

Petition for Residential Variance Pursuant to

Zoning Ordinance Sec. 1403. Variance Review Standards

We (Givenski Rogers and Deborah Rogers) residing at 3683 Ashwood Dr. SE., Smyrna, Georgia 30080, request a variance to the side setback of our home to allow us to extend the current roof to cover a driveway currently in place. The previous owners of this residence converted the original carport into extended living space inside the house, leaving the side driveway where were currently park, with no roof cover.

Our lot is less wide than most others throughout the neighborhood and we cannot have a carport constructed behind our home due to an immense 100 year-old oak tree that we do not want to remove. Granting this variance would allow us to maintain the look and feel of the current house versus purchasing an unsightly, temporary carport. It would also allow us the same privilege as other properties within our neighborhood that has been allowed to build nearer their property line.

CERTIFIED MAIL COPY OF
PETITION TO OWNER OF
ABUTTING RESIDENCE (3678 Lee St.)
MAILED TO ADDRESS WHERE THE
OWNER ACTUALLY LIVES.

[3678 Lee St is RENTED TO
CURRENT OCCUPANT].

CERTIFIED MAIL COPY OF
PETITION TO OWNER OF HOME
(ABUTTING) @ ABUTTING RESIDENCE
ADDRESS.

[HOUSE IS RENTED]

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SMYRNA, GA 30080

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Certified Mail Fee	\$3.35
Extra Services & Fees (check box, add fee as appropriate)	\$2.75
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
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<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.70
Total Postage and Fees	\$6.80

Sent To
Ms. Rhonda Reynolds
Street and Apt. No., or PO Box No.
3678 Lee St.
City, State, ZIP+4®
Smyrna, GA 30080

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

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ATLANTA, GA 30339

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30080-9998

Certified Mail Fee	\$3.35
Extra Services & Fees (check box, add fee as appropriate)	\$2.75
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.49
Total Postage and Fees	\$6.59

Sent To
Ms Rhonda Reynolds
Street and Apt. No., or PO Box No.
4325 Valley Trail Dr SE
City, State, ZIP+4®
Atlanta, GA 30339

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