

APPLICATION FOR VARIANCE TO THE CITY OF SMYRNA

Type or Print Clearly

(To be completed by City)

Ward: 1

Application No: VI9-038

Hearing Date: 9/11/19

APPLICANT: Jeff Carter

Business Phone: _____ Cell Phone: 704.280.0770 Home Phone: _____

Representative's Name (print): Jeff Carter

Address: 3220 King Springs Rd Smyrna, GA 30080

Business Phone: _____ Cell Phone: 704.280.0770 Home Phone: _____

E-Mail Address: JWCARTE22@Yahoo.com

Signature of Representative: Jeff Carter

TITLEHOLDER: Dwellings of Smyrna LLC

Business Phone: _____ Cell Phone: 704.280.0770 Home Phone: _____

Address: 3220 King Springs Rd Smyrna, GA 30080

Signature: Jeff Carter

VARIANCE:

Present Zoning: R-15 Type of Variance: Reduce minimum floor area from 2,000 sq ft to 400 sq ft for construction of a treehouse

Explain Intended Use: To build a treehouse so we have a place to stay when we visit the property.

Location: 2359 Barbara Lane Smyrna, GA 30080

Land Lot(s): 777 District: 17th Size of Tract: 3.608 Acres

(To be completed by City)

Received: 8/22/19

Posted: 8/26/19

Approved/Denied: _____

CONTIGUOUS ZONING

North: RM-12 * Multi-family Residential

East: RTD Residential Townhouse District

South: RTD Residential Townhouse District

West: R-15 Single Family Residential

see attached
certified mail receipt

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

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

Intends to make an application for a variance for the purpose of _____

on the premises described in the application.

NAME

ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

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<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.55
Total Postage and Fees	\$ 4.05
Sent To Home of Prosperity LLC	
Street and Apt. No., or PO Box No. 1316 Brooklyn Ln	
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<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.55
Total Postage and Fees	\$ 4.05
Sent To Ciro Corombaras	
Street and Apt. No., or PO Box No. 1326 Brooklyn Lane	
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<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.55
Total Postage and Fees	\$ 4.05
Sent To Mario Murray	
Street and Apt. No., or PO Box No. 2521 Park Rd	
City, State, ZIP+4® Smyrna, GA 30080	

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<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.55
Total Postage and Fees	\$ 4.05
Sent To Provincial Reports	
Street and Apt. No., or PO Box No. 1314 Brooklyn Ln	
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<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.55
Total Postage and Fees	\$ 4.05
Sent To Ciro Corombaras	
Street and Apt. No., or PO Box No. 2511 Park Rd	
City, State, ZIP+4® Smyrna, GA 30080	

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<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$.55
Total Postage and Fees	\$ 4.05
Sent To Damp Kelly	
Street and Apt. No., or PO Box No. 2521 Park Rd	
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<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$.55	
Total Postage and Fees \$ 4.05	
Sent To Jolynn Wozniak	
Street and Apt. No., or PO Box No. 1314 2nd 1001 CV	
City, State, ZIP+4® Smyrna, GA 30080	
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<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$.55	
Total Postage and Fees \$ 4.05	
Sent To Linda Larsen	
Street and Apt. No., or PO Box No. 1352 Overlook Ct	
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<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$.55	
Total Postage and Fees \$ 4.05	
Sent To Antonia Hernandez	
Street and Apt. No., or PO Box No. 1328 Brookview Lane	
City, State, ZIP+4® Smyrna, GA 30080	
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<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$.55	
Total Postage and Fees \$ 4.05	
Sent To Kevin Spence	
Street and Apt. No., or PO Box No. 1431 Ridgcrest Lane	
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<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$.55	
Total Postage and Fees \$ 4.05	
Sent To Christie Cox	
Street and Apt. No., or PO Box No. 1312 Overlook Ct	
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<input type="checkbox"/> Certified Mail Restricted Delivery \$	
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<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$.55	
Total Postage and Fees \$ 4.05	
Sent To Rylene Larsen	
Street and Apt. No., or PO Box No. 1350 Overlook Ct	
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Postage \$.55	
Total Postage and Fees \$ 4.05	
Sent To Svetoslav toler	
Street and Apt. No., or PO Box No. 2545 Rolling View Dr	
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Postage \$.55	
Total Postage and Fees \$ 4.05	
Sent To Chris Hale	
Street and Apt. No., or PO Box No. 2555 Rolling View Dr	
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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

We want to build a treehouse on on property and wanted it to be around 400 sq ft, which is under the minimum sq ft for a residential structure. This variance will provide ~~the~~ for the best use of the property