

APPLICATION FOR VARIANCE TO THE CITY OF SMYRNA

Type or Print Clearly

(To be completed by City)

Ward: 3
Application No: V21-039-037
Hearing Date: 4/14/21

APPLICANT: Jenna Griffin

Business Phone: _____ Cell Phone: (770)500-5001 Home Phone: _____

Representative's Name (print): Jenna Griffin

Address: 1202 Church St, Smyrna, GA 30080

Business Phone: _____ Cell Phone: (770)500-5001 Home Phone: _____

E-Mail Address: jennagriffin715@gmail.com

Signature of Representative: Jenna Griffin

TITLEHOLDER: Jenna Griffin

Business Phone: _____ Cell Phone: (770)500-5001 Home Phone: _____

Address: 1202 Church St, Smyrna, GA 30080

Signature: Jenna Griffin

VARIANCE:

Present Zoning: R-15 Type of Variance: Minimum Lot Area decrease from 15,000 sq ft requirement for new construction and side set back line decrease from 10 feet to 5 feet.

Explain Intended Use: Single Family Dwelling

Location: 1202 Church Street, Smyrna, Georgia 30080

Land Lot(s): 487 District: 17th Size of Tract: 0.209 Acres

(To be completed by City)

Received: 3/25/21

Posted: 3/26/21 (Legal Ad)

Approved/Denied: _____

CONTIGUOUS ZONING

North: R-15

East: R-15

South: RM-12

West: R-15

**NOTIFICATION OF CONTIGUOUS OCCUPANTS OR LAND OWNERS TO
ACCOMPANY APPLICATION FOR VARIANCE**

By signature, it is hereby acknowledged that I have been notified that Jenna Griffin of 1202 Church Street, Smyrna, Georgia 30080

Intends to make an application for a variance for the purpose of New construction of single family residence on non-conforming lot, with additional side setback variance.

_____ on the premises described in the application.

NAME	ADDRESS
<u>Marc & Elizabeth Smith</u>	<u>1194 Church St SE</u>
<u>E Gabriel Smith</u>	<u>Smyrna, GA 30080</u>
<u>Marc R. Smith</u>	_____
_____	_____
<u>Brian & Hannah Sterling</u>	<u>1206 Church St SE</u>
<u>Out of town - sent via certified mail</u>	<u>Smyrna, GA 30080</u>
_____	_____

Please have adjacent property owners sign this form to acknowledge they are aware of your variance request. Also, you may provide certified mail receipts of notification letters sent to adjacent properties. Adjacent and adjoining properties include any property abutting the subject property as well as any directly across a street.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Eileen Carroll
 1199 Church St SE
 Smyrna, GA 30080



9590 9402 5962 0062 2947 48

2. Article Number (Transfer from service label)
 7019 2280 0001 2713 1200

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Covid-19 Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 YR-COB 3/11/21

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Smyrna Smith's 2, LLC
 1201 Church St SE
 Smyrna, GA 30080



9590 9402 5962 0062 2947 31

2. Article Number (Transfer from service label)
 7019 2280 0001 2713 1163

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Covid-19 Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 YR-COB 3/11/21

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Mail Restricted Delivery (10) | |

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Samuel + Melissa Rubin
 1197 Church St SE
 Smyrna, GA 30080



9590 9402 5962 0062 2947 00

2. Article Number (Transfer from service label)
 7019 2280 0001 2713 1194

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Covid-19 Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 YR-COB 3/11/21

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Mail Restricted Delivery | |
| <input type="checkbox"/> Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. & Mrs. Jason Miller
1203 Love St.
Smyrna, GA 30080



9590 9402 5962 0062 2947 24

2. Article Number (Transfer from service label)

7019 2280 0001 2713 1170

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Covid-19 Agent
 Addressee

B. Received by (Printed Name)

YR-COLG

C. Date of Delivery

3/11/2021

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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1. Article Addressed to:

Mr. & Mrs. Brian Sterling
1206 Church St SE
Smyrna, GA 30080



9590 9402 5962 0062 2946 94

2. Article Number (Transfer from service label)

2870 0001 5220 1161

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Covid-19 Agent
 Addressee

B. Received by (Printed Name)

YR-COLG

C. Date of Delivery

3/16/21

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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- Print your name and address on the reverse so that we can return the card to you.
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Mine Michio
1195 Church St SE
Smyrna, GA 30080



9590 9402 5962 0062 2947 17

2. Article Number (Transfer from service label)

7019 2280 0001 2713 1187

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Covid-19 Agent
 Addressee

B. Received by (Printed Name)

YR-COLG

C. Date of Delivery

3/11/21

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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Domestic Return Receipt

ZONING ORDINANCE
SEC. 1403. VARIANCE REVIEW STANDARDS.

(a) In rendering its decisions, the License and Variance Board or Mayor and City Council shall consider the following factors:

- (1) Whether there are extraordinary and exceptional conditions applying to the property in question, or to the intended use of the property, that do not apply generally to other properties in the same district.
- (2) Whether any alleged hardship which is self-created by any person having an interest in the property or is not the result of mere disregard for or ignorance of the provisions from which relief is sought.
- (3) Whether strict application of the relevant provisions of the zoning code would deprive the applicant of reasonable use of the property for which the variance is sought.
- (4) Whether the variance proposed is the minimum variance which makes possible the reasonable use of the property.

Please include your narrative here, or you may submit a typed narrative as a supplement to this application.

COMPREHENSIVE NARRATIVE

Homeowner desires to demolish the existing structure on the property and construct a new single family residence. The new residence will be built upon a lot that is non conforming to the current R-15 minimum lot size of 15,000 sq ft. The lot is approximately 9,118 sq feet. Additionally, Home owner desires the ability to construct a residence which size will require additional width than that allowed by the current side setback. Homeowner is requesting a 5' (five foot) reduction from the current side setback requirement. New constructed home will face Church Street, with single family residences on each side, to its east and west. To the south, across Church Street, are RM-12 duplex, multifamily residences. Homeowner asserts that the variances will allow for improvements to the lot which will improve the overall neighborhood to the benefit of the contiguous homeowners.



Printed: 3/4/2021

Cobb County Online Tax Receipt

Thank you for your payment!

CARLA JACKSON TAX COMMISSIONER
HEATHER WALKER CHIEF DEPUTY
Phone: 770-528-8600
Fax: 770-528-8679

Payer:
SUPREME LENDING

WHITE JENNA ALICIA

Payment Date: 10/8/2020

Tax Year	Parcel ID	Due Date	Appeal Amount		Taxes Due
2020	17048700290	10/15/2020	Pay:	N/A or	\$0.00
Interest	Penalty	Fees	Total Due	Amount Paid	Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$1,609.46	\$0.00



Scan this code with your mobile phone to view this bill!

Munis Self Service

Real Estate (Your House or Land)

View Bill

[View bill image](#)

As of	3/4/2021
Bill Year	2020
Bill	18077
Owner	WHITE JENNA ALICIA
Parcel ID	17048700290

[View payments/adjustments](#)

Installment	Pay By	Amount	Payments/Credits	Balance	Interest	Due
1	11/16/2020	\$322.67	\$322.67	\$0.00	\$0.00	\$0.00
TOTAL		\$322.67	\$322.67	\$0.00	\$0.00	\$0.00

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