



## CITY OF BERKLEY COMMUNITY DEVELOPMENT

3338 COOLIDGE HWY, BERKLEY, MICHIGAN 48072

### APPLICATION FOR SPECIAL LAND USE REVIEW

**NOTICE TO APPLICANT:** Applications for Special Land Use review by the Planning Commission must be submitted to the City of Berkley Building Department in ***substantially complete form*** at least 30 days prior to the Planning Commission's meeting at which the application will be considered. The application must be accompanied by the data specified in the Zoning Ordinance, including fully dimensioned site plans, plus the required review fee.

The Planning Commission will hold the required *public hearing* and will make a recommendation to the City Council. Special Land Use approval shall be obtained from the City Council.

The Planning Commission meets the fourth Tuesday of the month at 7:00pm in the Council Chambers at the City of Berkley City Hall, 3338 Coolidge Hwy, Berkley, MI 48072. The City Council meets the first and third Mondays of the month at 7:00pm in the Council Chambers at the City of Berkley City Hall, 3338 Coolidge Hwy, Berkley, MI 48072.

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#### TO BE COMPLETED BY APPLICANT:

I (We), the undersigned, do hereby respectfully request Special Land Use Review and provide the following information to assist in the review:

Project Name: Rhone Pharmacy  
Applicant: Blue Rx LLC  
Mailing Address: 635 Hibiscus St, Apt 611, West Palm Beach, FL 33401  
Telephone: 678-977-9009  
Email: akshar@ivirahealth.com  
Property Owner(s), if different from Applicant: North Green Trust  
Mailing Address: 1359 Davis Ave. Birmingham, MI. 48009  
Telephone: 313.909.6800  
Email: primemanagement@tir.com  
Applicant's Legal Interest in Property: Lease

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**LOCATION OF PROPERTY:**

Street Address: 3462 Greenfield Rd, Suite 102, Berkley, MI 48072

Nearest Cross Streets: Greenfield Rd and W 12. Mile Rd

Sidwell Number(s): \_\_\_\_\_

**PROPERTY DESCRIPTION:**

Provide lot numbers and subdivision: \_\_\_\_\_

Property Size (Square Feet): \_\_\_\_\_ (Acres): \_\_\_\_\_

**EXISTING ZONING DISTRICT** *(please check):*

- |                                |  |  |
|--------------------------------|--|--|
| <input type="checkbox"/> R-1AB | <input type="checkbox"/> Community Centerpiece | <input checked="" type="checkbox"/> Residential Corridor |
| <input type="checkbox"/> R-1CD | <input type="checkbox"/> Downtown              | <input type="checkbox"/> Woodward Corridor               |
| <input type="checkbox"/> R-2   | <input type="checkbox"/> Flex                  | <input type="checkbox"/> Cemetery                        |
| <input type="checkbox"/> R-M   | <input type="checkbox"/> Gateway Corridor      | <input type="checkbox"/> Parking Overlay                 |
| <input type="checkbox"/> R-M-H |  |  |

**Street Type:**

- ☒ Corridor    ☐ Downtown    ☐ Walkable Area    ☐ Residential

Present Use of Property: ~~Medical and Professional~~

Proposed Use of Property: Pharmacy and related services

Is the property located within the Downtown Development Authority?      ☐ Yes      ☒ No

**PROJECT DESCRIPTION:**

~~The creation of a retail pharmacy focused on providing medical prescription medication and medication management services~~

Does the proposed project / use of property require Site Plan Approval?      ☐ Yes      ☒ No

Does the proposed project require Variance(s) from the Zoning Board of Appeals?      ☐ Yes      ☒ No

If yes, describe the variances that will be required: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING CHART:**

Type of Development	Number of Units	Gross Floor Area	Number of Parking Spaces On Site	Number of Employees on Largest Shift
Attached Residential				
Office	6	600	17	2
Commercial				
Industrial				
Other				

**STANDARDS FOR SPECIAL LAND USE APPROVAL:**

To be considered for Special Land Use approval, the Planning Commission and City Council shall consider the following standards. Please address **how** the proposed use satisfies each standard, as specified in Section 138-10.03

1. The proposed use will promote the use of land in a socially and economically desirable manner.

~~Yes, providing a local community pharmacy provides localized and focused~~  
medical and medication care through individualized care

2. The proposed use is necessary for the public convenience at that location.

~~Yes, the location is in a residentially dense area with a high number of medical~~  
offices. To support these offices, a local pharmacy would provide a benefit to the community

3. The proposed use is compatible with adjacent land uses.

~~Yes, medical and professional use is compatible with a pharmacy~~

4. The proposed use is designed so that the public health, safety and welfare shall be protected.

~~Yes, a community pharmacy will promote personalized care and healthcare~~

5. The proposed use will not cause injury to other property in the neighborhood.

~~No, Pharmacies provide the community with vital medication needs esp~~  
in a long term care setting.

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**PROFESSIONALS WHO PREPARED PLANS:**

A. Name: Tim Fought

Mailing Address: 24045 Woodland Drive Southfield, MI. 48034

Telephone: 248.514.7612

Email: timothy fought <tfoughtarchitectllc@gmail.com>

Design Responsibility (engineer, surveyor, architect, etc.): Architect

B. Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Design Responsibility: \_\_\_\_\_

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**SUBMIT THE FOLLOWING:**

1. A PDF electronic copy of a complete set of plans, sealed by a registered architect, engineer, or surveyor and any supporting documents, emailed to [planning@berkleymi.gov](mailto:planning@berkleymi.gov).
  2. Proof of property ownership (title insurance policy or registered deed with County stamp).
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**PLEASE NOTE:** The applicant, or a designated representative, **MUST BE PRESENT** at all scheduled meetings, or the Special Land Use request may be tabled due to lack of representation.

Failure to provide true and accurate information on this application shall provide sufficient grounds to deny approval of a Special Land Use application or to revoke any permits granted subsequent to the Site Plan Approval.

We encourage applicants to make a presentation of the proposed project to the Planning Commission and City Council, as appropriate. To assist in this effort, we have available for your use at meetings a projector, laptop computer and screen. This will allow the Planning Commission and audience to be fully engaged so they can give your project the attention it deserves. Planning Commission and City Council meetings are recorded and televised.

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**PROPERTY OWNER'S APPROVAL: (Initial each line)**

NG I hereby authorize and give permission for the City of Berkley to install one or more temporary signs on my property, in order to notify the public of the required public hearing related to the Special Land Use request.

NG I hereby authorize the employees and representatives of the City of Berkley to enter upon and conduct an inspection and investigation of the above referenced property in relation to the above request.

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**APPLICANT'S ENDORSEMENT: (Initial each line)**

AP All information contained therein is true and accurate to the best of my knowledge.

AP I acknowledge that the Planning Commission will not review my application unless all information in this application and the Zoning Ordinance has been submitted.

AP I acknowledge that the City and its employees shall not be held liable for any claims that may arise as a result of acceptance, processing or approval of this Special Land Use application.

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If an application is withdrawn more than three (3) weeks prior to the meeting date, 90% of the fee will be refunded. If the application is withdrawn less than three (3) weeks prior to the meeting, no refund will be given.

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Signature of Applicant  
08/19/2025  
Date

Akshar Patel  
Applicant Name (Print)

Signature of Applicant  
08/19/2025  
Date

Applicant Name (Print)  
  
Signature of Property Owner Authorizing this Application  
8/19/25  
Date

North Green Trust  
Property Owner Name (Print)

**OFFICE USE ONLY**

Received 8-19-25 Receipt # \_\_\_\_\_ Meeting Date \_\_\_\_\_ Case # PSU-04-25

Fee: \$1,000.00