

APPLICATION FOR VARIANCE TO THE CITY OF SMYRNA

Type or Print Clearly

(To be completed by City)

Ward: 4

Application No: 121-101 +102

Hearing Date: 9/22/21

APPLICANT: Sara Jones

Business Phone: 678-599-3818 Cell Phone: 678-599-3818 Home Phone: 678-599-3818

Representative's Name (print): Sara Jones

Address: 570 Disposal Plant Rd Smyrna, Ga 30082

Business Phone: 678-599-3818 Cell Phone: 678-599-3818 Home Phone: 678-599-3818

E-Mail Address: msjones911@gmail.com

Signature of Representative: _____

TITLEHOLDER: Sara Jones

Business Phone: 678-599-3818 Cell Phone: 678-599-3818 Home Phone: _____

Address: D. 6000 725336 Atl, Ga 31139

Signature: _____

VARIANCE:

Present Zoning: R-15 Type of Variance: REDUCE THE FRONT

BUILDING SETBACK FROM 35 FT. TO 12.5 FT. AND TO ENCRATCH INTO
THE 75 FT IMPERVIOUS BUFFER 9091 SQ. FT. AND COMPENSATE 21,331 SQ. FT.

Explain Intended Use: SINGLE FAMILY HOME SQ. FT.

WITH POOL AND AMENITIES.

Location: 570 SMYRNA DISPOSAL PLANT RD., (AKA - NOWLIN DR.)

Land Lot(s): 334 District: 17 Size of Tract: 2.61 Acres

(To be completed by City)

Received: 9/2/21

Legal Ad Posted: _____

Signs Posted: _____

Approved/Denied: _____

CONTIGUOUS ZONING

North: RDA - PARK PLACE S/D - ACROSS ST.
East: R-15 - CITY OF SMYRNA, N. COOPER LAKE PARK
South: R-15 - RESIDENTIAL LOTS FRONTING NOWLIN DR.
West: R-15 - SINGLE FAMILY LOT

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

By signature, it is hereby acknowledged that I have been notified that _____

SARAI JONES

Intends to make an application for a variance for the purpose of BUILDING A
SINGLE FAMILY HOME

_____ on the premises described in the application.

NAME

ADDRESS

ALVIN D. & KATHY S FOUTS

4251 NOWLIN DR.

MARK ZANELLI

4253 NOWLIN DR.

ROGER HUBBERT JR.

4255 NOWLIN DR.

RACHEL C. CARVER

4265 NOWLIN DR.

JOHN DAVID BOOTH

4295 NOWLIN DR.

CITY OF SMYRNA

DISPOSAL PLANT RD

DIEGO MONTES & MARGARET JANE
DAVIS - MONTES

4281 DISPOSAL PLANT RD (AKA NOWLIN DR.)

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. Notification letters shall include a description of the requested variance, the License and Variance Board Meeting date and time, and a copy of the completed variance application. Adjacent and adjoining properties include any property abutting the subject property as well as any directly across a street.

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

ALTHOUGH THIS LOT IS 2.61 ACRES TOTAL AREA, ONLY 0.5
ACRES IS SUITABLE FOR BUILDING A HOUSE. THE REMAINING
2.11 ACRES IS STEEP TERRAIN AND CUT IN HALF
BY A CREEK EMANATING FROM A SPRING HEAD
ON THE WESTERLY SIDE OF THE PROPERTY. THE
CREEK FLOWS DIAGONALLY ACROSS THE PROPERTY
FROM THE SPRING HEAD CUTTING THE PROPERTY
IN HALF. THE 25 FT STATE BUFFER, THE
50 FT CITY BUFFER AND THE 75 FT IMPERVIOUS
BUFFER THAT PARALLEL THE CREEK CONSUME
MOST OF THE REMAINING BUILDABLE AREA. I CAN
ONLY BUILD MY DREAM HOME IF THE CITY ALLOWS ME TO USE
A PORTION OF THE FRONT SETBACK WHICH WOULD
ALLOW ME ENOUGH ROOM TO BUILD ON SINCE THEY ARE
RECEIVING THE BENEFIT OF MY PROPERTY & BEING
UNDEVELOPED AND ESSENTIALLY "GREEN SPACE" FOREVER.

Munis Self Service

Real Estate (Your House or Land)

[Return to view bill](#)

Payments/Adjustments

As of 8/29/2021

Bill Year	2020
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Bill	5513
------	------

Activity	Posted	Entered	Reference #	Paid By/Reference	Amount
Payment	12/14/2020	12/14/2020	2096310	WHARTON LAW	\$1,185.47

[Return to view bill](#)

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CITY OF SMYRNA
Tax Department
PO Box 1226
Smyrna, GA 30081-1226
770-434-6600

2020 Property Tax Notice

FOUTS ALVIN
4251 NOWLIN DR
SMYRNA, GA 30082

Please Make Check or Money Order Payable to:
City of Smyrna Tax Department

HOMESTEAD EXEMPTIONS AVAILABLE:

- 1) \$10,000 Age sixty-two (62) or older by January 1.
- 2) \$22,000 Disabled with limited income.
- 3) As a result of the City of Smyrna Taxpayer Reassessment Relief Act, after proper application has been made, when your homestead property is reassessed your homestead exemption will automatically increase by the same amount.

If you are eligible for one of these exemptions you must apply for the exemption by April 1st in order to receive the exemption in future years.

If you are a new property owner as of January 1, you need to file a change of ownership with the Cobb County Tax Office by April 1st.

2020 City of Smyrna Property Tax Notice

Bill No.	Property Description	Map Number	Fair Mkt Value	Assessed Value	Exempt Value	Taxable Value	Millage Rate	Tax Amount
5513	570 DISPOSAL PLANT RD	17-0334-0-0110	327,600.00	131,040.00	0.00	131,040.00	8.99	1,178.05

Pay online at <http://portal.smyrnaga.gov/MSS/citizens/default.aspx>

Important Messages - Please Read

Total of Bills by Tax Type

Taxes not paid by the due date are subject to a 5% penalty after 120 days with an additional 5% assessed after each successive 120 days up to a maximum of 20% of the principal due. In addition, interest will be assessed based on an annual calculation of the Federal Prime Rate plus 3%. This interest rate is charged per month based on the principal due. FIFA charges are a one-time charge of \$25.00

Any questions concerning payment instructions, ownership, or mailing address changes should be directed to The City of Smyrna Tax Department at 770-434-6600

If there is a question concerning the assessment of your property, please contact the Cobb County Tax Assessor's Office at 770-528-3100

Pen	0.00
Int	0.00
Fees	0.00
Adjustments	0.00
Payments	0.00
Back Taxes	0.00
TOTAL DUE	1178.05
DATE DUE	11/16/2020

FOUTS ALVIN
4251 NOWLIN DR
SMYRNA, GA 30082



If this address is incorrect,
please write the correct
address on this portion.

PAYMENT INSTRUCTIONS

- Please write the bill number(s) on your check
- For a receipt, please include a stamped, self-addressed envelope.
- We send a bill to both you and your mortgage company. If you have changed your mortgage company, forward a copy of your tax bill to them
- If ownership has changed, please forward to new owner.

CITY OF SMYRNA
Tax Department
PO Box 1226
Smyrna, GA 30081-1226

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR CHECK

Bill No. 5513	Map Number 17-0334-0-0110	Tax Amount 1178.05
DATE DUE 11/16/2020		TOTAL DUE 1178.05



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

Printed: 8/30/2021

Cobb County Online Tax Receipt

Thank you for your payment!

Payer:
ALVIN D & KATHY FOUTS

FOUTS ALVIN**Payment Date: 10/8/2020**

Tax Year	Parcel ID	Due Date	Appeal Amount			Taxes Due
2020	17033400110	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	\$1,125.64	\$0.00	



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

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SMF 001 GA 30082

OFFICIAL USE

Certified Mail Fee \$3.75

0675

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$0.00

☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.78

Total Postage and Fees \$7.58

Sent To

John David Buth

Street and Apt. No. or PO Box No.

4255 N. Main St.

City, State, ZIP+4[®]

Smarna, GA 30082

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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Robert Hubert D.

Street and Apt. No. or PO Box No.

4255 N. Main St.

City, State, ZIP+4[®]

Smarna, GA 30080

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Sent To

Alvin D. & Kathryn S. Fouts

Street and Apt. No. or PO Box No.

4255 N. Main St.

City, State, ZIP+4[®]

Smarna, GA 30082

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☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.78

Total Postage and Fees \$7.58

Sent To

David Montes & Margaret S.

Street and Apt. No. or PO Box No.

4255 N. Main St.

City, State, ZIP+4[®]

Smarna, GA 30082

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☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.78

Total Postage and Fees \$7.58

Sent To

Mark Zanolli

Street and Apt. No. or PO Box No.

4255 N. Main St.

City, State, ZIP+4[®]

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☐ Return Receipt (electronic) \$0.00

☐ Certified Mail Restricted Delivery \$0.00

☐ Adult Signature Required \$0.00

☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.78

Total Postage and Fees \$7.58

Sent To

City of Smarna

Street and Apt. No. or PO Box No.

4255 N. Main St.

City, State, ZIP+4[®]

Smarna, GA 30082

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5541 00 16A 20032 OFFICIAL USE

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Extra Services & Fees (check box, add fee)
☐ Return Receipt (hardcopy) \$2.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.78
Total Postage and Fees \$7.53

08/30/2021

Postmark
Here

0675 55

Sent To Rachel Carver

Street and Apt. No. or PO Box No. 4205 Newlin Dr.

City, State, ZIP+4® Smyrna, GA 3080

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7020 3160 0001 4890 3282