

Project Staff Report

CU21-001 Carolina Health and Hearing

Prepared by: Kuleigh Baker

Hearing Date: March 4, 2021

SECTION 1: PROJECT SUMMARY

Project Name	Carolina Health and Hearing
Applicant	Carolina Speech and Hearing, Inc.
Engineer	N/A
Address/Location	306 West Ave
Parcel Number	007-14-02-015
Total Development Size	±0.17 ac
Existing Zoning	D, Downtown
Overlay	N/A
Traffic Impact Tier	Tier 1
Proposed Use	Use 9.9 Medical and dental clinics or offices with outpatient care

SECTION 2: APPLICABLE CODES

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 –

5.5.3.4.1 Minor site plan applications shall be filed concurrently with conditional use permit applications. The information shall be reviewed concurrently with the review of the minor site plan.

5.5.3.4.2 The Director shall conduct a quasi-judicial administrative hearing and shall deny the request, approve the request, or approve the request with conditions.

5.5.3.4.3 The Director may place conditions on the use as part of the approval to assure that adequate mitigation measures are associated with the use. The conditions shall become a part of the conditional use permit approval and shall be included in the final site plan approval.

5.5.3.4.4 An applicant may appeal a denial of a conditional use permit or any condition applied to the use by the Director to the Planning Commission. The Planning Commission shall conduct a quasi-judicial hearing in accordance with the requirements of §5.1.4.5 prior to making a decision on a conditional use appeal.

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

Per NADC Table 5-1, internet only public notice is required for a conditional use permit. A notice for the administrative hearing was placed on the City website, www.northaugusta.net, on February 12, 2021.

SECTION 4: SITE HISTORY

In recent years, the property has been used for an insurance agency and various boutiques. Carolina Speech and Hearing, Inc. is seeking a Conditional Use Permit to operate an audiologist office.

SECTION 5: EXISTING SITE CONDITIONS

	<u>Existing Land Use</u>	<u>Future Land Use</u>	<u>Zoning</u>
Subject Parcel	Vacant/Commercial	Mixed Use	D, Downtown
North	Medical Office	Mixed Use	D, Downtown
South	Vacant Office/Duplex	Mixed Use	D, Downtown
East	Medical Office	Mixed Use	D, Downtown
West	Single Family Residence	High Density Residential	D, Downtown

Access – The subject parcel has access from West Avenue.

Topography – The subject parcel is relatively flat.

Utilities – Existing water and sanitary sewer are available.

Floodplain – The subject property does not appear to have any federally designated floodplains or wetlands.

Drainage Basin – This site is located within the Crystal Lake Basin. The Crystal Lake basin is located in the area of the city that encompasses parts of Jackson Avenue, Mokateen, Crystal Lake Drive, Forest and Lake Avenues, lower West Avenue, Bluff and Cumberland Avenues and Crystal Lake. The Crystal Lake basin perennial stream (Crystal Creek) is routinely inundated with stormwater flows that exceed its capacity. The preliminary physical stream assessments at Crystal Creek indicate that this stream channel is currently not effective at transporting loads of stormwater

during heavy storm events. Channel erosion is evident, trash and debris are present, and the banks frequently overtop in some locations during heavy storms. This stream system is in a highly residential area, and this usually results in nutrient loads to the system from many sources including possible leaking sewer lines, pets, and over fertilization of gardens and lawns. The stream channel will not sustain further development without implementing measures to mitigate for stormwater runoff being added to the current system.

SECTION 6: STAFF EVALUATION AND ANALYSIS

This Conditional Use is for Use 9.9 Medical and dental clinics or offices with outpatient care. Following is a review of the above outlined Approval Criteria. Commentary is provided in italics.

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 offices with outpatient care requires no exterior alterations. The proposed audiologist's office is an existing non-conforming site and has been vacant less than six months.

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 exam and showroom location will be opened in an established mixed use development with various other commercial, service, medical, and professional uses nearby.

5.5.4.4 The use or development conforms to 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 specifies the following conditions:

- 1) Any outdoor display of goods shall comply with current codes and signage regulations.*
- 2) A Certificate of Zoning Compliance will be required prior to C.O.*
- 3) A sign zoning review and approval will be required prior to any changes to the sign or sign face, or installation of any wall or window signage on the property.*
- 4) The applicant must verify with sanitation that the roll cart is sufficient and the location is acceptable.*

SECTION 7: ATTACHMENTS

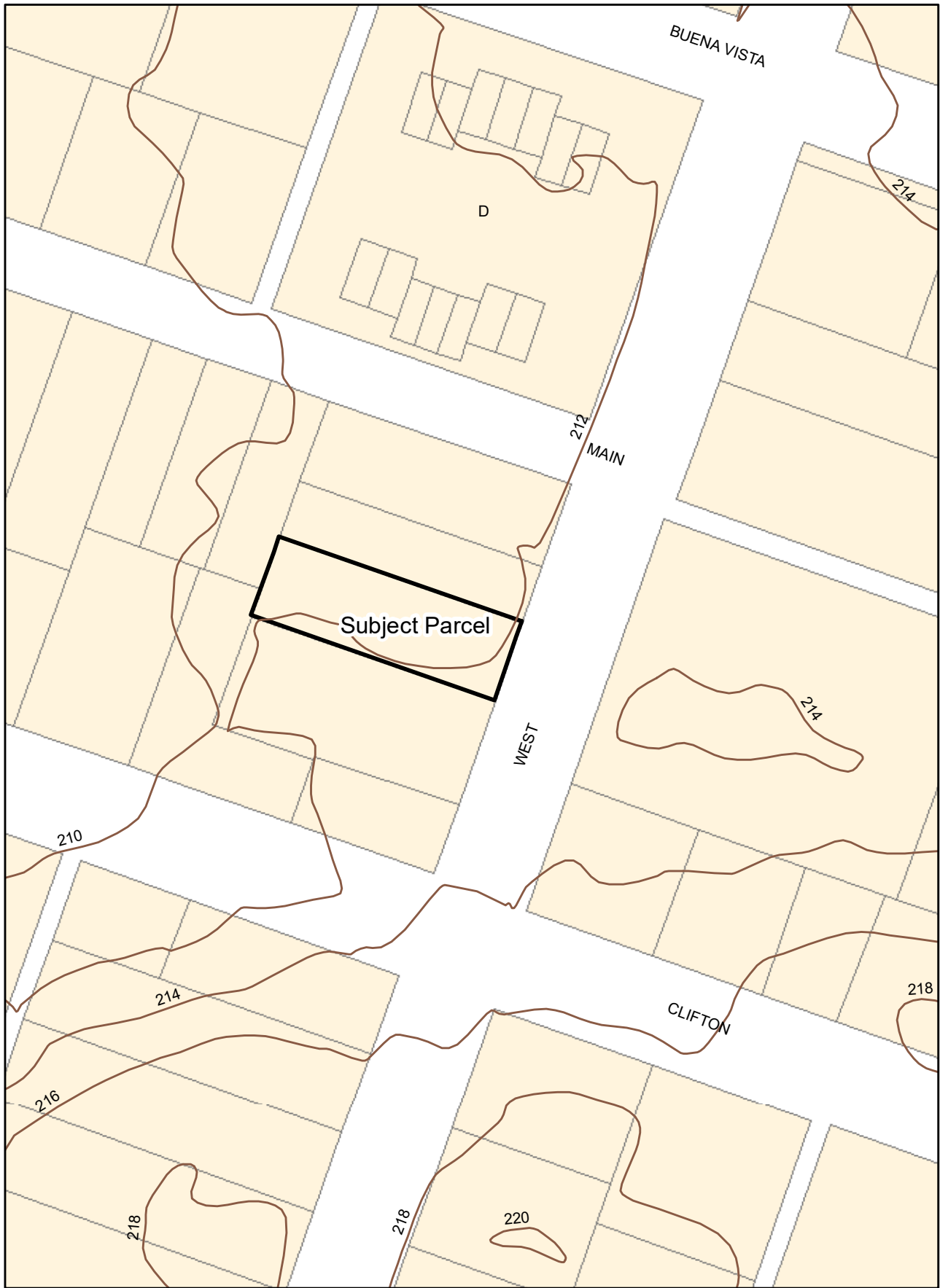
Site Maps

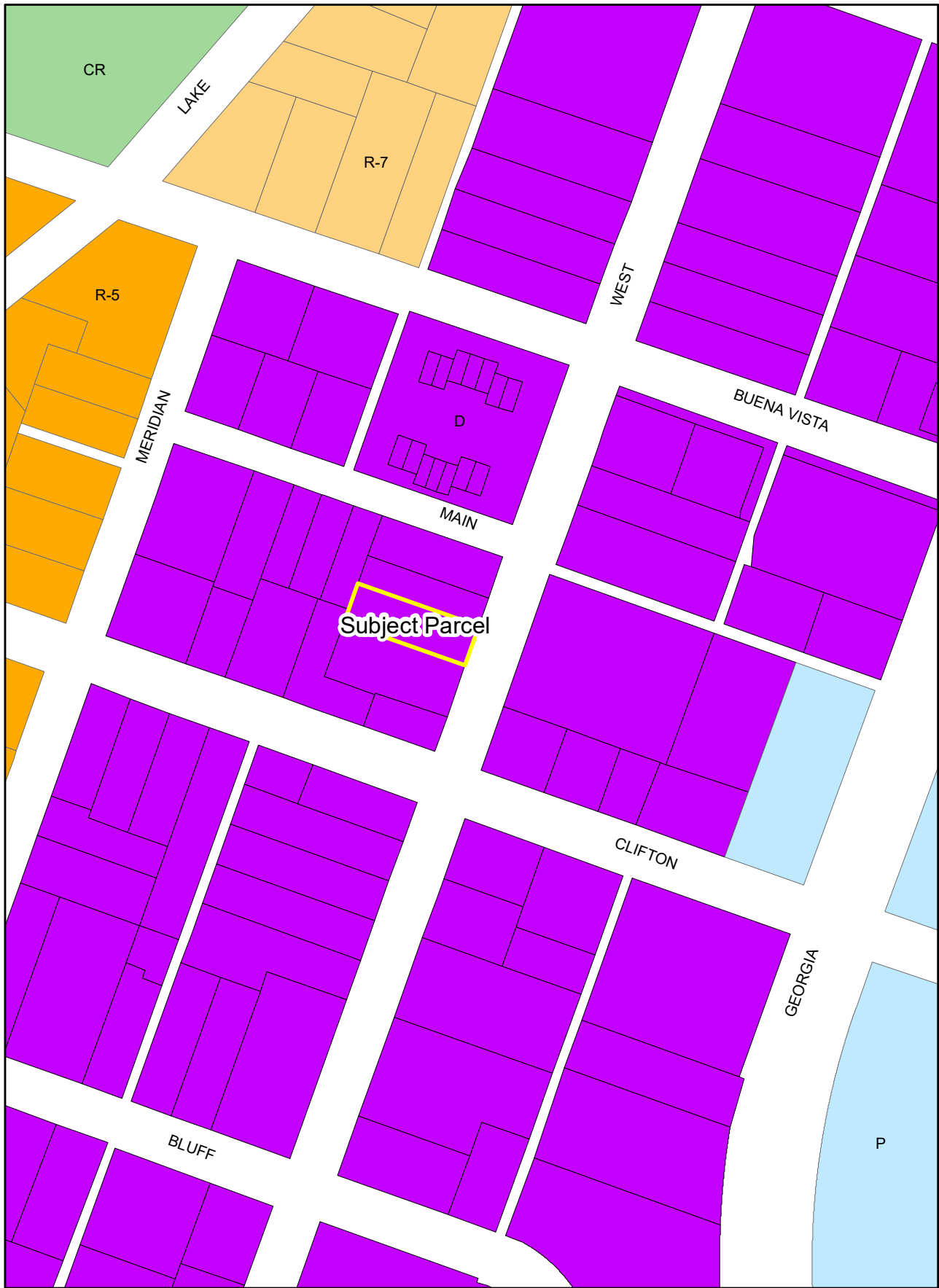
Public Notice

Application Materials

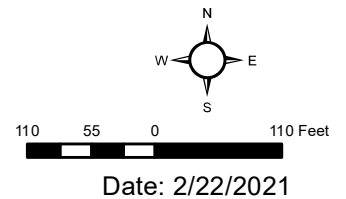
Cc: Michele Schultz, [REDACTED]
Robert Schultz, [REDACTED]

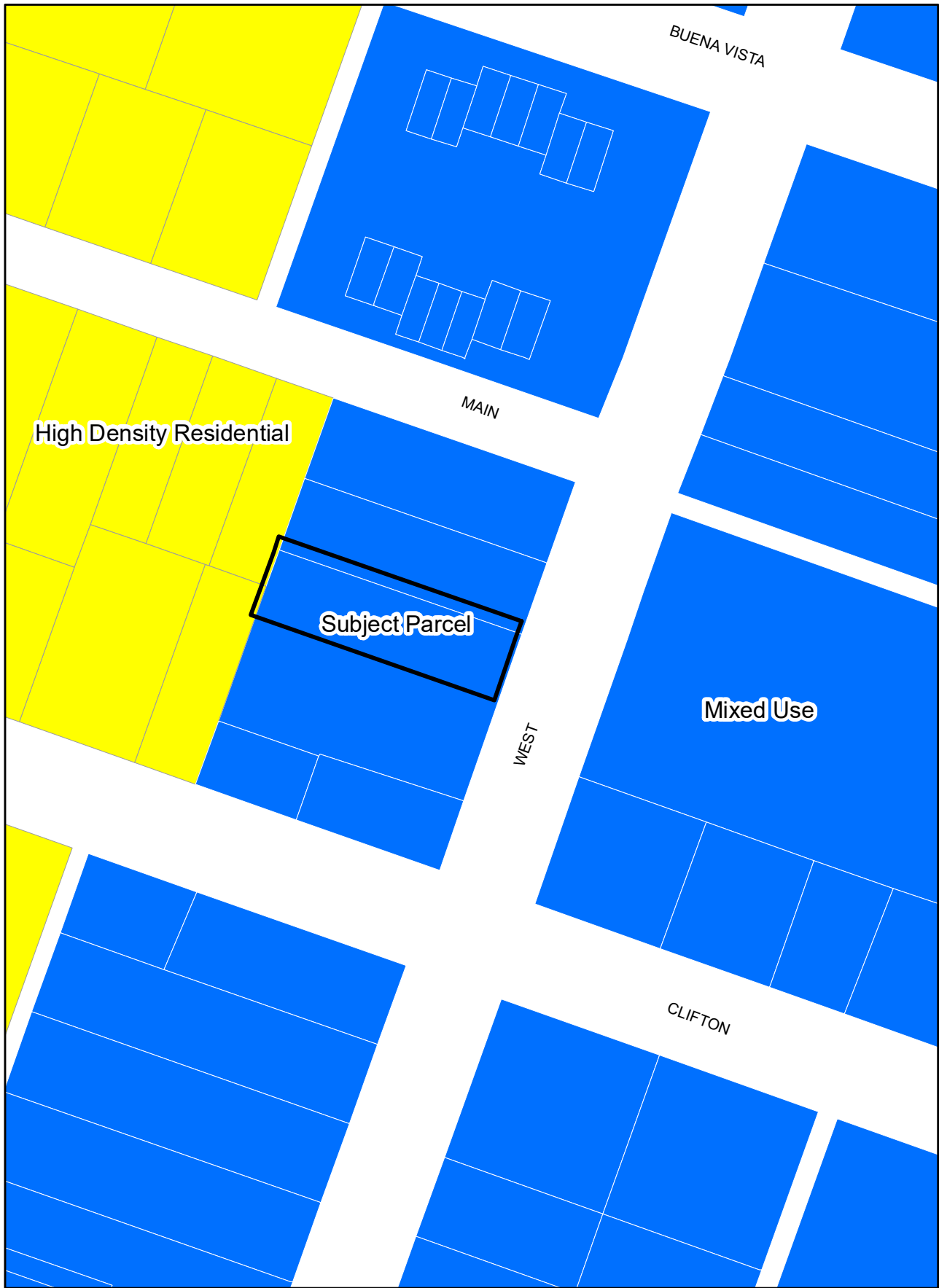






Zoning Map
 Application CU21-001
 306 West Ave, TPN 007-14-02-015
 Approx 0.17 ac
 Zoned D, Downtown Mixed Use





City of North Augusta, South Carolina
PUBLIC NOTICE
Virtual Conditional Use Administrative Hearing

In accordance with §5.5 of the North Augusta Development Code, the Director of Planning and Development will hold a virtual administrative hearing for a Conditional Use Permit at **11 a.m.** on **Monday, March 1, 2021** via teleconference to consider the following application:

CU21-001– A request by Carolina Health and Hearing for a Conditional Use Permit to allow for an audiologist’s office on ±0.17 acres located at 306 West Avenue, Tax Parcel Number 007-14-02-015, zoned D, Downtown Mixed Use.

Residents and Property Owners interested in expressing a view on the request are encouraged to submit comments. Comments will be collected via email at planning@northaugusta.net or voicemail at 803-441-4221 until 5 p.m. on Friday, February 26, 2021. Documents related to the application will be available after Monday, February 22, 2021 at <https://www.northaugusta.net/government/city-departments/planning-development>.

Application for Development Approval

Please type or print all information



Staff Use

Application Number _____

Date Received _____

Review Fee _____

Date Paid _____

1. Project Name Carolina Speech and Hearing, Inc DBA Carolina Health and Hearing

Project Address/Location 306 West Ave., North Augusta, SC 29841

Total Project Acreage _____ Current Zoning _____

Tax Parcel Number(s) _____

2. Applicant/Owner Name Robert Schultz Michele Schultz Applicant Phone [REDACTED]

Mailing Address [REDACTED]

City Lexington ST SC Zip 29072 Email [REDACTED]

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 N/A License No. _____

Firm Name _____ Firm Phone _____

Firm Mailing Address _____

City _____ ST _____ Zip _____ Email _____

Signature _____ Date _____

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. [Signature] [Signature] [Signature] 2/8/2021
Applicant or Designated Agent Signature Date

Michele Schultz - Robert Schultz
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 Carolina Speech and Hearing, Inc., DBA Carolina Health and Hearing
Project Address/Location 304 West Ave., North Augusta, SC 29161
Project Parcel Number(s) _____

2. Property Owner Name _____ Owner Phone _____
Mailing Address _____
City _____ ST _____ Zip _____ Email _____

3. Designated Agent Robert Schulte and Michele Schulte
Relationship to Owner lessee

^{Business}
Firm Name Carolina Health and Hearing Phone [REDACTED]
Agent's Mailing Address [REDACTED]
City Lexington ST SC Zip 29072 Email [REDACTED]

Agent's Signature [Signature] Date 2/8/2021
24. [Signature] 2/8/2021

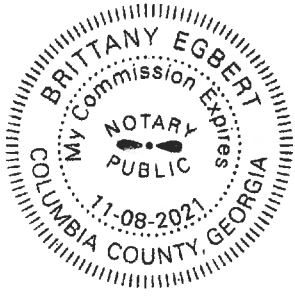
4. I hereby designate the above-named person (Line 3) to serve as my agent and represent me in the referenced application.

[Signature]
Owner Signature _____ Date 2/9/2021

5. Sworn and subscribed to before me on this 9th day of February, 20 21.

[Signature]
Notary Public

11-08-2021
Commission Expiration Date



Certificate of Zoning Compliance

1. This form is required for any new business, home occupation, business relocation, or business owner change.
2. Some projects may require additional approvals before a business license can be issued. This may include Site Plan Approval, Conditional Use Permit, Building Permit and/or Certificate of Occupancy.
3. A Certificate of Zoning Compliance is not an approval for occupancy. Building modifications, including electrical, mechanical, plumbing, new walls, demolition, etc., will require a separate building permit. Please contact [Building Standards](#) for additional information.
4. Home Occupations applications must comply with the City's [Home Occupation Regulations](#).
5. Food Truck applications must provide additional information to comply with the City's [Food Truck Regulations](#).
6. All signage is permitted separately. Please contact [Planning and Development](#) for additional information.
7. After approval, this document must be presented to the [Finance Department](#) in order to be issued a [City of North Augusta Business License](#).
8. Additional resources are available in the [City of North Augusta New Business Guide](#).

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

Check all of the following that apply:

- | | |
|--|---|
| <input checked="" type="checkbox"/> New Business | <input type="checkbox"/> Existing Business Name Change |
| <input type="checkbox"/> Existing Business Relocations | <input type="checkbox"/> Existing Business Ownership Change |
| <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Food Truck |

Business Name

Date

Carolina Health and Hearing

02/05/2021

Business Address

306 West Avenue, North Augusta, SC 29841

Applicant Name:

Applicant Address:

Robert Schultz

Phone:

E-mail

Business Owner Information (if different than applicant):

Describe the business, including products or services provided:

Evaluation and treatment of hearing loss and Tinnitus as well as VA Disability examinations.

Number of Employees (including yourself):

3

Number of off-street parking spaces on site:

8

Applicant Certifications -- Please Read

1. I hereby certify that all information provided is true and correct to the best of my knowledge.
2. I certify that I am the person listed below and am authorized to make this application.
3. I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
4. I am aware of and understand the jurisdiction's requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all of the jurisdiction's requirements.
5. I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
6. I hereby certify that there are no restrictive 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 this application.
7. I also understand and authorize the jurisdiction and its agents to utilize all information on this application to ensure compliance with all other federal, state and local laws.

I agree

Applicant Signature (type name or print and sign to indicate acceptance):

Robert Schultz

Owner Signature (if different than applicant):

The complete application with all required documentation may be submitted:

- Via email to planning@northaugusta.net
- Via mail:
Planning and Development Department, City of North Augusta, PO Box 6400, North Augusta, SC 29861
- In person:
Planning and Development Department, 2nd Floor, 100 Georgia Avenue, North Augusta, SC 29841

Submit Form Via Email

THIS SECTION FOR OFFICE USE ONLY

Parcel Number

Case Number

Use Matrix Reference

NAICS Reference

Additional Reviews Required:

- Site Plan Approval
- Building Permit
- Certificate of Occupancy
- Business License
- Other

Zoning

Approved By:

Date:

Other notes or conditions:



February 11, 2021

Dear Ms. Hodges and Ms. Baker:

Please accept the following as our statement for a Conditional Use Permit for a healthcare office owned by Carolina Health and Hearing. The office is located at 306 West Avenue, North Augusta, SC.

The Planning and Development Department of The City of North Augusta has requested a response to the following:

- a. 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;
- b. 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;
- c. 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
- d. 5.5.4.4 The use or development conforms with the provisions and policies of the Comprehensive Plan.
- e. A description of your proposed business, hours of operations, parking availability, etc. In essence, try to give us a complete picture of how the building will be used for your business.

Please accept the following as our statement for a Conditional Use Permit for Carolina Health and Hearing to operate at the building located at 306 West Avenue, North Augusta, SC.

Carolina Health and Hearing is a Disabled Combat-Veteran owned small professional business providing Veteran Administration Compensation and Pension exams for our nations' Veterans. In addition, we provide exceptional audiology services including comprehensive exams, diagnosing hearing loss, recommendation of hearing aids, and fitting of hearing aids.

Hours of Operation:

Monday through Friday from approximately 8:30 am to 5:00 pm

Employees:

There will be one full-time Patient Care Coordinator (PCC) and three part-time providers.

Parking:

There is one handicapped parking spot and four additional parking spots in the rear of the building. There is also a ramp behind the building, which is required for ADA compliance. There are two parking spots located in front of the building.



Area Served:

We will serve the North Augusta and surrounding communities as well as those who reside in Augusta, GA.

Hazardous or Toxic Substances:

Our office will be free from hazardous or toxic substances. No hazardous materials will be generated, utilized, stored, treated, and or disposed of on site.

Structure Modifications:

The existing structure, both internal and external will not be modified. We will use the property as it currently stands. Routine maintenance of the grounds and structure will be performed to ensure continued conformity and appearance with the surrounding structures.

Surrounding Businesses:

Carolina Health and Hearing will be in good company with the surrounding business and lend to the professional, service-oriented businesses already on West Avenue.

A few examples include:

310 West Ave - Medical Comfort Systems
309 West Ave - University Primary Care
150 Bluff Ave - Medac
308 West Ave - Aiken Augusta Holistic Health
504 West Ave - North Augusta Dental Care
511 West Ave - Comfort Keepers Home Care
1201 West Ave - North Augusta Urgent Care

In conclusion, we humbly ask for your consideration and approval of a Conditional Use Permit. Providing a convenient, safe, and professional environment for veterans and patients to receive the attention they need will reflect on North Augusta favorably and provide a needed service in the area.

Thank you for your time and consideration.

Sincerely,

A stylized, scribbled signature in black ink.

Robert Schultz
Co-owner

A cursive signature in black ink.

Michele Schultz
Co-owner

Google Maps 306 West Ave



Imagery ©2021 U.S. Geological Survey, Map data ©2021 20 ft



306 West Ave

North Augusta, SC 29841
Building



Directions



Save



Nearby



Send to your phone



Share

Photos