dear City Officials,

This serves as a formal request to be placed on the Planning and Zoning Commission and City Council meeting agendas.

This letter has been drafted to seek official approval for a Specific Use Permit at the location of Keller Commons, 2122 Rufe Snow Dr. Keller, TX 76248. Within the application, pictures of the property and the projected floorplan have been included. The purpose of this Specific Use Permit is to construct and operate a Salon Suites by the name of **CJ's Salon Suites & Spas**. The Salon Suites will be comprised of a host of businesses including hair stylists, aestheticians/facial treatment, waxing, eyebrow services, manicures & pedicures, and medical massage services. The hours of operation will be from 8:00am CST to 7pm CST.

If you have any questions or concerns regarding this correspondence, please feel free to contact me.

Respectfully,

A handwritten signature in black ink, appearing to read "Fredrecio Washington". The signature is written in a cursive, flowing style.

Fredrecio Washington

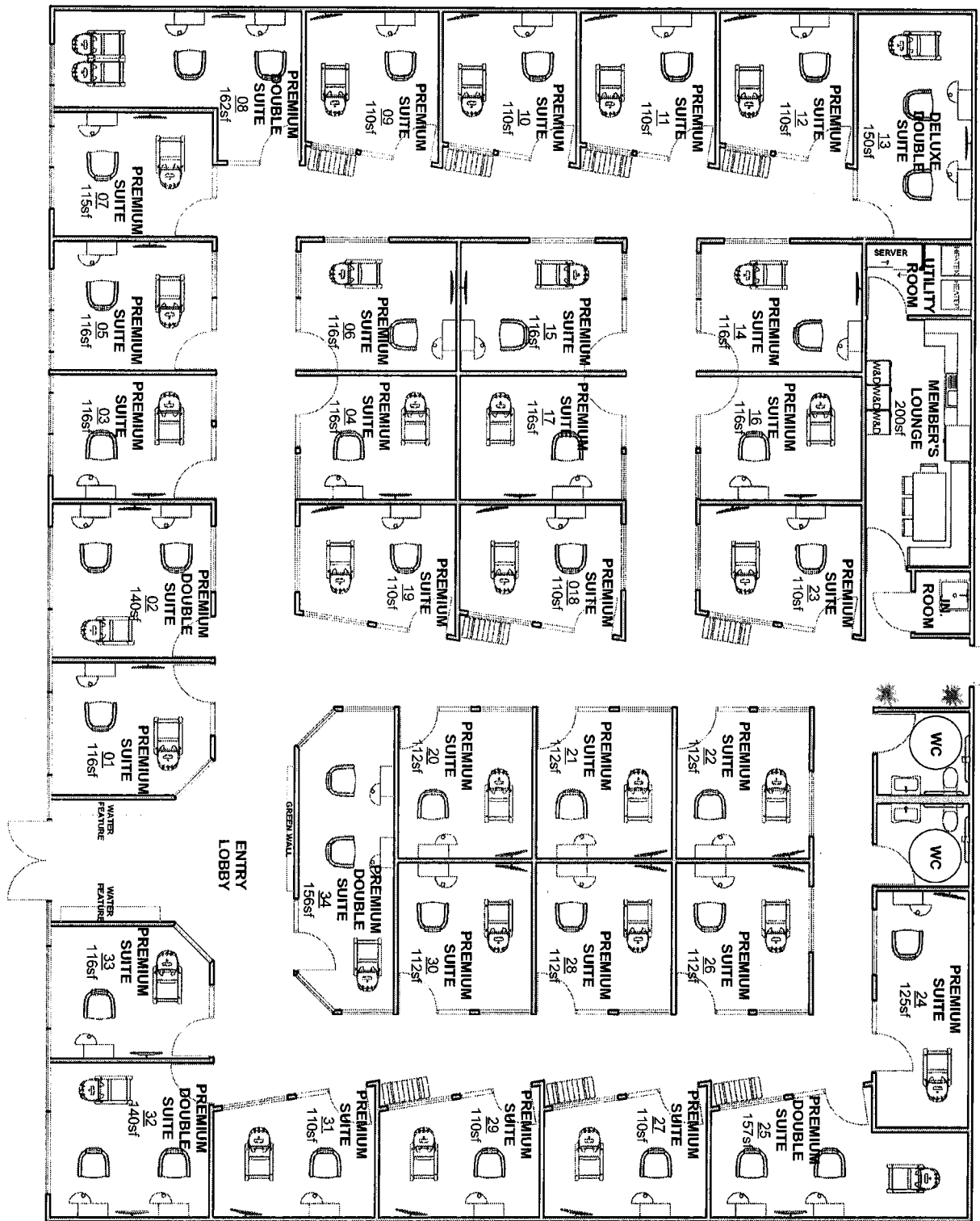


SPECIFIC USE PERMIT (SUP) APPLICATION

SECTION 3. CHECKLIST

(Please provide each of the items below & initial next to each item)

<input type="checkbox"/>	The application fee
<input type="checkbox"/>	Seven (7) 22" x 34" or 24" x 36" copies are needed, collated and folded to 9" x 12" paper size; electronic copy is recommended upon submittal date.
<input type="checkbox"/>	<p>A written proposal outlining all special conditions and additional requirements for the property controlled by the SUP, including but not limited to:</p> <ul style="list-style-type: none"> • the paving of streets, alleys and sidewalks, • means of ingress and egress to public streets, • provisions for drainage, • adequate off-street parking, • screening and open space, • heights of structures, • compatibility of buildings, • hours of operation, and • time limits. • A letter justifying the request and addressing the decision criteria on with the Planning and Zoning Commission and City Council will base their decision. <ol style="list-style-type: none"> 1) The use is harmonious and compatible with surrounding existing uses or proposed uses; 2) The activities requested by the applicant are normally associated with the permitted uses in the base district; 3) The nature of the use is reasonable and appropriate in the immediate area; 4) Any negative impact on the surrounding area has been mitigated; and 5) That any additional conditions specified ensure that the intent of the district purposes are being upheld.
<input type="checkbox"/>	A legal description or meets and bounds description of the property.
<input type="checkbox"/>	<p>Concept Plan. The plan shall be to scale and show the following:</p> <ul style="list-style-type: none"> • topography, • and boundary of SUP area; • physical features of the site; • existing streets, alleys and easements; • location of future public facilities; • parking ratios, the final Detailed Site Plan; • building height and location, elevations; • site landscaping; • off-street parking facilities; • size, height, construction materials, and locations of buildings and the uses to be permitted; • location and instruction of signs; • means of ingress and egress to public streets; • the type of visual screening such as walls, plantings and fences; • the relationship of the intended use to all existing properties and land uses in all directions to a minimum distance of two hundred feet (200') and; • other information to adequately describe the proposed development and to provide data for approval.
<input type="checkbox"/>	Evidence of communicating the proposal with the adjacent neighborhood
<input type="checkbox"/>	Trip Generation Form and, if required per Section 5.03, Traffic Impact Analysis
<input type="checkbox"/>	Additional Information or drawings, operations data, or expert evaluation when considering the application, including traffic studies and drainage studies as required by the Development Review Committee.



Rufe snow city of Keller, Tarrant County, TX 762
 6.437 Square Feet

AREA CALCULATION	
SUITE TYPE	QTY
Premium Single Suites	28
Premium Double Suites	5
Deluxe Double Suites	1
SUITE LEASABLE AREA 34	
COMMON AREA	1973
TOTAL USEABLE AREA	5600

SUITE TYPE	SF	%
Premium Single Suites	2722	56.3%
Premium Double Suites	755	30.5%
Deluxe Double Suites	150	86.8%

Trip Generation Data Form (Part 1)

Land Use/Building Type: ¹ SERVICE - SALON	ITE Land Use Code: 918
Source: -	Source No. (by ITE): N/A
Name of Development: KELLER Commons, 2122 Rufe Snow Dr. Ste. 114, 116, 118, 120	Day of the Week: N/A
City: KELLER State/Province: TX Zip/Postal Code: 76249	Day: _____ Month: _____ Year: _____
Country: _____	Metropolitan Area: N/A

1. For fast-food land use, please specify if hamburger- or nonhamburger-based.

Location Within Area: <input type="checkbox"/> (1) CBD <input checked="" type="checkbox"/> (3) Suburban (Non-CBD) <input type="checkbox"/> (5) Rural <input type="checkbox"/> (2) Urban (Non-CBD) <input type="checkbox"/> (4) Suburban CBD <input type="checkbox"/> (6) Freeway Interchange Area (Rural) <input type="checkbox"/> (7) Not Given				Detailed Description of Development:³ Strip Retail Center Salon will occupy portion of overall building replacing existing uses.			
Independent Variable: (Include data for as many as possible)²				Actual	Estimated	Actual	Estimated
_____ (1) Employees (#)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (10) Parking Spaces (#)	<input type="checkbox"/>	<input type="checkbox"/>		
_____ (2) Persons (#)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (11) Occupied Beds (#)	<input type="checkbox"/>	<input type="checkbox"/>		
_____ (3) Units (#)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (12) Seats (#)	<input type="checkbox"/>	<input type="checkbox"/>		
_____ (4) Occupied Units (#)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (13) Servicing Positions/Vehicle Fueling Positions _____	<input type="checkbox"/>	<input type="checkbox"/>		
_____ (5) Building Area (gross sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (14) Shopping Center % Out-parcels/pads	<input type="checkbox"/>	<input type="checkbox"/>		
_____ (% of development occupied _____)			_____ (15) AM Peak Hour Volume of Adjacent Street Traffic	<input type="checkbox"/>	<input type="checkbox"/>		
_____ (6) Net Rentable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (16) PM Peak Hour Volume of Adjacent Street Traffic	<input type="checkbox"/>	<input type="checkbox"/>		
5,600 (7) Gross Leasable Area (sq. ft.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ (17) Other _____	<input type="checkbox"/>	<input type="checkbox"/>		
_____ (8) Occupied Gross Leasable Area (sq. ft.)	<input type="checkbox"/>	<input type="checkbox"/>	_____ (18) Other _____	<input type="checkbox"/>	<input type="checkbox"/>		
_____ (9) Acres	<input type="checkbox"/>	<input type="checkbox"/>					

2. Definitions for several independent variables can be found in the Trip Generation User's Guide.

3. Please provide all pertinent information that helps to describe the subject project. If necessary, attach a detailed report.

Other Data: Vehicle Occupancy (#) N/A AM _____ PM _____ 24-hour % _____ Percent by Transit: AM % _____ PM % _____ 24-hour % _____ Percent by Carpool/Vanpool: AM % _____ PM % _____ 24-hour % _____ Full-time Employees by Shift: <table border="0"> <tr> <td>First Shift:</td> <td>Start Time _____</td> <td>End Time _____</td> <td>Employees (#) _____</td> </tr> <tr> <td>Second Shift:</td> <td>Start Time _____</td> <td>End Time _____</td> <td>Employees (#) _____</td> </tr> <tr> <td>Third Shift:</td> <td>Start Time _____</td> <td>End Time _____</td> <td>Employees (#) _____</td> </tr> </table> Parking Cost on Site: Hourly _____ Daily _____	First Shift:	Start Time _____	End Time _____	Employees (#) _____	Second Shift:	Start Time _____	End Time _____	Employees (#) _____	Third Shift:	Start Time _____	End Time _____	Employees (#) _____	Transportation Demand Management (TDM) Information: At the time of this study, was there a TDM program (that may have impacted the trip generation characteristics of this site) under way? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please check appropriate box/boxes, describe the nature of this TDM program(s) and provide a source for any studies that may help quantify this impact. Attach additional sheets if necessary) <table border="0"> <tr> <td><input type="checkbox"/> (1) Transit Service</td> <td><input type="checkbox"/> (5) Employer Support Measures</td> <td><input type="checkbox"/> (9) Tolls and Congestion Pricing</td> </tr> <tr> <td><input type="checkbox"/> (2) Carpool Programs</td> <td><input type="checkbox"/> (6) Preferential HOV Treatments</td> <td><input type="checkbox"/> (10) Variable Work Hours/Compressed Work Weeks</td> </tr> <tr> <td><input type="checkbox"/> (3) Vanpool Programs</td> <td><input type="checkbox"/> (7) Transit and Ridesharing Incentives</td> <td><input type="checkbox"/> (11) Telecommuting</td> </tr> <tr> <td><input type="checkbox"/> (4) Bicycle/Pedestrian Facilities and Site Improvements</td> <td><input type="checkbox"/> (8) Parking Supply and Pricing Management</td> <td><input type="checkbox"/> (12) Other _____</td> </tr> </table>	<input type="checkbox"/> (1) Transit Service	<input type="checkbox"/> (5) Employer Support Measures	<input type="checkbox"/> (9) Tolls and Congestion Pricing	<input type="checkbox"/> (2) Carpool Programs	<input type="checkbox"/> (6) Preferential HOV Treatments	<input type="checkbox"/> (10) Variable Work Hours/Compressed Work Weeks	<input type="checkbox"/> (3) Vanpool Programs	<input type="checkbox"/> (7) Transit and Ridesharing Incentives	<input type="checkbox"/> (11) Telecommuting	<input type="checkbox"/> (4) Bicycle/Pedestrian Facilities and Site Improvements	<input type="checkbox"/> (8) Parking Supply and Pricing Management	<input type="checkbox"/> (12) Other _____
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Please Complete Form on Other Side

ITE Institute of Transportation Engineers
Trip Generation Data Form (Part 2)

Summary of Driveway Volumes

(All = All Vehicles Counted; Trucks = Heavy Duty Trucks & Buses)

	Average Weekday (M-F)						Saturday						Sunday					
	Enter		Exit		Total		Enter		Exit		Total		Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks	All	Trucks
24-Hour Volume	NO DATA																	
A.M. Peak Hour of Adjacent ¹ Street Traffic (7-9) Time: N/A	4	-	3	-	7	-	6	-	5	-	11	-	3	-	2	-	5	-
P.M. Peak Hour of Adjacent Street Traffic (4-6) Time: N/A	4	-	4	-	8	-	5	-	5	-	10	-	3	-	3	-	6	-
A.M. Peak Hour: Generator ² Time:	4	-	3	-	7	-	6	-	5	-	11	-	4	-	3	-	7	-
P.M. Peak Hour: Generator Time:	4	-	7	-	11	-	10	-	18	-	28	-	4	-	7	-	11	-
No. of Days Counted	N/A																	

1, 2. Please refer to the Trip Generation User's Guide for a definition of the terms.

Detailed Driveway Volumes—Average Weekday (M-F)

A.M. Period	Enter		Exit		Total		Mid-Day Period	Enter		Exit		Total		P.M. Period	Enter		Exit		Total	
	All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks		All	Trucks	All	Trucks	All	Trucks
6:00-6:15							11:00-11:15							3:00-3:15						
6:15-6:30							11:15-11:30							3:15-3:30						
6:30-6:45							11:30-11:45							3:30-3:45						
6:45-7:00							11:45-12:00							3:45-4:00						
7:00-7:15							12:00-12:15							4:00-4:15						
7:15-7:30							12:15-12:30							4:15-4:30						
7:30-7:45							12:30-12:45							4:30-4:45						
7:45-8:00							12:45-1:00							4:45-5:00						
8:00-8:15							1:00-1:15							5:00-5:15						
8:15-8:30							1:15-1:30							5:15-5:30						
8:30-8:45							1:30-1:45							5:30-5:45						
8:45-9:00							1:45-2:00							5:45-6:00						
9:00-9:15														6:00-6:15						
9:15-9:30														6:15-6:30						

Please attach any additional site information or comments regarding special site characteristics, if available.

Check if additional information is attached.

Survey conducted by: Name: SCOTT BOOTH
 Organization: LJA Engineering
 Address: 6060 N. Central Expressway
 City/State/Zip: Dallas, TX 75206 75206
 Telephone #: 469-853-5618 Fax #: - E-mail: sbooth@lja.com