



Town of Atlantic Beach Planning & Inspections Department
 125 West Fort Macon Road * Atlantic Beach * NC * 28512

Case Number:
GVP-16-01

CONDITIONAL USE PERMIT APPLICATION

A Conditional Use Permit application will follow the development review process as outlined in Article 14 of the Unified Development Ordinance, adopted on August 24, 2009.

OCT 17 2016

Date of Application: 10/12/16 **BY:** CK1015
Applicant's Name: Brandon Rigsbee
Applicant's Address: 11012 Inlet Dr Emerald Isle NC 28594
Applicant's Telephone: (703) 999-3703
Applicant's E-mail: jbrigsbee@gmail.com
Owner's Name: Samer Hamad
Owner's Address: PO Box 4, Atlantic Beach, NC 28512
Owner's Telephone: (252) 342-9294
Conditional Use Address: 2610 W Fort Macon Rd Unit E Atlantic Beach, NC
Name of Proposed Project: 2610 W Fort Macon Rd 28512
PIN Number: 636515722536000
Deed Book and Page: 1388, 20 (Carteret)

If the building is pre-existing, lot size, setbacks and current impervious coverage may remain unless the building is being renovated beyond 50% of the value of the structure as listed with the Carteret County Health Department. Renovations exceeding 50% of the building's value require conformance with all zoning regulations.

New or Pre-Existing: PRE-EXISTING
Zoning District: RS
Flood Zone: Shaded X
Minimum Lot Size: NA, existing
Corner Lot: YES
Setbacks: 25' front (west & south) 10' sides (north & east)
Proposed Use: BAR/PUB

The Technical Review Committee will use the following answers to guide the evaluation of your proposed project:

Is the proposed use listed as Conditional in Article 5 of the UDO? (YES) NO NA
 Does lighting meet criteria set forth in Section 9.17? (YES) NO NA
 Does the proposed use meet parking rules outlined in Section 9.6? (YES) NO NA
 For new construction, are landscaping rules in Article 10 met? YES NO (NA)
 Does the proposed use meet extra conditions listed in Article 6? (YES) NO NA
 Does the proposed use meet the requirements of Section 7.2 Fences? (YES) NO NA
 Does the proposed use meet the requirements of Section 7.3 Waste? (YES) NO NA
 Does the proposed use meet the requirements of 2.26 Stormwater? (YES) NO NA

Continued on next page.

Required Attachments:

- ▶ Provide a detailed description of the proposed use and label it "Attachment A, Description of Proposed Use"
- ▶ Explain in detail how conditions in article 6 will be met and label it "Attachment B, Article 6 Conditions"
- ▶ Attach proof of Health Department approval as "Attachment C"
- ▶ Attach a sketch plan or other site plan required by the UDO and label it "Attachment D"
- ▶ Attach any other applicable permits at the end of the application packet.

I certify that the information provided in this Conditional Use Permit Application is true and accurate and if approved will be in conformance with the Town of Atlantic Beach Unified Development Ordinance and any additional conditions imposed by the Town of Atlantic Beach Board of Adjustment. I acknowledge that failure to adhere to any of these conditions may result in the revocation of the Conditional Use Permit and any associated privilege license.

Bung
Applicant (Owner or Agent)

10/12/16
Date

Amount Paid: \$500.00

10/17/16
Date Paid 

FOR STAFF USE:

- TRC Members:** (Outlined in Section 3.5)
- Planning Department _____
 - Town Manager _____
 - Council Member _____
 - Building Inspector _____
 - Public Works _____
 - Fire Department _____
 - Police Department _____
 - Planning Board Member _____
 - OTHER _____
 - OTHER _____
 - OTHER _____

- Pre-Application meeting date: _____
- Date approved by TRC: _____
- Date approved by Planning Board: _____
- Date of Decision by BOA: _____

Attachment A

Description of Proposed Use

2610 West Fort Macon Road



Western Atlantic Beach is an area dense with vacationers, homeowners, and visitors during the warmer months and holidays. Many of these people enjoy the beach and outdoor activities, but have very few options when it comes to food and drink without driving several miles. I believe a new bar business focused on serving craft beer and wine would be a welcome addition to the area by visitors and local residents alike. The proposed location for this business is ideally situated along West Fort Macon Road in an area that is convenient to all of western Atlantic Beach. It is a pre-existing building in an established business district, and my proposed use and style of bar would have minimal impact to surrounding residential areas.

The craft beer industry has exploded in recent years, and the general public's desire for craft beer is at an all-time high. I don't think it's any secret that when folks head to the beach for vacation these days, many of them actively search for a place to grab a good beer while in town. Vacationers want to explore the local craft beer scene and/or try new varieties of beer that they may not have access to in their hometown. With this proposed use, we will meet that demand by offering a wide variety of fresh craft beer with an emphasis on great Carolina breweries and other popular and exclusive beer brands from around the country. And we'll do this in a casual, clean, relaxing environment with a "coastal vibe" that we believe vacationers will enjoy. We'll also provide access to these craft beers in package form and through a growler-

filling service that enables customers to take their favorite beer off-premises; back to their condo, room, or beach house to enjoy as they please.

These claims about customer behavior and demand are based on direct feedback that we have received in the local marketplace. I intend to model this business after a successful craft beer bar that I own and operate in Emerald Isle that has been well-received by both the local community and vacationers to the Crystal Coast. I also have a rapidly growing growler manufacturing business that keeps me in-tune with the craft beer industry nation-wide and as a whole, so I am confident in my ability to execute on this proposal if approval is granted.

In summary, my proposed use is for a coastal-themed craft beer and wine bar. I have no desire to operate as a late-night establishment or club, and our hours of operation will reflect that goal. We want customers to enjoy our rotating selection of beer and wine in a relaxed, clean, casual bar environment. My aim is to train our bartenders and staff to be knowledgeable not only about the beer and wine we serve, but also about the local area and act as helpful resources to vacationers and visitors. We want to be an asset to the local community and Atlantic Beach as a whole.

Thank you for your consideration.

Attachment B

Article 6 Conditions

2610 West Fort Macon Road

In response to the Special Requirements and conditions to be met in Section 6.33, we respectfully submit the following (responses & statements to correspond with the numbered requirements within Section 6.33):

- 1) N/A
- 2) Proposed use is allowed with approval and issuance of Conditional Use Permit by the Board of Adjustment
- 3) Measures have been and will be taken to ensure this use will not be injurious to adjoining property.
 - a. Lighting will be to code; any additional lighting added will be to code
 - b. Noise will be monitored and controlled at all times.
 - c. Parking will be monitored and controlled so as not to create a nuisance.
 - d. Trash and recycling will be disposed of properly and regularly, receptacles and dumpster(s) will be controlled so as not to create a nuisance.
- 4) Applicant takes very seriously the potential impact of serving alcohol to patrons and the risk that it entails. We will take proactive measures to control consumption, refuse service when necessary, and otherwise stringently follow North Carolina's ABC regulations and training. We will make every effort to keep our patrons from causing a disturbance on public and private property in our vicinity.
- 5) Any and all live entertainment will be contained within the building.
- 6) Building currently meets RS zoning requirements.
- 7) N/A at this time. The NC ABC permit can only be applied for by applicant once Conditional Use is approved and Town Opinion form is complete.
- 8) We will not open without issuance of a NC alcoholic beverage license.
- 9) Understood.
- 10) See Attachment D

Attachment D

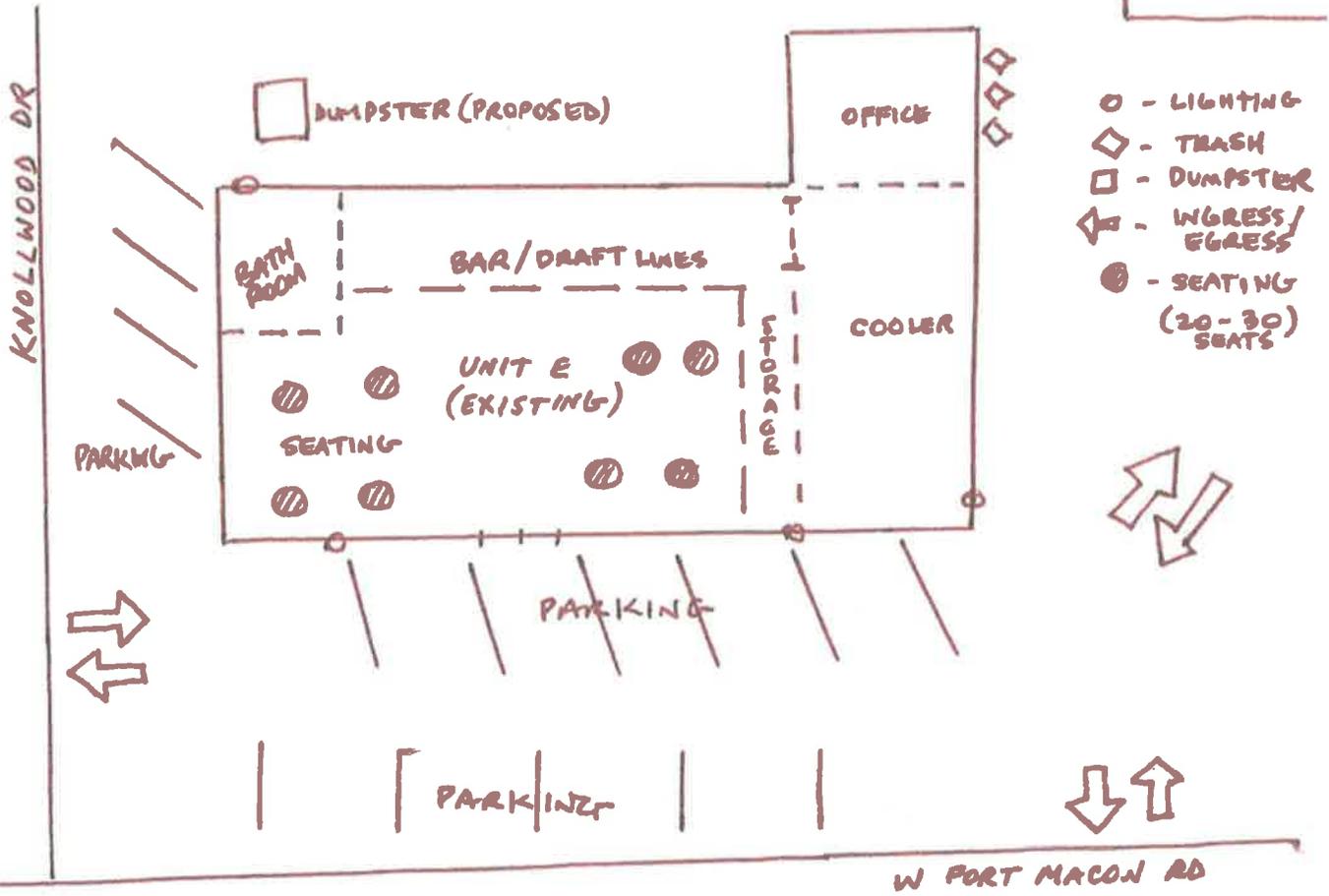
Site Plan

2610 West Fort Macon Road

- A. Name: Name TBD, project tentatively called "2610 West Fort Macon Road"
Address: 2610 W Fort Macon Road, Atlantic Beach, NC 28512
- B. Name of Owner: Samer Hamad
Address of Owner: PO Box 4, Atlantic Beach, NC 28512
- C. North Arrow: See Sketch (Attachment D, page 2 of 2)
- D. Date of Plan: See Sketch (Attachment D, page 2 of 2)
- E. Roads and Streets: See Sketch (Attachment D, page 2 of 2)
- F. Location of all Structures: See Sketch (Attachment D, page 2 of 2)
- G. Zoning Classification: RS
- H. Hours of Operation: May-September (closed in off-season), 10am-12pm
- I. Parking: See Sketch (Attachment D, page 2 of 2)
- J. Trash/Shielding Devices: See Sketch (Attachment D, page 2 of 2)
- K. Lighting: See Sketch (Attachment D, page 2 of 2)
- L. Methods of Ingress/Egress: See Sketch (Attachment D, page 2 of 2)
- M. Fencing, buffering, landscaping: See Sketch (Attachment D, page 2 of 2)

SITE SKETCH
 10/14/2016
 2610 WEST FORT MACON RD UNIT E

EXISTING
 (REALTY,
 DAIRY
 QUEEN)





Town of Atlantic Beach Planning & Inspections Department
125 West Fort Macon Road * Atlantic Beach * NC * 28512

APPOINTMENT OF AGENCY LETTER

Date of Application: 10/12/16

Case Number: _____

Type of Request: Map Amendment Conditional Use Variance Other

I, Samer Hamad, owner of property located in the Town of Atlantic Beach, at
(name)
2610 W Fort Macon Rd recorded in Carteret County Deed Book 1388,
(street address)
pages 20, and having parcel identification number (PIN#)

of 636515722536000, do hereby appoint as my representing

agent Brandon Rigsbee to represent me in the application/petition indicated above
(Agent's Name)

and authorize him/her to act as my agent in all matters formal and informal relating to the Town of Atlantic Beach procedures for such requested actions. I authorize him/her to receive and submit all official correspondence with the understanding, however, that as the owner of the property I must sign any and all affidavits and statements that may be required for approvals of the request.

Property Owner Information

Name: Samer Hamad

Address: 2610 W Fort Macon Rd
Atlantic Beach NC

Telephone: 252 342-9294

[Signature]
(Property Owner Signature)

Date: 10/12/16

Authorized Agent Information

Name: Brandon Rigsbee

Address: 11012 Inlet Dr
Emerald Isle NC 28594

Telephone: (703) 999-3703

[Signature]
(Authorized Agent Signature)

Date: 10/12/16



- Address Points
- Parcels - Updated 10-6-2016
- Centerlines
- NC Railroad Right of Way
- County Boundary
- Other County <all other values>
- Cart
- PIN
- Acreage
- Parcel Dimensions

The information displayed by this website is prepared for the inventory of real property found within this jurisdiction and is compiled from recorded deeds, plats, and other public records and data. Users of this information are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information contained on this site. Carteret County assumes no legal responsibility for the information contained on this site. Carteret County does not guarantee that the data and map services will be available to users without interruption or error. Furthermore, Carteret County may modify or remove map services and access methods at will.

<>>>>>> TOWN OF ATLANTIC BEACH <<<<<<<>

----- Misc Receipt -----

Batch No Receipt No Trans Date
0000006591 0000137749 10/18/2016

Operator Code Todays Date Time
CT1 10/17/2016 02:04:01 PM

Payor: BRANDON RIGSBEE/GOOSE CREEK GR
Address: 00000

10-0500-311 Payment: 500.00
PLANNING & ZONING FEES
COND USE-2610 WFM-GROWLER-R

Total Due: 500.00
Total Tendered: 500.00
Change Returned: 0.00

Check Amount: 500.00

Paid By: Brandon Rigsbee/goose Creek Gr
Check No 1015 For \$500.00
