

THE CITY OF BERKLEY
Community Development Department
3338 Coolidge, Berkley, Michigan 48072
(248) 658-3320

**Notice
Meeting of the Berkley
Zoning Board of Appeals**

Notice is hereby given, that there will be a meeting of the Zoning Board of Appeals to be held at the City of Berkley in the Council Chambers, 3338 Coolidge, Berkley, Michigan on Monday, March 09, 2026 at 7:00 pm or as near thereto as the matter may be reached.

Application Number PBA-01-26

Zach Hewitt for Well Wishes Tattoo, 27815 Woodward Ave, Parcel # 04-25-17-428-022, West side of Woodward Ave., between Eaton Rd. and West Blvd., is requesting a variance for parking to allow for an additional chair for service to be added.

Berkley City Code

Berkley City Code, Chapter 138 *Zoning*, Article 14, Section 14.04 Vehicle Parking Requirements, Table 14.04-Q.3.z: 1 per chair plus 1 per employee.

Complete application information is available for review at www.berkleymi.gov/community-development/development-projects.

Comments on the granting of the above variance may be made in person on the night of the meeting or in writing. All written comments must be submitted to the Berkley Community Development Department or email to planning@berkleymi.gov before 4:00 p.m. on the date of the Public Hearing.

KIM ANDERSON
ZONING ADMINISTRATOR

Publish Once:

Oakland Press
Friday, February 20, 2026



CITY OF BERKLEY
COMMUNITY DEVELOPMENT
 3338 COOLIDGE HWY, BERKLEY, MICHIGAN 48072

ZONING BOARD OF APPEALS APPLICATION

The Zoning Board of Appeals (ZBA) meets the second Monday of the month. The meetings are held in the Council Chambers at City Hall, 3338 Coolidge Highway, Berkley, Michigan 48072.

The ZBA shall hear requests for use and dimensional variances, appeals of administrative decisions, interpretation of zoning map and text, and interpretations of commercial message for proposed murals.

****Please be advised:** The ZBA may grant a variance where undue hardship or practical difficulty for the property exist. A want or desire (bigger structure, more profit, etc.) is not sufficient grounds for a variance. The ZBA does not have the power to legislate or create new regulations. The Board's purpose is to provide some relief from the Zoning Ordinance depending on the unique circumstances of the property.

APPLICANT INFORMATION

Name: ZACH HEWITT Phone: [REDACTED]
 Address: 3279 MINERVA ST. FERRIS MI 48220
 Email: [REDACTED]
 Relationship to Property (current tenant, representative, future tenant, current owner, future owner):

PROPERTY OWNER INFORMATION (if different from Applicant)

Name: IRONHEAD TRUST Phone: [REDACTED]
 Address: 1359 DAVIS AVE. BIRMINGHAM MI 35209
 Email: [REDACTED]

PROPERTY DESCRIPTION

Address: 27815 WOODWARD AVE.
 Parcel #: _____ Zoning Classification: _____
 Current Use of Property: TATTOO/PIERCING STUDIO

NATURE OF REQUEST

Check which applies:

- Variance from Zoning Ordinance (Section I)
- Interpretation of Zoning Ordinance (Section II)
- Administrative Review / Appeal of Decision (Section III)
- Determination of Commercial Message of Mural / Work of Art (Section IV)

Description of Request:

PARKING VARIANCE TO ALLOW OUR PROPOSED
ADA BOOTH

Has the City denied a permit related to the proposed work? Yes No

Please fill out ONLY the section below that applies to your request.

I. VARIANCE FROM ZONING ORDINANCE

Please provide a written response to each question below that relates to the variance that is being requested. **DO NOT COMPLETE BOTH SECTIONS.**

A. Use Variance

The Zoning Board of Appeals may grant a **use variance** (i.e. use of the land not permitted in a particular district) upon finding that an undue hardship exists.

Current Use of Property: _____

Requested Use of Property: _____

1. Explain how the building or land cannot be reasonably used for any of the uses permitted by right or by special land use permit in the current zoning district.

2. Explain how the need for the variance is due to unique circumstances or physical conditions of the property.

3. Explain how the proposed use will not alter the essential character of the neighborhood.

4. Explain how the need for the variance is not the result of actions of the property owner or previous property owners.

B. Dimensional Variance (Non-Use Variance)

The Zoning Board of Appeals may grant a **dimensional variance** (i.e. height, setback, lot coverage, etc) upon finding that undue hardship or practical difficulty exists.

1. Explain how the need for the variance is due to unique circumstances of physical conditions of the property.

BEING LOCATED ON WOODWARD AVE. WE HAVE LIMITED PARKING TO ACCOMMODATE THE SIZE AND CAPACITY OF OUR BUILDING. THE BUILDING HAS BEEN A TATTOO SHOP FOR 30 YEARS WITH NO PARKING ISSUES DESPITE NOT HAVING AMPLE SPACES.

2. Explain how the need for the variance is not the result of actions of the property owner or previous property owners.

IN THE PAST THERE HAVE BEEN PARKING AGREEMENT WITH NEIGHBORING BUSINESSES. WHEN WE OPENED WE WERE NOT ABLE TO OBTAIN AN AGREEMENT FOR SHARED PARKING. (VINSETTA'S GARAGE DOESN'T MIND WHEN OUR MUTUAL CUSTOMERS USE THEIR LOT.)

3. Explain how strict compliance with the ordinance will unreasonably prevent the property owner from using the property for a permitted purpose or will render conformity with those regulations unnecessarily burdensome.

WITHOUT A VARIANCE FOR THE 9 SPACES THE PROPERTY OWNER WOULD BE AT A LOSS IF WE WERE TO LEAVE THE BUILDING AND THEY WERE TO LEASE TO ANOTHER SERVICE INDUSTRY BUSINESS.

4. Explain how the requested variance is the minimum variance necessary to do substantial justice to applicant as well as other property owners.

WE ARE CURRENTLY LEGAL NONCONFORMING, UNDER NEW ZONING THE BUSINESS IS REQUIRED TO HAVE 2 SPACES PER BOOTH VS. THE PAST SPACES BEING BASED ON SQUARE FOOTAGE.

5. Explain how the requested variance will not adversely impact the surrounding properties.

THIS BUILDING HAS BEEN USED AS A TATTOO SHOP FOR 30 YEARS AND HAS NOT IMPEDED SURROUNDING PROPERTIES. CLIENTS ALWAYS FIND PARKING AND WE'VE NEVER GOTTEN ANY COMPLAINTS. (OUR NEW BOOTH WILL HELP US ACCOMMODATE FOR WHEEL CHAIR ACCESS, SOMETHING OUR CURRENT AND EXISTING FROM FORMER SHOPS LAYOUT HAS NOT BEEN ABLE TO DO.)

II. INTERPRETATION OF ZONING ORDINANCE

Provide Section numbers of Zoning Ordinance to be interpreted: _____

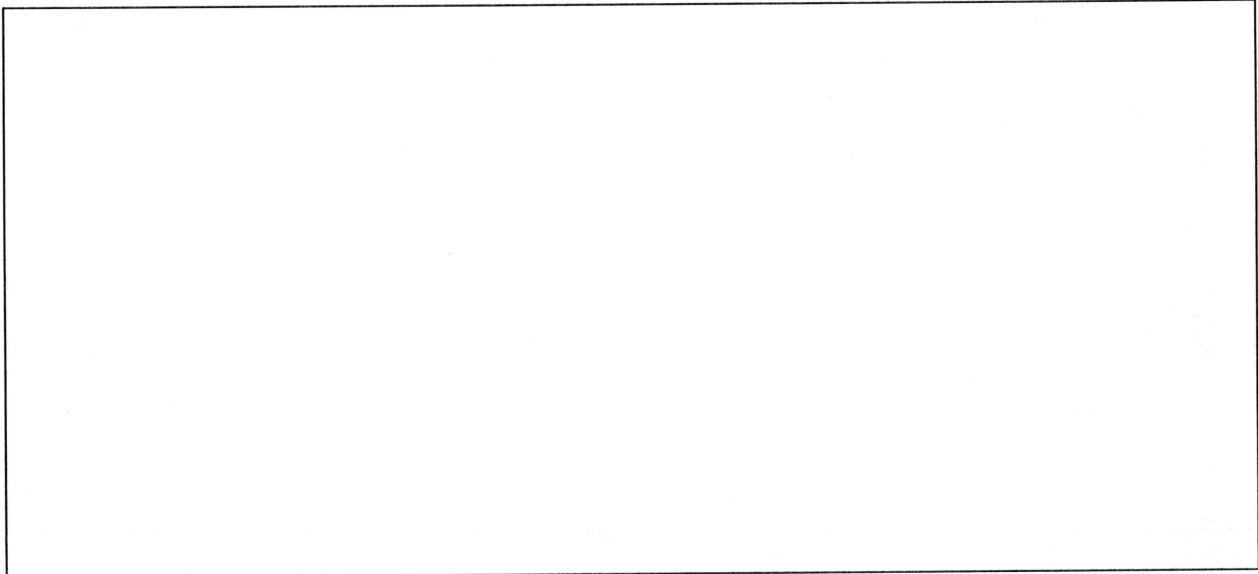
Please describe the request and what needs to be clarified or interpreted by the ZBA.

III. ADMINISTRATIVE REVIEW / APPEAL OF DECISION

Describe the circumstances of each case and provide the minutes of the public meeting noting the denial to be appealed.

IV. DETERMINATION OF COMMERCIAL MESSAGE (MURAL/WORK OF ART)

Describe the proposed mural/work of art. Applicant should include renderings of the proposed design. The ZBA shall determine if the proposed work contains a commercial message.



** Applicant and artist must provide signed *Mural Installation and Maintenance Agreement* prior to the public meeting.

SUBMIT THE FOLLOWING:

A PDF file of the application and one 11" x 17" copy of the supporting documents must be submitted at the time of application, including; a copy of survey, plot plan or site plan with this application that shows the subject property complete with boundary lines and dimensions, existing building locations, all proposed buildings, easements, utilities, and any site improvements/changes. Setbacks, height of structures, lot coverage, etc. should also be included, if applicable.

PLEASE NOTE: The applicant, or a designated representative, is **encouraged** to be present at the meeting in which the case is being reviewed or the request may be postponed due to lack of representation.

We encourage applicants to make a presentation of the proposed request to the Zoning Board of Appeals, if applicable. To assist this effort, we have available for your use a projector, laptop computer and screen. ZBA meetings are recorded and televised.

PROPERTY OWNER'S APPROVAL (Initial each line)

 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 above request(s) before the ZBA.

APPLICANT'S ENDORSEMENT: (Initial each line)

ZKH All information contained herein is true and accurate to the best of my knowledge.

ZKH I acknowledge that the ZBA will not review my request unless all information in the application has been submitted to the satisfaction of the Zoning Administrator.

ZKH 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 review of this application.

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.

ZACH K. HEWITT  2-12-2026
Applicant Name (print) Applicant Signature Date

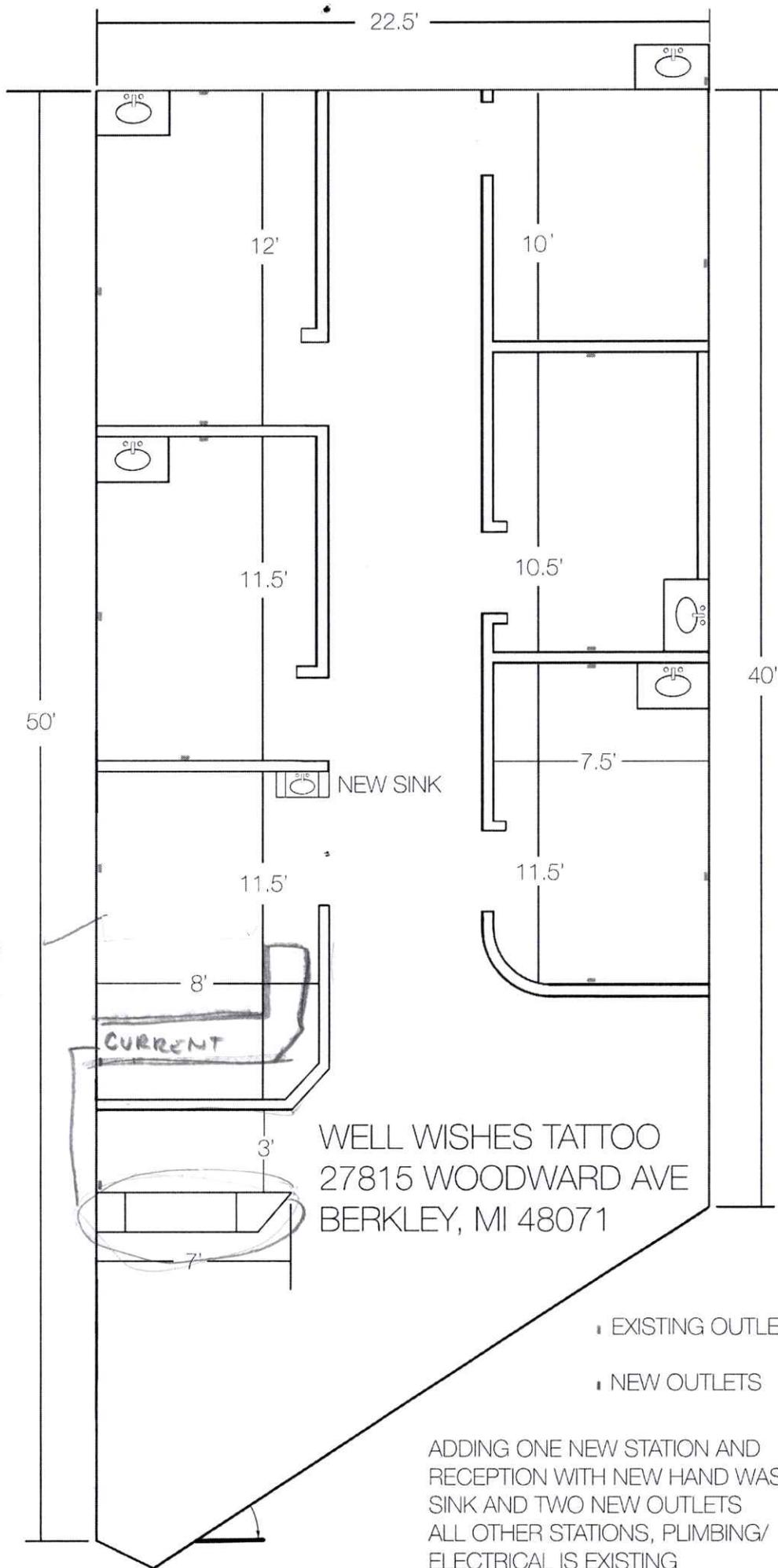
NICK J. KELLY  2-12-2026
Applicant Name (print) Applicant Signature Date

FRONTHEAD TRUST  2-12-26
Property Owner Name (print) Property Owner Signature Date

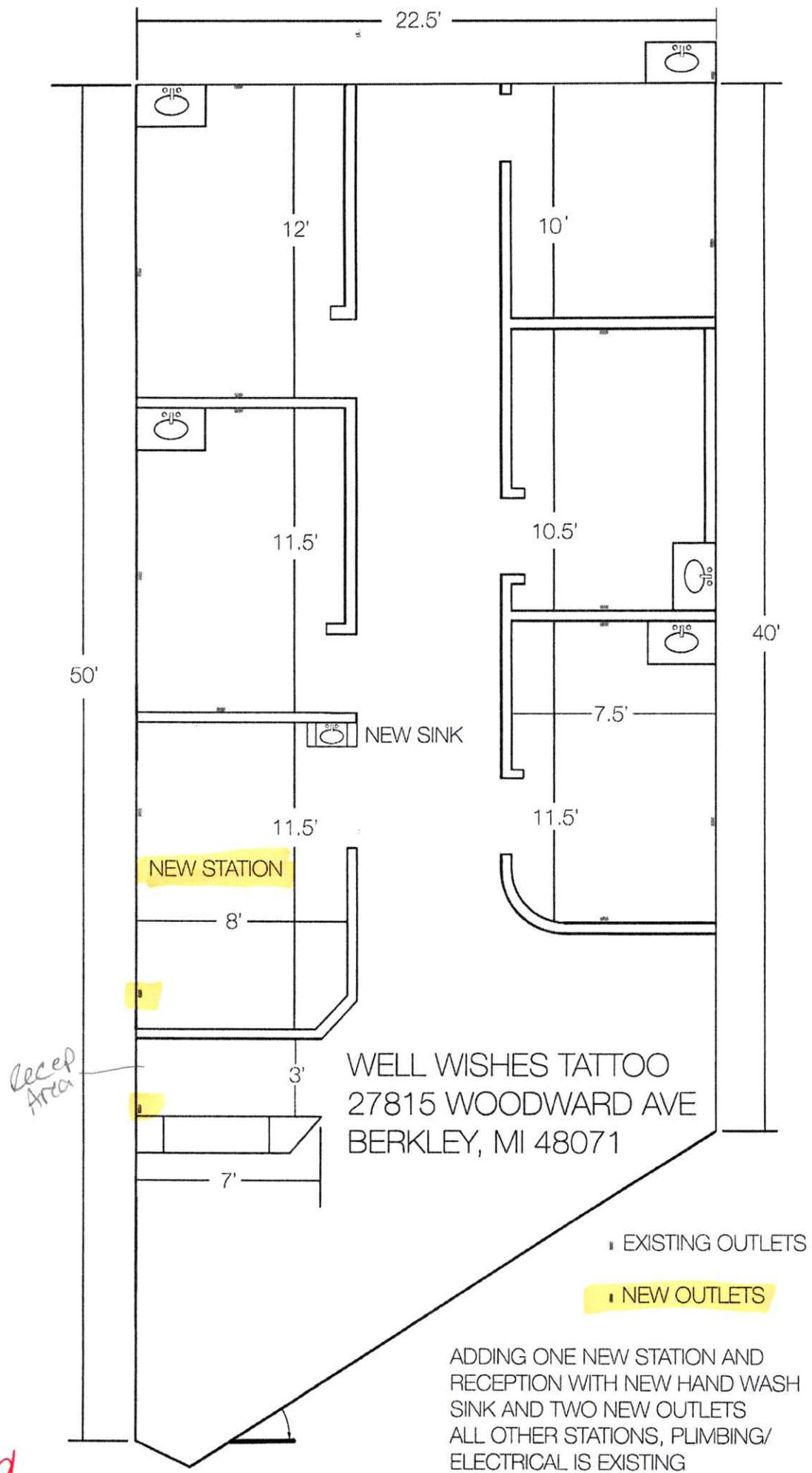
Office Use Only

Received 1/23/26 Receipt # _____ Meeting Date 3/9/26 Case # PBA-01-26

Fee: Residential \$400
Commercial \$600
Mural \$300



Existing



Proposed

25-17-428-022

or navigate to and click on the property of interest

27815 WOODWARD AVE

PIN: 25-17-428-022

CITY OF BERKLEY

Available Reports:

[Commercial Property Profile](#) \$0

Property profile of a specific parcel

[Current Tax Report](#) \$2.50

Current property tax information

[Map Atlas](#) \$4.00

Plat map & property dimensions

Also Available at this Location:

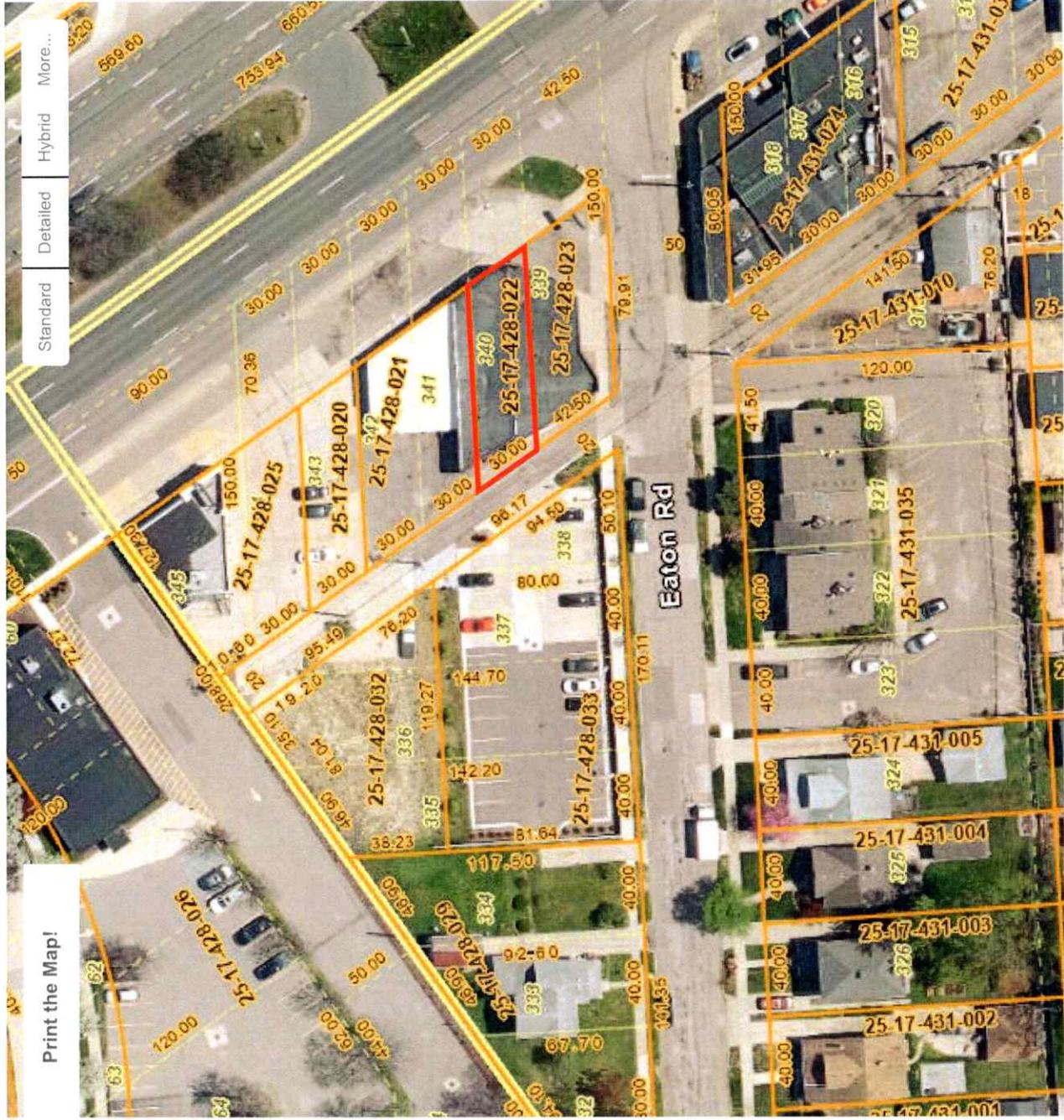
[Display Property Photo](#)

[Display Property Sketch](#)

Files are updated annually. Sketch updates vary by community and may not reflect the square footage in the file.

[Display FEMA - DFIRM Map](#)

- [DFIRM Disclaimer](#)
- [DFIRM Overview](#)



HEALTH DIVISION

Kate Guzmán, Health Officer
(248) 858-1280 | health@oakgov.com

January 14, 2026

ATTN ZACH HEWITT AND NICK KELLY
WELL WISHES TATTOO
27815 WOODWARD AVE
BERKLEY MI 48072

**RE: Body Art Facility Plans Approved for Well Wishes Tattoo
27815 Woodward Ave, Berkley, MI 48072**

Dear Zach Hewitt and Nick Kelly:

This letter will serve to confirm Oakland County Health Division's Plan Review of the above referenced body art facility. The submitted plans and specifications have been reviewed and approved on January 14, 2026 in accordance with Oakland County Sanitary Code, Article VII for Body Art Facilities and Practitioners, and in accordance with State of Michigan Public Act No. 375. This approval authorizes you to construct a body art facility per plans and specifications received by this Division on January 14, 2026. **This approval also includes all modifications that have been submitted and approved by this Division since that time.**

This approval is given with the following stipulations:

- Item 1** The facility shall submit an application and the required fee for an Oakland County Health Division Body Art Facility License. **A license application must be submitted and the appropriate fees paid prior to this Division granting final operating approval.**
- Item 2** The facility shall submit an application and the required fee for a Michigan Department of Health and Human Services (MDHHS) Body Art Establishment License. **A license application must be submitted and the appropriate fees paid prior to this Division granting final operating approval.**
- Item 3** All body art practitioners must obtain an Oakland County Health Division (OCHD) Body Art Practitioner Permit. In order to obtain a permit, practitioners must: (1) complete an application and pay the required permitting fee; (2) be at least eighteen years of age; (3) complete a hepatitis B vaccination series, have medical evidence of immunity, or sign a waiver indicating that they decline to be vaccinated; (4) complete an approved industry-specific bloodborne pathogen training course that meets federal Occupational Safety and Health Administration (OSHA) Standard 1910.1030 – Bloodborne Pathogens; and (5) provide a copy of their photo I.D.

- Item 4** All body art facilities shall be completely separated by solid walls extending from floor to ceiling, from any room used for human habitation, non-body art activities, or another activity that may cause potential contamination of work or procedure surfaces. Doors between these rooms or areas must be self-closing and must remain closed unless entering or exiting the facility, room, or area.
- Item 5** The facility shall have self-closing doors and windows equipped with screens in good repair if the windows are intended to be used for ventilation.
- Item 6** Provide an artificial light source equivalent to at least 20 foot-candles, three feet off the floor, except that 100 foot-candles must be provided at the level where procedures are being performed, where instruments and sharps are either handled, cleaned or assembled, or where handwashing stations are provided.
- Item 7** Spot lighting may be utilized to achieve the required degree of illumination for the purpose of conducting procedures. Florescent tube lighting over a procedure area must be protected from accidental breakage during a procedure by an appropriate covering.
- Item 8** All walls, partitions, and floors must be smooth, non-absorbent, maintained in a clean condition, and in good repair. Carpeting is allowed in the check-in, waiting, or retail area if the area is separate from procedure areas.
- Item 9** There must be a minimum of 45 square feet of floor space for each body art practitioner's procedure area in the facility.
- Item 10** If the body art facility has a check-in room, retail area, or waiting room and retail area, procedure areas must be separated from both the customer waiting area and retail area by a partition or barrier.
- Item 11** All procedure areas must be organized to prevent cross-contamination of clean, disinfected, or sterile instruments and equipment with contaminated equipment.
- Item 12** All procedure surfaces in the procedure area, including chairs, tables, benches, and counters, must be smooth, free of open holes or cracks, non-absorbent, in good repair, and must be of such construction as to be easily cleaned and disinfected after each use between clients. No reusable cloth or similar material items, including furniture, may be used in a procedure area.

- Item 13** All procedure surfaces must be cleaned and disinfected with a disinfectant after each use and between clients, regardless of whether contamination is visible. Disinfectants must be used according to manufacturer's instructions.
- Item 14** All tattoo pigment or ink bottles must be tightly closed when not in use. Tattoo pigments or ink may not be stored on the procedure surface. If tattoo pigment or ink bottles are stored in the procedure area, they may not be accessed during the performance of a procedure without first removing and disposing of contaminated gloves and performing hand washing.
- Item 15** A lined, covered waste receptacle must be provided in every procedure area and restroom. The receptacles must be cleanable, kept clean, and have self-closing lids with hands-free controls. The receptacles must be emptied weekly or when needed.
- Item 16** An approved, properly labeled, and secured sharps container for needles, razors, etc. shall be conveniently located.
- Item 17** The facility shall have a separate room or area for the sole purpose of reprocessing contaminated tools and instruments. This area must be separated from the remainder of the facility by a minimum of a wall or partition and must be an area that does not allow client access. The reprocessing area must be organized to prevent cross-contamination of clean, disinfected, or sterile equipment with dirty equipment. Body art facilities that use only single-use disposable instruments are not required to have a separate room or area for the sole purpose of reprocessing contaminated tools and equipment.
- Item 18** Ultrasonic cleaners, instrument washers, and autoclaves must be used, cleaned, and maintained in accordance with manufacturer's instructions, and a copy of the recommended procedures for the operation of the autoclave must be kept on file at the body art facility. All sterilization procedures must be compliant with ANSI/AAMI ST79 (4.28).
- Item 19** All sterilization loads must include a Class V or better chemical indicator, and these results must be recorded for each sterilization cycle.
- Item 20** A negative spore test must be received by OCHD prior to the opening inspection. Spore tests shall be performed weekly and be verified through an independent laboratory. The records must be retained by the owner or operator for a period of at least 3 years and be made available upon request.

- Item 21** One hand sink must serve no more than three body art practitioners and be readily accessible with unobstructed, hands-free access from workstations. The hand sink must provide hot and cold water through a mixing valve or combination faucet, with a minimum temperature of 85°F. Hand sinks must be supplied with liquid soap, single-use disposable paper towels, and a covered waste receptacle.
- Item 22** All sinks must be plumbed and connected directly to an approved water supply system and an approved sewage disposal system. Portable sinks are not approved in a permanent facility.
- Item 23** The facility shall have at least one lavatory with a toilet, a separate hand washing sink, and a self-closing door.
- Item 24** The hot water heater must be of sufficient capacity to meet the hot water demands of the facility. The hot water heater that is to be installed at this location must be the hot point 34,000 btu model per the plans that were submitted to this Division.
- Item 25** Contaminated biohazard waste shall be placed in an approved red bag, marked with the international bio-hazard symbol. A copy of the biohazard removal contract or an approval letter from the biohazard waste drop-off facility must be submitted for approval by the OCHD.
- Item 26** Provide a copy of a Certificate of Registration as a Medical Waste Producing Facility from the Michigan Department of Environment, Great Lakes, and Energy (EGLE).
- Item 27** Provide a copy of the written medical waste management plan for the facility.
- Item 28** Provide a copy of a completed and current site specific Michigan Occupational Safety and Health Act (MIOSHA) Bloodborne Infectious Diseases Exposure Control Plan for an Employer with Limited Employee Exposure. All employees must have current industry-specific and site-specific bloodborne pathogen training.
- Item 28** Provide Standard Operating Procedures (SOPs) appropriate to your operation. SOPs must be submitted to this Division and approved prior to final operating approval.
- Item 29** Copies of the following forms shall be submitted for approval by the OCHD: (1) client consent form with a health questionnaire; and (2) aftercare instructions.

- Item 30** The health questionnaire shall include the client's medical condition as it relates to receiving body art and notification to follow up with a physician, if necessary. An informed consent statement that documents the client's receipt and completion of the questionnaire, including a signature obtained from the client or legal guardian shall be obtained. Client records must be kept confidentially on the business premises, in print or digital form, for at least one year and maintained for a minimum of three years.
- Item 31** Before starting a body art procedure, a prospective client shall be provided with a disclosure statement and notice for filing complaints. This statement must include the risks and possible consequences of procedures and information on how to lodge complaints about the body art facility related to compliance with the MDHHS rules for body art facilities. An informed consent statement, signed by the client or legal guardian, must confirm receipt of this information. Client records must be kept confidentially on the business premises, in print or digital form, for at least one year and maintained for a minimum of three years.
- Item 32** Each client who receives a body art procedure shall be provided with verbal and written instructions, known as aftercare. The aftercare instructions shall include instructions specific to the body art procedure or procedures rendered regarding the care of the body art and surrounding area. Aftercare instructions shall include when to seek medical treatment, if necessary. An informed consent statement, signed by the client or legal guardian, must confirm receipt of this information.
- Item 33** The water system shall comply with the requirements of OCHD. Plumbing shall be designed, constructed, installed, and maintained to prevent cross-connection with the water system. Sinks, lavatories, drinking fountains, and other water outlets shall be supplied with safe water, sufficient in quantity and pressure, to meet conditions of peak demand.
- Item 34** Sewage and other water-carried wastes shall be disposed of through a municipal or private sewer system. Private sewer/onsite wastewater treatment systems shall be designed and operated to safely dispose of all wastewater generated, shall be adequate in size for the projected use and meet the criteria of the OCHD.
- Item 35** The facility must be free of pests, including insects, vermin, and rodents.
- Item 36** Live plants are not allowed in procedure areas or reprocessing areas.
- Item 37** All chemical or cleaning supply containers, including skin antiseptics and cleansers, shall be properly labeled.

- Item 38** The facility must complete the required MIOSHA forms for facility and employee records, including confidentiality agreements and Hepatitis B Vaccination or waiver forms.
- Item 39** The facility shall have complete record keeping of all instruments, body jewelry, sharps, and inks used for tattooing, branding, or body piercing at the body art facility. Invoices or purchase orders can satisfy this requirement.
- Item 40** The facility shall keep safety data sheets for all hazardous chemicals that clients may be exposed to.
- Item 41** A copy of the mechanical approval or certificate of occupancy from your local city, village, or township building department must be provided to OCHD.

Approval of these plans and specifications does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A final inspection of the completed establishment with equipment installed will be necessary to determine if there is compliance with applicable laws for such establishments. Arrangements for this inspection shall be made not less than five business days prior to your anticipated opening.

The issuance of this approval in no way relieves you from obtaining all other necessary permits from the local unit of government.

This approval expires one year from date of issue.

If you have further questions, please feel free to contact this Division at 248-858-1312.

Sincerely,

**OAKLAND COUNTY HEALTH DIVISION
Department of Health and Human Services**

Amanda Anderson

Amanda Anderson, MSA, REHS, CP-FS
Public Health Sanitarian Supervisor
Environmental Health Services

cc: Claudia Terrell, MPH, REHS, Chief, Public Health
Amanda Cook, REHS, Senior Public Health Sanitarian
Chelsea Lloyd, REHS, Senior Public Health Sanitarian
Samantha Goodfellow, MPH, REHS Senior Public Health Sanitarian
Taryn Miller, Public Health Sanitarian
Body Art Facility Licensing Program Coordinator, MDHHS
City of Berkley Manager
File