

**Project Staff Report**

**CU20-001 Cornerstone Chiropractic**

**Prepared by: Libby Hodges**

**Hearing Date: April 27, 2020 via GoToMeeting**

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**SECTION 1: PROJECT SUMMARY**

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Project Name	Cornerstone Chiropractic
Applicant	Greg Stone, DC
Engineer	n/a
Address/Location	505 W. Martintown Rd.
Parcel Number	006-17-05-004
Total Development Size	0.24 acres
Existing Zoning	NC, Neighborhood Commercial
Overlay	HC, Highway Corridor
Traffic Impact Tier	3
Proposed Use	Medical Clinic

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**SECTION 2: APPLICABLE CODES**

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Section 5.5 of the North Augusta Development Code (NADC) provides uniform approval procedures for conditional uses.

**5.5 CONDITIONAL USE PERMITS**

**5.5.1 Purpose**

The purpose of this section is to establish procedures and standards for the processing and approval of conditional use permits. Conditional use permits provide a form of limited discretionary approval for certain uses which are generally compatible with the land uses permitted by right in a zoning district, but which require individual review of their location, design, and configuration. Conditional uses ensure the appropriateness of the use at a particular location within a given zoning district.

**5.5.2 Applicability**

Only those uses that are enumerated as conditional uses in a zoning district, as set forth in the Use Matrix, Table 3-2, shall be authorized by the Director.

### **5.5.3 Approval Procedure**

**5.5.3.1** No conditional use permit shall be authorized, developed, or otherwise carried out until the applicant has secured approval of the conditional use and approval of a final site plan by the Planning Commission or Director, as applicable.

**5.5.3.2** A proceeding for approval of a conditional use shall be initiated by filing an application with the Department. A pre-application meeting with the Department prior to filing is required.

#### **5.5.3.3 Major Site Plans –**

(omitted, does not apply in this case)

#### **5.5.3.4 Minor Site Plans –**

(omitted, does not apply in this case)

**5.5.3.5** An application for a conditional use permit that has been denied may be resubmitted only if there has been a substantial change in circumstances, as determined by the Director, or if substantial revisions have been made to the application for development approval. A determination by the Director may be appealed to the Board of Zoning Appeals.

### **5.5.4 Approval Criteria**

The following conditions, restrictions, and limitations shall apply to any conditional use and may be specified in detail as conditions of an approval.

**5.5.4.1** The use or development is located, designed, and proposed to be operated so as to maintain or promote the public health, safety, and general welfare;

**5.5.4.2** The use or development complies with all required regulations and standards of this Chapter, including all applicable provisions of Article 3, Zoning Districts, and with all other applicable regulations;

**5.5.4.3** The use or development is located, designed, and proposed to be operated so as to maintain the value of contiguous property, or that the use or development is a public necessity; and

**5.5.4.4** The use or development conforms with the provisions and policies of the Comprehensive Plan.

**5.5.4.5** Conditions that may be specified as a requirement for a conditional use permit include:

- a. Relationship of allowable uses.
- b. Protective screening and/or buffering of property perimeter.
- c. Protective screening/location of dumpsters, mechanical systems and loading docks.
- d. Landscaping relative to screening, buffering and ingress/egress control and not solely for beautification purposes.
- e. Lighting.
- f. Height limitations.
- g. Required setbacks.

- h. Parking. The location of parking and in some instances reduction in the amount of parking to be allowed.
- i. Access, circulation, ingress and egress.
- j. Hours of operation for special conditional uses permitted in, or adjacent to, residential zoning districts.
- k. Signage.
- l. Performance standards relative to: air pollution, noise, glare and heat, vibration, noxious odors, toxic and liquid wastes, fire and explosion, radioactivity and electromagnetic radiation.
- m. Building design.

### **5.5.5 Scope of Approval**

**5.5.5.1** The approval of a conditional use permit shall authorize the applicant to apply for final site plan approval pursuant to §5.6. All approvals of conditional use permits require approval of the site plan. Any conditional use permit approval shall not be in effect unless a required site plan is approved. No building permit may be issued until the final site plan and conditional use permits are approved. Approval of a conditional use permit does not authorize any development activity.

**5.5.5.2** Minor field alterations or minor revisions to approved conditional uses may be approved by the Director if the conditional use still meets the intent of the standards established within the original approval. Minor alteration/revisions shall be limited to changes that do not increase the intensity, density, or character of the use. If the Director determines that the change is not minor, the applicant shall apply for a revised conditional use permit. The applicant may appeal the decision of the Director to the Board of Zoning Appeals.

**5.5.5.3** Violations of any of the conditions applied to a conditional use permit shall be treated in the manner as set forth in §§5.1.6 and 5.11.

### **5.5.6 Recordation**

The department shall certify the approved conditional use permit, and shall record it with the associated site plan in the office of the Register of Mesne Conveyance (RMC) of Aiken County. The conditional use approval is perpetually binding on the property, unless another conditional use permit request is brought and approved or the underlying zoning is changed that establishes the conditional use by right subject to no conditions.

### **5.5.7 Subsequent Applications**

In the event that an application for a conditional use permit is denied by the Director, or the Planning Commission on appeal, or the application is withdrawn after it is advertised, the Department may not accept another application for the same amendment on the same property or any portion of the same property within one (1) year of the original hearing. However, the Department may consider such application within that time if relevant evidence that was not reasonably available at the time of the original hearing is presented.

#### **5.5.8 Expiration and Extension of Approval**

A conditional use approval, a site specific development plan for the purposes of this section, and the associated site plan shall expire two (2) years from the date of approval unless a building permit has been issued and construction has commenced or, if no construction is required, the approved conditional use has been initiated. The applicant may apply for and the Planning Commission or Director, as applicable, may grant extensions on such approval for additional periods up to one (1) year each, but not to exceed five (5) extensions. If an amendment to this Chapter is adopted by the City Council subsequent to the conditional use or associated site plan approval that would preclude the initial approval, a request for an extension may not be granted. (Adopt. 8-16-10; Ord. 2010-12)

### **SECTION 3: PUBLIC NOTICE**

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Per NADC Table 5-1, internet only public notice is required for a conditional use permit. A notice for the Planning Commission meeting was placed on the City website, northaugusta.net, on April 13, 2020.

### **SECTION 4: SITE HISTORY**

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The subject property is part of a development of individual commercial properties fronting on W. Martintown Road with lower levels accessed from the rear of the building.

The subject property operates as a single development, with shared parking and access across the frontage. There is limited historic information available on the site aside from a series of Certificates of Zoning Compliance for various professional and health-related services.

## SECTION 5: EXISTING SITE CONDITIONS

	<u>Existing Land Use</u>	<u>Future Land Use</u>	<u>Zoning</u>
Subject Parcel	Commercial	Mixed Use	NC, Neighborhood Commercial
North	Residential/ Commercial	Mixed Use	NC, Neighborhood Commercial, R-7, Small Lot Single-Family Residential
South	Residential/Commercial	Mixed Use	NC, Neighborhood Commercial, R-7, Small Lot Single-Family Residential
East	Residential	Low Density Residential	R-7, Small Lot Single Family Residential
West	Institutional, Religious Use	Mixed Use	PD, Planned Development

**Access** – The site currently accessible from W. Martintown Road with several curb cuts along the entirety of the development front.

**Topography** – The site is relatively flat along the front, with a change in elevation to the rear of the property.

**Utilities** – All exiting utilities will remain.

**Floodplain** – The subject property is not located within a federally designated floodway.

**Drainage Basin** – The project is located in the Pretty Run drainage basin. The Stormwater Management department has conducted a baseline assessment of the basin streams and has rated the Pretty Run basin as poor. Several water quality impairments were found in samples. Pretty Run basin is located in a highly dense residential part of North Augusta. The preliminary physical stream assessments indicate that this stream channel is currently not effective at transporting current loads of stormwater during heavy storm events. Upstream construction sites that are not well maintained have impacted the channel. Studies and outreach will continue,

but based on the assessment, it appears that urban runoff is the primary cause for nutrient level exceedances in Pretty Run creek.

## SECTION 6: STAFF EVALUATION AND ANALYSIS

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Use 9.9 Medical and dental clinics or offices, ambulatory or outpatient care, family planning and care, and blood or organ banks.

*This use allowed only as a Conditional Use in the NC, Neighborhood Commercial zoning district.*

The following conditions are reviewed in order to allow this Conditional Use:

5.5.4.1 The use or development is located, designed, and proposed to be operated so as to maintain or promote the public health, safety, and general welfare;

*Staff finds that there will be no negative impact to the general public health, safety and welfare with the allowance of this use.*

5.5.4.2 The use or development complies with all required regulations and standards of this Chapter, including all applicable provisions of Article 3, Zoning Districts, and with all other applicable regulations;

*The allowance of a Medical Clinic as a conditional use required no exterior alterations. The development the office is proposed to locate is an existing non-conforming site and no further alterations are required.*

5.5.4.3 The use or development is located, designed, and proposed to be operated so as to maintain the value of contiguous property, or that the use or development is a public necessity; and

*The use should have limited effects on contiguous property. The office will be opened in an established commercial development with other medical and professional offices nearby.*

5.5.4.4 The use or development conforms with the provisions and policies of the Comprehensive Plan.

*The project is an infill project in an existing commercial development and generally conforms to encouragement of commercial infill development.*

5.5.4.5 Conditions that may be specified as a requirement for a conditional use permit:

*Staff has no specific requirements for conditions for this application. Any future development should comply with the codes and standards at that time.*

## SECTION 7: ATTACHMENTS

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Site Aerial  
Application Materials

Cc: Gregory Stone <drgregstone@gmail.com>

# Application for Development Approval

Please type or print all information



Staff Use	
Application Number _____	Date Received _____
Review Fee _____	Date Paid _____

1. Project Name CORNER Stone Family Chiropractic  
Project Address/Location 505 WEST MACTHTOWN RD.  
Total Project Acreage N/A Current Zoning NC (Neighborhood commercial)  
Tax Parcel Number(s) 006-17-05-004

2. Applicant/Owner Name TROY DUCKWORTH JR. Applicant Phone 706-736-1708  
Mailing Address P.O. Box 15454  
City Augusta ST Ga Zip 30919 Email pinnadeleasing@comcast.net

3. Is there a Designated Agent for this project?  Yes  No  
If Yes, attach a notarized Designation of Agent form. (required if Applicant is not property owner)

4. Engineer/Architect/Surveyor DPM Construction - SEK License No. 6107364  
Firm Name SANP Firm Phone 706-840-3301  
Firm Mailing Address P.O. Box 1006  
City EVANS ST GA Zip 30809 Email mtaya5255@aol.com  
Signature [Signature] Date 3-31-2020

5. Is there any recorded restricted covenant or other private agreement that is contrary to, conflicts with or prohibits the use or activity on the property that is the subject of the application?  
(Check one.)  yes  no

6. In accordance with Section 5.1.2.3 of the North Augusta Development Code, I hereby request the City of North Augusta review the attached project plans. The documents required by the City of North Augusta, as outlined in Appendix B of the North Augusta Development Code, are attached for the City's review for completeness. The applicant acknowledges that all required documents must be correct and complete to initiate the compliance review process.

7. Troy Duckworth Jr 3-31-20  
Applicant or Designated Agent Signature Date  
TROY DUCKWORTH JR  
Print Applicant or Agent Name



# Designation of Agent

Please type or print all information



This form is required if the property owner is not the applicant.

Staff Use Only	
Application Number _____	Date Received _____

1. Project Name Cornerstone Family Chiropractic  
Project Address/Location 505A W. Martintown Rd North Augusta SC 29841  
Project Parcel Number(s) 006-17-05-004

2. Property Owner Name TROY T. DUCKWORTH JR. Owner Phone 706-736-1708  
Mailing Address 2022 GORDON HWY  
City AUGUSTA ST GA Zip 30909 Email PINNACLE LEASING @ COMCAST.NET

3. Designated Agent Greg Stone  
Relationship to Owner Tenant  
Firm Name Cornerstone Family Chiropractic Phone 803-474-4520  
Agent's Mailing Address 505A W. Martintown Rd  
City North Augusta ST SC Zip 29841 Email drgregstone@gmail.com  
Agent's Signature [Signature] Date 4-6-20

4. I hereby designate the above-named person (Line 3) to serve as my agent and represent me in the referenced application.

[Signature] Date 4-6-20  
Owner Signature Date

5. Sworn and subscribed to before me on this 6<sup>th</sup> day of April, 2020.

[Signature]  
Notary Public  
7/14/2020  
Commission Expiration Date



# Certificate of Zoning Compliance

§§5.2.3, B.2.1, North Augusta Development Code



CHECK ONE

Home Occupation    
  New Business    
  Relocation    
  Ownership Change

PLEASE PRINT ALL REQUESTED INFORMATION.

CZC # 20-030

Business Name Cornerstone Family Chiropractic  
 Business Address/Zip 505A W Martintown Rd North Augusta SC 29841  
 Business Owner Name Greg + Maria Stone Contact Phone (803) 542-6501  
 Business Owner Address/Zip 2136 Bonnevillie Cr Aiken SC 29801  
 Owner Email drgregstone@gmail.com  
 Describe the proposed business, including products/services to be provided chiropractic, consultations, exams, X-rays, care plans, adjustments  
 Number of employees including yourself 2 Number of off-street parking spaces on-site 8  
 Is there any recorded restricted covenant or other private agreement that is contrary to, conflicts with or prohibits the use or activity on the property that is the subject of the application?  yes  no  
 Signature *Greg Stone, DC* Title owner / Doctor  
 Print Name Greg Stone, DC Date 2/25/20

**NOTE**

1. A Certificate of Zoning Compliance is not an approval for occupancy.
2. A new business, a home occupation, or a business that is relocating or changing owners may need one or more additional approvals before a business license can be issued. Additional approvals may include Site Plan Approval, Conditional Use Permit, Building Permit and/or Certificate of Occupancy.
3. Approved home occupations must comply with the City's Home Occupation Regulations.
4. Site modifications, including grading, parking, lighting, landscaping, etc., will require site plan approval.
5. Building modifications, including electrical, mechanical, plumbing, new walls, demolition, etc., will require a building permit.
6. A separate zoning review is required for all proposed wall and/or exterior signs.

**PLEASE CHECK WITH THE CITY BEFORE BEGINNING ANY SITE, BUILDING OR SIGN WORK.**

**(OFFICE USE ONLY)**

Property tax parcel number 006-17-05-004 Current zoning NC / HC overlay  
 Use Matrix reference 9.9 NAICS reference \_\_\_\_\_

Additional Requirements:	Required?	Contact
Site Plan Approval	<u>N/A</u> yes	Planning & Development 803-441-4221 (2 <sup>nd</sup> floor)
Building Permit	_____ yes	Building Standards 803-441-4223 or 803-441-4227 (1 <sup>st</sup> floor)
Certificate of Occupancy	<u>✓</u> yes	Building Standards 803-441-4223 or 803-441-4227 (1 <sup>st</sup> floor)
Business License	<u>✓</u> yes	Finance 803-441-4214 (1 <sup>st</sup> floor)

Approved By \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_  
(Print)

Return to: Department of Planning and Development, 100 Georgia Avenue, 2<sup>nd</sup> floor  
 Phone: 803-441-4221 Mail: P.O. Box 6400, North Augusta, SC 29861 Fax: 803-441-4232

To whom it may concern,

Cornerstone Family Chiropractic believes that since the nervous system affects the body as a whole, that the entire spine should be checked and adjusted for subluxation - should one be present. While there are chiropractors who choose to focus on one area of the spine, such as the upper cervical region, at Cornerstone Family Chiropractic we will practice with a full spine approach. In the state of SC, chiropractors have the ability to utilize a variety of modalities in their practice, at Cornerstone Family Chiropractic we do not plan on utilizing these modalities in our office. We understand that these modalities are an excellent tool in supporting overall health as well as the chiropractic adjustment, however, we believe that our specialty resides in the detection and correction of subluxation and would rather refer the patient to the necessary physician should they need it. We believe this approach not only creates a level of respect amongst fellow healthcare providers, but also creates more value for the chiropractic adjustment. At Cornerstone Family Chiropractic, patients will begin their unique visit by lying on an Intersegmental Traction Table. Not only do patients love these tables, but there are benefits to the utilization of these tables prior to the chiropractic adjustment. These benefits include: restoration of the normal movement of the spine, muscle relaxation and muscle spasm reduction, recovery promotion, joint mobility, and gentle stretching of the muscles, tendons, and ligaments of the spine.

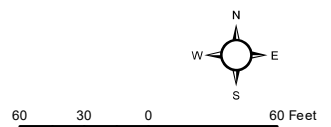
To further clarify, the chiropractic adjustment is achieved primarily by the doctors utilizing their hands-on specific segments within the spine to perform the adjustment. At Cornerstone Family Chiropractic, we frequently use the assistance of our chiropractic tables which have dropping mechanisms throughout to facilitate the hands-on adjustment. In our office, there will be no outpatient procedures of any kind or anything of that nature. After the first visit, a patient will be in our office for no longer than about 15 minutes at a time.

Thank you,

Greg Stone, DC



Aerial Map  
Application CU20-003  
Parcel Number 006-17-05-004  
505 W. Martintown Rd.  
Approximately .24 acres



Date: 4/21/2020