DAWSON COUNTY VARIANCE APPLICATION

This portion to be co	mpleted by Zoning Administrator
VR VR Tax M	Map & Parcel # (TMP): 13-044
Current Zoning: Com	nission District #:
Submittal Date: Time: Paid:	am/pm Received by: (staff initials)
Planning Commission Meeting Date:	2021 + BOC august, 2
APPLICANT INFORMATION (or Author	rized Representative)
Printed Name: Jim King	
Address:	
Phone: Unlisted Unlisted Status: [] Owner Authorized Agent Notice: If applicant is other than owner, enclosed	Email: Personal [] Lessee [] Option to purchase Property Owner Authorization form must be completed.
I have //have not participated in	a Pre-application meeting with Planning Staff.
If not, I agree /disagree to sched	ule a meeting the week following the submittal deadline.
Meeting Date: Appli	cant Signature:
PROPERTY INFORMATION	
Street Address of Property: Lumpkin Campgro	und Rd just south of Kilough Church Rd
Land Lot(s): 196,197,221, & 222 District	: 13th Section: South-half
Subdivision/Lot:	
panels panels	

Directions to the Property:	v: Ga 400 North to SR 53 West, North on Lumpkin Campground Rd, Property is a		
	half-mile on the right (just before the	graded site under construction)	
REQUESTED ACTIO			***
A Variance is requested fro Resolution/Sign Ordinance.	om the requirements of Article # See Belov Subdivision Regulations/Other (circle or	Section #of the L ne).	and Use
	rticle IV Section 400 A Vary the front setba rticle VI Section 607.1.A- Vary to 1 space pe		d r/w)
Type of Variance requested	l:		
Front Yard [] Side	Yard [] Rear Yard variance of	feet to allow the structure	to:
[] be constructed; [] r	remain a distance offeet	from the:	
[] property line, [] r	road right of way, or [] other (expla	ain below):	
instead of the required dista	ance of	required by the regu	lations.
[] Lot Size Request for a 1	reduction in the minimum lot size from _	to	
[] Sign Variance for:			
[] Home Occupation Vari	ance to operate:	t t	ousiness
MOTHER (explain request)	: Vary from the required parking spaces. Us	ser does not need that many spaces	
A variance was granted to elin CHB which required no buffer were granted a variance in 20 Variances to standards and coverage, height, and other	requests for this site in past, please list case minate the buffer between this Parcel and the res, when the adjacent parcel was rezoned to 16 to replace the Property Rights that were to requirements of the Regulations, with reer quantitative requirements may be gridence submitted by the applicant, all for	RMF Parcel. Both Parcels were previous RMF, it unfairly created a required Buffer taken by the RMF zoning case. The respect to open area, setbacks, yard ranted if, on the basis of the apprevious previous respect to the set basis of the set basis of the apprevious respect to the set basis of the	ously zoned er for us. We area, lot lication,
	nd literal enforcement of the standards we Both Parcels were previously zoned CHB we rezoned to RMF, it unfairly created a require replace the Property Rights that were taken required to Rezone our property to CIR; becaliminate our previously granted use from the to a new land-use category, we now must reconstruct the standards with the standards were previously granted use from the standards were standards were required to Rezone our property to CIR; because our previously granted use from the standards were previously created a require required to a new land-use category, we now must reconstruct the standards were previously zoned CHB were required to RMF, it unfairly created a require replace the Property Rights that were taken required to Rezone our property to CIR; because our property to CIR; because our previously granted use from the standards were required to RMF.	which required no buffers, when the adjaced Buffer for us. We were granted a van by the RMF zoning case; however, no cause the Zoning Ordinance was revise the CHB allowed uses. Because of the	acent parcel wa iriance in 2016 w we are being ed last year to

2.	Describe the exceptional and extraordinary conditions applicable to this property which do not apply to other properties in the same district: Described above in #1
an It	Describe why granting a variance would not be detrimental to the public health, safety, morals or welfare d not be materially injurious to properties in the near vicinity:
_	ne previous RMF rezoning was materially injurious to this property. This variance seeks to correct that injustice.
4.	Describe why granting this variance would support the general objectives within this Resolution: Because the Resolution should not impose hardships on others. The previous RMF rezoning was materially injurious to the property. This variance seeks to correct that injustice.

Submit clear explanation of all four questions above. You may add sheets if necessary.

(Variances should not be granted if the need arises as a result of action by the applicant or previous owner.)

PROPERTY OWNER AUTHORIZATION

I / We	hereby swear that I / we
own the property located at (fill in address and / or tax map & parcel #)	:
Tax Parcel #113 044, Lumpkin Campground Rd, Dawson C	County GA
as shown in the tax maps and / or deed records of Dawson County, Geoby this request.	orgia, and which parcel will be affected
I hereby authorize the person named below to act as the applicant or a on this property. I understand that any variance granted, and / or cobinding upon the property regardless of ownership. The under si application. The under signer is aware that no application or reapple acted upon within 6 months from the date of the last action by the Boar	onditions placed on the property will be gner below is authorized to make this lication affecting the same land shall be
Printed name of applicant or agent: Jim King	
Signature of applicant or agent:	Date:06/11/2021
Printed Name of Owner(s):	
Signature of Owner(s):	Date06/11/2021
Sworn and subscribed before me this day of June, 20 21. Notary Public	
My Commission Expires WHES	
(Seal) COTARLE COST OF THE SEAL OF THE SEA	
(The complete names of all members must be listed, if the owner is a pa be listed, if a joint venture, the names of all members must be listed	artnership, the names of all partners must
names, please identify as applicant or owner and have the additional sh	

pp.v.

ZA	TMP#:

List of Adjacent Property Owners

It is the responsibility of the Applicant to provide a list of adjacent property owners. This list must include the name and mailing address of anyone who has property touching your property or who has property directly across the street from your property.

**Please note this information should be obtained using the Tax Map & Parcel (TMP) listing for any parcel(s) adjoining or adjacent to the parcel where a variance or rezone is being requested.

Address

Name

TMP 113 044 011	1. Magnolia Senior Living at Dawsonville, LLC 89 Ozora Rd, Loganville GA 30052
TMP_113 044 001	2. Marjorie Ann Stephens 759 Lumpkin Campground Rd, Dawsonville GA
TMP_113 032 001	3. Russ & Felicia Stephens 555 Lumpkin Campground Rd, Dawsonville GA
TMP_113 032 003	4. Russ & Felicia Stephens 555 Lumpkin Campground Rd, Dawsonville GA
TMP_113 044 013	5. Trinity Presbyterian Church of Dawson Co. PO Box 1297 Dawsonville GA
TMP_113 032	6. NHT Dawson Ridge, LLC 1776 Peachtree St NW, Ste100, Atlanta GA 30309
TMP 113 044 014	7. Hiten Patel 3885 VIc Ar Court, Atlanta GA 30360
TMP	8
TMP	9
TMP	10
TMP	11
TMP	12
TMP	13
TMP	14
TMP	15

Use additional sheets if necessary.

APPLICANT CERTIFICATION

I hereby request the action contained within this application relative to the property shown on the attached plats and site plan and further request that this item be placed on both the Planning Commission and Board of Commissioners agenda(s) for a public hearing.

I understand that the Planning & Development staff may either accept or reject my request upon review. My request will be rejected if all the necessary data is not presented.

I understand that I have the obligation to present all data necessary and required by statute to enable the Planning Commission and Board of Commissioners to make an informed determination on my request. I will seek the advice of an attorney if I am not familiar with the zoning and land use requirements.

I understand that my request will be acted upon at the Planning Commission and Board of Commissioner hearings and that I am required to be present or to be represented by someone able to present all facts. I understand that failure to appear at a public hearing may result in the postponement or denial of my special use or rezoning application. I further understand that it is my responsibility to be aware of relevant public hearing dates and times regardless of notification from Dawson County.

I hereby certify that I have read the above and that the above information as well as the attached information is

true and correct.	
Signature of Applicant or Agent: Signature of Witness:	Date: 06/11/2021 Date: 6-11-2021
**************************************	**************************************
Notice: This section only to be completed if applicatio	n is being withdrawn.
I hereby withdraw application #:	
Signature:	Date:

Withdrawal of Application:

Withdrawals of any application may be accommodated within the Planning & Development office if requested before the Planning Commission agenda is set. Therefore, withdrawals may not be made after ten (10) days prior to the scheduled Planning Commission meeting hearing, unless accompanied by written request stating specific reasons for withdrawal. This withdrawal request is to be published in the legal organ prior to the meeting. Following that written request and publication the Commission will vote to remove the item from the agenda at the scheduled hearing. Please note that should the withdrawal be denied, the item will receive deliberation and public hearing with a decision by the Commission. Further the applicant is encouraged to be present at the hearing to substantiate reasons for withdrawal. Please note that no refund of application fee may be made unless directed by the Board of Commissioners.

Provide lands

APPLICATION PROCESSING: STAFF USE ONLY

VR_	Applicant Name:	
Appli	cation Fee: \$	
IF AP	PLICABLE:	
[]	Legal Advertisement Submitted to Newspaper	Date:
[]	Planning Commission & Board of Commissioners Packets Delivered	Date:
[]	Application Posted on County Website	Date:
[]	Adjacent Property Owner Notices Mailed	Date:
[]	Interdepartmental Forms Submitted for Review	Date:
[]	Public Notice Signs on Property Verified	Date:
[]	Approval or Denial Form placed in folder	Date:
[]	Applicant Notified of Final Action	Date:
[]	Approval or Denial Form to Office Manager/Building Official/Marshal	Date:
[]	Planning Commission Meeting Minutes placed in folder	Date:
	Planning Commission & Board of Commissioners Ac	tions
Plann	ing Commission Recommendation Date: [] Approval [] Approva	al w/stipulations [] Denial
If Der	nied by Planning Commission was decision appealed? [] Yes [] No	
Board	of Commissioners Decision Date: [] Approval [] Approval	al w/stipulations [] Denial
[]	If appealed; Applicant Notified of Date of Appeal Hearing	Date:
[]	If appealed; Legal Advertising of Date of Appeal Hearing	Date:
[]	If appealed; Approval or Denial Form Placed in Folder	Date:
[]	Applicant Notified of Final Action of Appeal	Date:
[]	Board of Commission Meeting Minutes placed in folder	Date:

Property for the second second

Dawson County, Georgia Board of Commissioners

Affidavit for Issuance of a Public Benefit
As Required by the Georgia Illegal Immigration Reform and Enforcement Act of 2011

By executing this affidavit under oath, as an applicant for a Dawson County Business License, Out of County Business Registration, Alcohol License, or other public benefit as referenced in the Georgia Illegal Immigration Reform and Enforcement Act of 2011 [O.C.G.A. § 50-36-1(e)(2)], I am stating the following with respect to my application for such Dawson County public benefit.

Dawson Cour	my paone benefit.	
X	I am a United States citizen.	
	I am a legal permanent resident of the l	United States. (FOR NON-CITIZENS)
		nt under the Federal Immigration and Nationality Act with an alien lomeland Security or other federal immigration agency. <i>(FOR NON-</i>
My alien num	ber issued by the Department of Homeland	d Security or other federal immigration agency is:
secure and v	ned applicant also hereby verifies that he verifiable document, as required by O.C. list of secure and verifiable documents.)	ne or she is 18 years of age or older and has provided at least one C.G.A. § 50-36-1(e)(1), with this affidavit. (See reverse side of this
The secure an	nd verifiable document provided with this	affidavit can best be classified as:
fictitious, or and face crim Executed in	fraudulent statement or representation in inal penalties as allowed by such criminal Dawsonville (city	
Signature of Applicant Jim King Printed Name	\	Ensite Civil Consulting, LLC Name of Business
		SUBSCRIBED AND SWORN BEFORE ME ON
		THIS DAY OF JUNE, 20 21 Cerà Hert Notary Public My Commission Expires: 8/30/24
		SEAT (SEAT)

