## ZONING BOARD OF APPEALS LAND USE REPORT – OCTOBER 9, 2013

District: A/McCulloch

District: 2/Johnson

nm

CASE NO:

BAC-133-13: 3049 Martin Luther King Dr.

APPLICANT:

FLOYD EDWARD WILLIAMS

LAND OWNER:

Same

LOCATION:

South side of M. L. King Dr., 200' West of Havana

ZONING: Special Exception Use & variance in size & number of accessory structures in an

R-1H (SPI-2) District

PROPOSED:

Mobile Home

### **GENERAL INFORMATION:**

- Applicant is requesting Special Exception Approval to place a mobile home in the R-1H (SPI-2) district with two detached accessory structures.
- Ordinance No. 74 of 2013 requires ZBA approval to place a mobile home in the residential district.
- BAC-25-88 approved a mobile home in the 3000 block of Jonquil Drive.
- Neighborhood input is important.

### **SITE PLAN CONSIDERATIONS:**

- Site has 100' of frontage on Dr. Martin Luther King Drive and a depth of 150'.
- Mobile home is 32' X 66'.
- · Parking for two cars is provided.
- There is a 20' X 20' metal carport at the end of the driveway, adjacent to the home.
- 10' X 12' metal accessory building is in the backyard.
- Driveway, carport, and accessory building are located on the east side of the site.

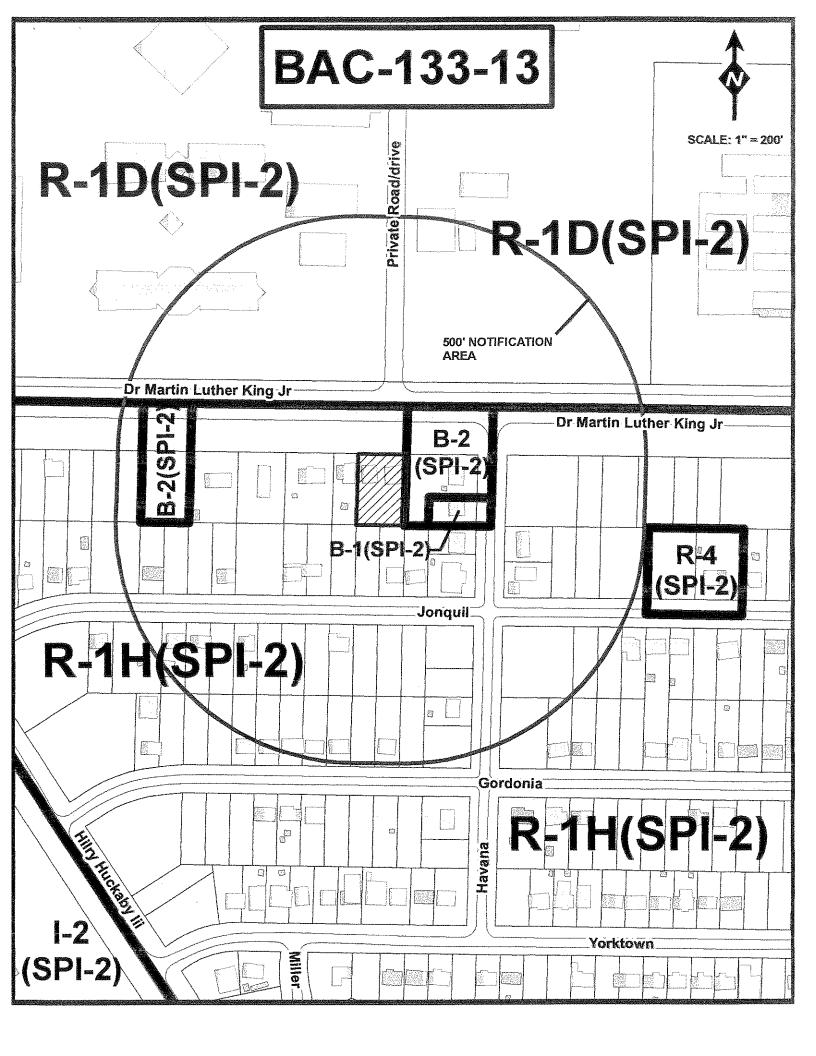
### **ALTERNATIVES:**

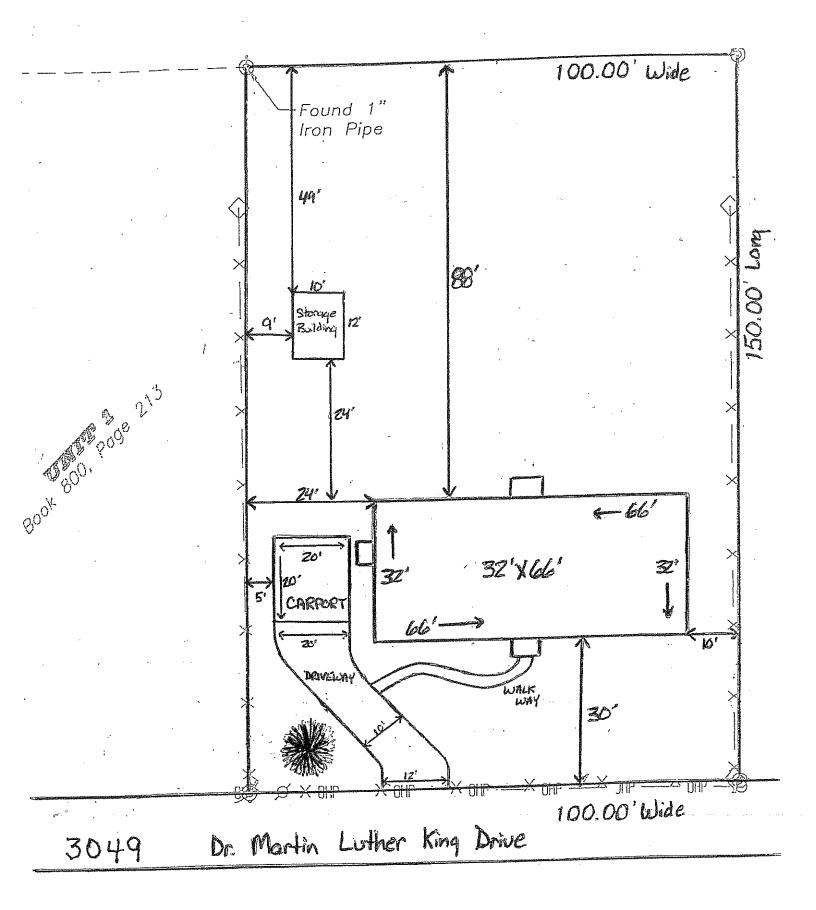
- A. Approve the application as submitted subject to compliance with the following stipulations:
- Development of the property shall be in substantial accord with the site plan submitted with any significant changes or additions requiring further review and approval by the Zoning Board of Appeals.
- B. Deny the application.

The information stated herein is the result of discussion by a staff review team. The Board members will use all information made available to them in making their decision.

A Zoning Board of Appeals approval is a use approval only. The applicant is still responsible for complying with all other applicable Zoning Ordinance requirements and obtaining all necessary permits and approvals from other departments or agencies. This shall include, but not be limited to the requirements of the Zoning Administrator, building permits, liquor licenses, the parish health unit, and Certificates of Occupancy.

Special Exception Use approvals expire within 1 year if the property is not developed for the approved use.





BAC-133-13

| APPLICATION:                                                                                                                                                                               | X_CITY CASE                                                                                                                            | PARISH CASE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| APPLICANT'S NAME: Floyd Edward Williams                                                                                                                                                    |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| PEOPLE REPRESENTED BY APPLIC                                                                                                                                                               | CANT other than self or property owner (if                                                                                             | f public information).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| MAILING ADDRESS FOR AIL CORF<br>2203 W. Algonqu                                                                                                                                            | RESPONDENCE:                                                                                                                           | NE:318 518 7216<br>(between 8:00 & 5:00)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Shreve port LA                                                                                                                                                                             | zip code:7//                                                                                                                           | (between 8:00 & 5:00)  PAX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| SPECIAL EXCEPTION REQUEST:                                                                                                                                                                 |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Church Use Mobil                                                                                                                                                                           | e Home Secondary Residentia                                                                                                            | Structure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| Package Liquor Package Beer Package wine & beer (high alcoholic content wine & beer)                                                                                                       |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Drive thru or pick up window                                                                                                                                                               | Tavern (beer only) Loc                                                                                                                 | unge (high alcoholic content beverages)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| *Restaurant with Beer sales or                                                                                                                                                             | nly*Restaurant with Liquor & Bee                                                                                                       | er sales                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|                                                                                                                                                                                            | res that a minimum of 60% of total restau<br>more than 40% from the sale of alcohol a                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Other                                                                                                                                                                                      |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| VARIANCE REQUEST:                                                                                                                                                                          |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Front Yard Side Yard                                                                                                                                                                       | Rear Yard X Site Area P                                                                                                                | Parking Hours of Operation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Other                                                                                                                                                                                      |                                                                                                                                        | which does not be a second of the second of |  |
| EXISTING ZONING: Residentia                                                                                                                                                                | EXISTING USE:                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| PROPOSED USE: Living Re                                                                                                                                                                    | sident                                                                                                                                 | **************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| ADDRESS OF SITE: 3049 W                                                                                                                                                                    | Martin Luther King (<br>ock numbers will be sufficient for undevel                                                                     | oped property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| ASSESSORS ACCOUNT NUMBER:                                                                                                                                                                  | 181419009000100<br>d on tax notice - example; 171413-057-0                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| LEGAL DESCRIPTION: 0.34 A                                                                                                                                                                  | CM/L-LOTI, OAK FE                                                                                                                      | orest Subdivision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Uni+1-A, 181419-91                                                                                                                                                                         |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
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|                                                                                                                                                                                            |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| NAME, ADDRESS, AND SIGNATURE Of ALL owners must sign. All property or and that power of attorney is submitted written authorization, or write "managing owning 5% or more. Attach separate | wners must sign unless one person has t<br>with the application. A managing partnen<br>partner" by the signature. <b>If in busines</b> | the power of attorney to sign for others rin a corporation may sign and submit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Name 1<br>2202 W. Algonquin Til                                                                                                                                                            | Name                                                                                                                                   | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| Address & Williams                                                                                                                                                                         | Address                                                                                                                                | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| Signature                                                                                                                                                                                  | Signature                                                                                                                              | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |

# STATEMENT OF INTENT VARIANCES AND SPECIAL EXCEPTIONS

| APPLICANT'S NAME: Floyd Edward Williams                                              |                                       |  |  |
|--------------------------------------------------------------------------------------|---------------------------------------|--|--|
| REASON FOR EXCEPTION OR VARIANCE (be specific): 2013 CAVA liev 32 x 10               |                                       |  |  |
| moble Home installation                                                              |                                       |  |  |
|                                                                                      |                                       |  |  |
|                                                                                      |                                       |  |  |
| SQUARE FEET OF PROPERTY: 15,000                                                      |                                       |  |  |
| SQUARE FEET OF STRUCTURE(S) 1980                                                     |                                       |  |  |
|                                                                                      |                                       |  |  |
| PARKING SPACES REQUIRED: 2 SPA                                                       | ACES PROVIDED:                        |  |  |
| PLEASE STATE YOUR PROPOSED HOURS OF OPERATION                                        |                                       |  |  |
|                                                                                      | (not necessary for residential uses)  |  |  |
| THE FOLLOWING ARE THE TYPICAL HOURS OF OPER                                          | ATION FOR COMMERCIAL USES             |  |  |
| PLEASE NOTE: To operate beyond these hours,<br>Operation" under "Variance Request" o |                                       |  |  |
| B-1                                                                                  | 7AM to 7PM,                           |  |  |
| B-2 (within 300' of residential)                                                     |                                       |  |  |
| B-2 (not within 300' of residential) B-3 hours                                       | 7AM to 12 midnight 7AM to 12 midnight |  |  |
| SPI-3                                                                                | 7AM to 12 mainght 7AM to 9PM          |  |  |
|                                                                                      |                                       |  |  |
| *** PLEASE ANSWER THE FOLLOWING ONLY IF IT APP                                       | PLIES TO YOUR REQUEST ***             |  |  |
| CHURCH USE REQUESTS: (Please note: each standard                                     | pew seat is 18" wide)                 |  |  |
| Length of pews in sanctuary Total nun                                                | nber of pews in sanctuary             |  |  |
| Total number of seats in the sanctuary                                               |                                       |  |  |
| Please note: An Interior floor plan showing total nu<br>figures need to match th     | •                                     |  |  |



# The Council City of Shrebeport

ARTHUR G.THOMPSON CLERK OF COUNCIL POST OFFICE BOX 31109 SHREVEPORT, LA 71130 E-MAIL ADDRESS: Arthur.Thompson@ci.shreveport.la.us PHONE: (318) 673-5262 FAX: (318) 673-5270

October 23, 2013

Mr. Floyd Williams 2203 W. Algonquin Trail Shreveport, LA 71107

Dear Mr. Williams:

Subject: BAC-133-13, South side of M.L.King Dr., 200' west of Havana

Your appeal of the decision of the Shreveport Metropolitan Zoning Board of Appeals will be presented to the City Council at its regularly scheduled meeting at 3:00 p.m. on **Tuesday, November 12, 2013.** On that date (or some later date) the Council will either affirm, modify, reverse or remand the decision rendered in the above referenced case.

You are further advised that you (or any other interested party) may submit additional written comments summarizing your position. In order for written comments to become a part of the record and be considered by the Council, all written comments must be submitted to this office (Government Plaza, 4<sup>th</sup> Floor, 505 Travis Street, Shreveport, LA 71101) no later than 5:00 p.m. on **Wednesday, November 6, 2013** 

If you have any questions regarding this information, please contact the Council Office at 673-5262.

Sincerely,

Arthur G. Thompson Clerk of Council

Ath Alysso

AGT:mkr

xc:

Mr. Major Brock, 1323 Portland Ave, Shreveport, LA 71103 Mrs. Irma Rogers, 3200 MLK Drive, Shreveport, LA 71107 Mr. Willie White, 3041 MLK Drive, Shreveport, LA 71107 Mr. Darri Dixon, 3050 MLK Drive, Shreveport, LA 71107

Floyd Williams 2203 W. Algonquin Trail Shreveport LA 71107 318-518-7216



October 17, 2013

City Council The City of Shreveport

Council:

BAC-DEW

I am filing a request for appeal of Case NO. 133-13 on the decision rendered by the Zoning Board of Appeals.

Respectfully yours,

Flag Williams

RECEIVED

OCT 1 7 2013

SHREVEPORT CITY COUNCIL

# METROPOLITAN SHREVEPORT ZONING BOARD OF APPEALS SUMMARY MINUTES OF THE PUBLIC HEARING OCTOBER 9, 2013

A regularly scheduled public hearing was held by the Metropolitan Shreveport Zoning Board of Appeals on Wednesday, October 9, 2013, at 1:00 p.m., at Government Plaza Chamber, 505 Travis Street, Shreveport, Caddo Parish, LA. Members meet for lunch prior to the public hearing.

**Members Present** Alan Berry, Chairman
Stacy Williams, Jr., Vice Chairman
Betty Osborn, Secretary
Eddie Cooper Rick Holland Robert Stewart Jason Waltman



### Staff Present

Roy Jambor, Senior Planner Alan Clarke, Zoning Administrator Ione Dean, Senior Planner Diane Tullos, Office Administrator Dara Sanders, Master Plan Administrator Sandi Austin, Board's Coordinator Stephen Jean, Senior Planner

Others Present
Kosha Gilbert, Asst. City Attorney
Corp. Russell Collins, SPD

Members Absent

None

**Bus Tour** 

Tour was cancelled; members were encouraged to tour sites.

#### CHAIRMAN'S OPENING COMMENTS

The meeting was called to order and the procedure for hearing the applications on today's agenda was explained. Speakers were requested to give their name, mailing address, and to speak clearly into the microphone for the benefit of those present.

All decisions rendered by the Zoning Board of Appeals are subject to appeal to the appropriate governing body, either the City Council or the Caddo Parish Commission. Appeals must be filed within 10 days from the date a decision is rendered by the Zoning Board of Appeals.

Comments on any item not on the agenda nor scheduled for public hearing on this date, will be limited to 3 minutes and heard prior to the Board's deliberations session.

### APPROVAL OF MINUTES

A motion was made by MR. WILLIAMS, seconded by MR. HOLLAND to approve the minutes of the September 11, 2013 public hearing as submitted.

The motion was adopted by the following 7-0 vote: Ayes: Messrs. BERRY, WILLIAMS, HOLLAND, COOPER, STEWART, WALTMAN, and Mrs. OSBORN. Nays: None. Absent: None.

### **PUBLIC HEARING**

CASE NO. BAC-133-13: 3049 MLK FLOYD EDWARD WILLIAMS Same South side of M. L. King, 200' west of Havana Special Exception Use in an R-1H (SPI-2) District

Representative and/or support: Mr. Floyd Williams (2203 W. Algonquin Trail, Shreveport, LA 71107)

Speaking in opposition:
Mr. Major Brock (1323 Portland Ave, Shreveport, LA 71103)
Mrs. Irma Rogers (3200 MLK Drive, Shreveport, LA 71107)
Mr. Willie White (3041 MLK Drive, Shreveport, LA 71107)
Mr. Darrin Dixon (3050 MLK Drive, Shreveport, LA 71107)

There have been major investments made in this MLK corridor and a mobile home would be incompatible.

The development for investments made in this MLK corridor and a mobile home would be incompatible.

This development team wants MLK to become "a business corridor" and the mobile home will de-value their property

A mobile home next to their already developed property would not have the desired impact on their future plans for this area

#### Rebuttal:

He received a letter asking if he would "donate" this property to MLK. He did not respond because he has plans to live on the property upon retirement.

MOTION #1: A motion was made by MR. WILLIAMS, seconded by MRS. OSBORN to approve this application with stipulations.

The motion failed by the following 3-4 vote: Ayes: Messrs. BERRY, WILLIAMS, and Mrs. OSBORN. Nays: Messrs. HOLLAND, COOPER, STEWART and WALTMAN. Absent: None.

FINAL MOTION: A motion was made by MR. WALTMAN, seconded by MR. COOPER to deny this application.

The motion was adopted by the following 4-3 vote: Ayes: Messrs. HOLLAND, COOPER, STEWART and WALTMAN. Nays: Messrs. BERRY, WILLIAMS, and Mrs. OSBORN. Absent: None.

ZBA Public Hearing Minutes

October 9, 2013