

1st Reading:  
2nd Reading:

**SPONSOR: HARRELL**

**ORDINANCE NO. \_\_\_\_\_**

**BILL NO. 22-92**

**AN ORDINANCE APPROVING A SPECIAL USE PERMIT FOR NATIONAL VISION, INC. D/B/A AMERICA'S BEST CONTACTS AND EYEGLASSES TO OPERATE A MEDICAL OFFICE AT 180 GRAVOIS BLUFFS CIRCLE.**

**WHEREAS**, the Planning and Zoning Commission held a duly noticed public meeting on November 1, 2022 regarding issuing a Special Use Permit to National Vision, Inc. d/b/a America's Best Contacts and Eyeglasses to operate a Medical Office at 180 Gravois Bluffs Circle, Ste. A, Fenton, Missouri, 63026 (the "Application"); and

**WHEREAS**, after reviewing the Application and criteria for issuance of a Special Use Permit, the Commission made a recommendation to the Board of Aldermen that said Special Use Permit be granted with conditions; and

**WHEREAS**, the Board of Aldermen held a duly noticed public hearing on November 21, 2022, in compliance with the City Code and Chapter 89 RSMo., to hear public comment on the Application; and

**WHEREAS**, after consideration of the Commission's recommendation, criteria for issuance of Special Use Permit, and public hearing, the Board of Aldermen finds that Petitioner meets the requirements for issuance of a Special Use Permit and finds it in the best interest of the City to grant the requested Special Use Permit with conditions.

**NOW, THEREFORE, BE IT ORDAINED BY THE BOARD OF ALDERMEN OF THE CITY OF FENTON, MISSOURI, AS FOLLOWS:**

**Section 1.** The Special Use Permit, with conditions and terms, requested to be issued to National Vision, Inc. d/b/a America's Best Contacts and Eyeglasses to operate a Medical Office at 180 Gravois Bluffs Circle, Ste. A, Fenton, Missouri, 63026, all as set out in Exhibit 1 attached hereto, is hereby approved and all terms and conditions are hereby incorporated into this ordinance as if fully set out herein.

**Section 2.** The Mayor is hereby authorized to execute this Special Use Permit on behalf of the City of Fenton.

**ORD. NO. \_\_\_\_\_**

ORD. NO. \_\_\_\_

**Section 3.** This ordinance shall be in full force and effect from and after the date of its passage and approval.

PASSED this 21<sup>st</sup> day of November, 2022.

\_\_\_\_\_  
JOE MAURATH, MAYOR

APPROVED this 21<sup>st</sup> day of November, 2022.

\_\_\_\_\_  
JOE MAURATH, MAYOR

ATTEST:

\_\_\_\_\_  
Jane Hungler, City Clerk

Motion to approve. Roll Call vote:

Ayes:

Nays:

Absent:

Abstain:

ORD. NO. \_\_\_\_

**EXHIBIT 1**

**SPECIAL USE PERMIT**

A Special Use Permit is hereby granted to National Vision, Inc. d/b/a America's Best Contacts and Eyeglasses ("Owner") this 21<sup>st</sup> day of November 2022, by the City of Fenton ("City"), a Municipal Corporation situated in St. Louis County, Missouri.

WITNESSETH:

**WHEREAS**, the Zoning Code of the City of Fenton, Missouri authorizes the establishment of a Special Use Permit; and

**WHEREAS**, the aforementioned Owner requests a Special Use Permit for the property located at 180 Gravois Bluffs Circle, Ste. A, Fenton, Missouri, 63026 ("Premises") to operate a Medical Office, and asserts that Owner will comply with the terms and conditions of the Zoning Code of the City of Fenton and the following terms and conditions of this Permit:

1. Approval of the Special Use Permit is for National Vision, Inc. d/b/a America's Best Contacts and Eyeglasses to operate a Medical Office at 180 Gravois Bluffs Circle, Suite A as indicated on the plans provided with the application and dated October 7, 2022.
2. A separate Occupancy Permit will be required before the subject suite can be occupied.
3. Compliance with all other applicable City of Fenton Codes and Ordinances.

**WHEREAS**, the Board of Aldermen finds that the proposed building or use and the issuance of the Special Use Permit as requested by the Owner upon the conditions, restrictions, and requirements set forth herein would not adversely affect the character of the neighborhood or value of adjacent parcels or other property in the surrounding area, traffic conditions, public utility facilities, the ideals of good planning, or the preservation and promotion of the public health, safety, and general welfare.

**NOW**, therefore, the Board of Aldermen of the City of Fenton, Missouri does hereby approve and issue the Special Use Permit described herein.

- 1) The conditions, restrictions, and requirements as set forth in this Special Use Permit are an integral part of the Special Use Permit and the Owner understands that violation of or failure to perform or maintain any of the conditions, restrictions, and requirements shall constitute cause to revoke and terminate this Special Use Permit.
- 2) If an inspection is made, and the Premises are found to be not in compliance with this Permit or City ordinances, the Owner will be given notice to make all necessary corrections. If the Owner is found not to be in compliance with the terms, conditions, and laws of the City by the compliance date or the Owner otherwise fails to comply

with the conditions of this Permit, this Special Use Permit shall be subject to revocation and termination. Any and all expenses, including attorney's fees, incurred by the City in the abatement of any violation shall be paid by Owner.

- 3) The Owner certifies and represents that they have made known to the appropriate City officials all material facts. Any misrepresentation or omission of material facts shall be grounds for revocation of this Permit, and this Permit shall be null and void.
- 4) This Special Use Permit is non-assignable and will be reviewed annually by the Community Development Department to assure that its use is in compliance with the terms of the Permit.
- 5) The Owner understands each of the conditions set out herein and accepts and agrees to them.

**IN WITNESS WHEREOF**, the City of Fenton upon application of the Owner has caused this Special Use Permit to America's Best Contacts and Eyeglasses be issued on the day and year first written above.

CITY OF FENTON, MISSOURI BY:

\_\_\_\_\_  
JOE MAURATH  
MAYOR, CITY OF FENTON

ACCEPTANCE:  
NATIONAL VISION, INC. D/B/A AMERICA'S  
BEST CONTACTS AND EYEGLASSES

BY: \_\_\_\_\_

PRINT: \_\_\_\_\_

DATE: \_\_\_\_\_