# DAWSON COUNTY VARIANCE APPLICATION

	**This portion to be completed by Zoning Administrator**
VR 19.08	Tax Map & Parcel # (TMP): 057 075
Current Zoning:	Commission District #:
Submittal Date:	Time: 4. D am/pm Received by: (staff initials)
Fees Assessed:(	Paid: MONO ON O
Planning Commission	on Meeting Date: 4 1000 111 9019
APPLICANT IN	FORMATION (or Authorized Representative)
Printed Name:	Amber Popphan
Address:	<u></u>
Phone: Listed	Business Com
Unliste	PersonaD
Status: [ Owner	[ ] Authorized Agent [ ] Lessee [ ] Option to purchase
Notice: If applicant	is other than owner, enclosed Property Owner Authorization form must be completed.
I have // /hav	e not participated in a Pre-application meeting with Planning Staff.
-	/disagree to schedule a meeting the week following the submittal deadline.
Meeting Date:	Applicant Signature:
PROPERTY IN	FORMATION
Street Address of Pro	operty: 664 Sweetwater Church Rd. Pawsonville, GA 30534
	4 462 District: Of Section: O1
Subdivision/Lot:	Building Permit #: (if applicable)
Directions to the Pro	operty: From Dawson county Court House, go EAST on Justice way toward
Shaal creek Rd.	Turn Right onto Shoal creek Rd. Enter Roundabout and take 2nd exit
nto Highway 53/0	3,A-53. Pass through I roundabout. Turn left onto Sweetwater Church Rd. it ination 664 Sweetwater church Rd Dawsonville, GA 30534 Will be on the right

## **REQUESTED ACTION**

A Variance is requested from the requirements of Article # Resolution/Sign Ordinance/Subdivision Regulations/Other (circle one).	Section #	of the Land Use
If other, please describe:		
Type of Variance requested:		<del>-</del>
[ ] Front Yard [ ] Side Yard [ ] Rear Yard variance of	feet to allo	w the structure to:
[ ] be constructed; [ ] remain a distance of feet from	n the:	
[ ] property line, [ ] road right of way, or [ ] other (explain b	elow):	
instead of the required distance of		
Lot Size Request for a reduction in the minimum lot size from 5 a	<u>-c(es</u> to	3.86 acres
[ ] Sign Variance for:		
[ ] Home Occupation Variance to operate:		business
Other (explain request):		
If there are other variance requests for this site in past, please list case # a	and nature of va	riance:
Variances to standards and requirements of the Regulations, with respectoverage, height, and other quantitative requirements may be grante investigation, and other evidence submitted by the applicant, all four (made:	ed if, on the ba	asis of the application,
1. Describe why a strict and literal enforcement of the standards would unnecessary hardship: We are Currently Living with		
Church RD. If we can not obtain this varian	ice we w	rice Be forced
to find a home somewhere other than Here	2 in Pauson	1 county near
our family.		

ty

## 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**

		ORIZITION
I / we Ambe own the property lo	Popphan pocated at (fill in address and / or tax map & parcel	hereby swear that I / we #):
664 Sw	cetwater church Rd. I	sawsonville, GA 30534
as shown in the tax by this request.	maps and / or deed records of Dawson County, G	Georgia, and which parcel will be affected
on this property. binding upon the application. The u	the person named below to act as the applicant of I understand that any variance granted, and / or property regardless of ownership. The under under signer is aware that no application or rear 6 months from the date of the last action by the Bo	conditions placed on the property will be signer below is authorized to make this oplication affecting the same land shall be
Printed name of an	plicant or agent: Amber Popphan	
Signature of applic	1 1 1 1	Date: \-\5.19
	The state of the s	
Printed Name of O	wner(s): Amber Popphan	
Signature of Owner	r(s):	Date 1-15-19
Sworn and subscrib this day Notary Public My Commission Ex	orlangry, 2017.	
(Seal)	HARMONY F GEE Notary Public - State of Georgia Dawson County My Commission Expires Aug 9, 2022	

(The complete names of all owners must be listed, if the owner is a partnership, the names of all partners must be listed, if a joint venture, the names of all members must be listed. If a separate sheet is needed to list all names, please identify as applicant or owner and have the additional sheet notarized also.)

|--|

TMP#<u>057-025</u>

## **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 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 and Parcel Number listing any parcel(s) adjoining or adjacent to parcel where variance or rezone is being requested.

Name

**Address** 

TMP 057-016	1. Charles J. Jr. + DeBra	Blackstock	668 Sw	eetwater	Ch.R
TMP <u>057-014</u>	2. Mrs. James Kent	643 Swee	twater Ch	n. Rd.	
TMP <u>057-03</u>	43. William S. Looper	620 Sweet	water C	h- Rd.	
TMP <u>057-032</u>	4. Mark C. Bertrand	516 Sweet	water Ch	7. Rd.	
TMP	5				
TMP	6				
TMP	7				
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:		Date: 1-519
Signature of Witness:	Se .	Date: 1-15-19
$\gamma$		
	**************************************	**********
Notice: This section only to be completed if application		
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.

# GEORGIA DEPARTMENT OF PUBLIC HEALTH APPLICATION FOR CONSTRUCTION PERMIT AND SITE APPROVAL

For On-Site Sewage Management System

COUNTY:		SUBDIVISIO	H:		_		-	LOT NUMBER:		BLOCK:			
Dawson	***									-			
PROPERTY LOCATION (ADDRESS/DIR													
664 SWEETWATER CI	HURCH RD DAWSO	NVILLE,	GA 30534		Hw	y 53 w	est, left o	n Sweetwater	Church Roa	d, property	on t	he rigi	nt.
I hereby apply for a constr the requirements of the ru required and will notify the	les of the Georgia Depa County Health Departs	rtment of	Public Healt	h. Cha	pter 5	11-3-1.	By my sl	gnature, I under plying final cov	rstand that fin	al inspection	n is	0	
PROPERTY OWNER'S/AUTHORIZED A	GENT'S SIGNATURE:							01/08/2019					
PROPERTY OWNER'S NAME:		PHONE NUM	060.	-				ALTERNATE PHONE	NIIMBER:	_	_		_
AMBER POPPHAN			95-8623				—-	(706) 531-8					
PROPERTY OWNER'S ADDRESS:								<u> </u>					
693 SWEETWATER	CHURCH RD DAV	ISONVI	LLE, GA	30534	4				~~~				
AUTHORIZED AGENT'S NAME (IF OTHE	ER THAN OWNER):	PHONE NUM	BER:					RELATIONSHIP TO O	WNER:		_		
		0 1			11.6		_						
1. REQUIRED SETBACK FROM RECEIV	INO RODIES		ION A — G					T					
(wells, lakes, sinkholes, streams, etc	:.) EVALUATEO:	co	ommercial, restaur	ent, etc.):					e.g. Pacolet, Orange	burg, etc.);			
1	No		ngle-Fami	ly Re	side	nce		Hayesvil					
2. WATER SUPPLY:	vate (3) Commur	-	terusage by: droom Ni	ımba				10. PERCOLATIO	N RATE / HYDRAUL	IC LOADING RAT	E:	5	0
(1) Public (2) Priv			OF BEDROOMS /		15			11. RESTRICTIVE	SOIL HORIZON DE	PTH (INCHES);	_		0
(2) New (2) Rep	···	11.	1000)110	3-11			3	THE RESERVE OF THE PARTY OF		4		7	2
4. LOT SIZE (SQUARE FEET / ACRES):		0. LE	/EL OF PLUMBING	OUTLET		_		12. SOIL TEST PE	RFORMED BY:				
		(1	) Ground	l Lev	el	(2) B	aseme	nt Centofan	ti, Daniel	L			
	3   8  6		M Above	grou	nd le	evel							
			Section B -	- Prir	nary	/ Pretr	eatmen	t					
1. DISPOSAL METHOD:	2. GARBAGE DISPOSAL:	J. SEPT (GALL	IC TANK CAPACIT	Y	4. ATU	Capacity:		5, DOSING TANK (GALLONS):	CAPACITY	6. GREASE CAPACITY		ONS):	
Septic Tank	(1) Yes (2) N	0 1000	)	-	0								
	(1)		Section C -	- Se	cond	ary Tre	eatment						
1. ABSORPTION FIELD DESIGN:			ORPTION FIELD S		_			7. NUMBER OF ABSOR	PTION TRENCHES:				$\overline{}$
(5) Distribution Box (6) Mour	il (3) Drip (4) Bed nd/Area Fill (7) Othor				5	8	5						
2. ABSORPTION FIELD PRODUCT:	14. 4.Clm	S. TOTAL ABS	ORPTION FIELD L	NEAR FE	ETREQU	-	5	8. SPECIFIED LENGTH	OF ABSORPTION T	RENCHES:	_	T	$\neg$
Quick 4 High Capaci	ity - Tolli	S DEPTH OF	ABSORPTION TRE	ICHES (6)	anne in ir			9, Distance Between A	baprotion Trenches	200000			
7. Additional de Inquient			2	4	-	3	6				T		
		THE PROPERTY.	10000	Pe	rınlt			PERSONAL PROPERTY.					
A PERMIT IS HEREBY GRANTE DESCRIBED ABOVE. THIS PER EXPIRES TWELVE (12) MONTH ANY GRADING, FILLING, OR C RENDER PERMIT	MIT IS NOT VALID UNLES IS FROM DATE OF ISSUAN	S PROPERI CE.	LY SIGNED BE	ELOW.	THIS P	ERMIT		APPROVED AS SPECIF					
OID, FAILURE TO FOLLOW S COUNTY HEALTH DEPARTME INSTALLATION CONTRACTION SSUANCE OF A CONSTRUCTION	NT, WHICH ADVERSELY A N IS RESPONSIBLE FOR LO	FFECTS TI CATING P	HE FUNCTION ROPER DISTA	OF TH NCES I	E ON-S FROM I	SITE SEV BUILDIN	VAGE MA IGS, WELL	NAGEMENT SYST .S, PROPERTY LIT	TEM, MAY REN NES, ETC.	IDER APPRO!	VAL V	OID.	
BEORGIA DEPARTMENT OF PL UNCTION SATISFACTORILY I OMPLIANCE WITH THESE RU LYSTEM.	JBLIC HEALTH OR COUNT FOR A GIVEN PERIOD OF T	Y BOARD IME: FURT	OF HEALTH S THERMORE, S	HALL I AID RE	NOT BI PRESE	ECONST NTATIV	RUED AS E(S) DO N	A GUARANTEE T OT, BY ANY ACT	THAT SUCH SY TON TAKEN IN	'STEMS WILL I EFFECTING	•		
APPROVING ENVIRONMENTALIST:			TITLE:				DATE:	410040		N PERMIT NUMBI	ER:		
Deonh	8		Enviror Special			lealth	01/14	4/2019	OSC042	00537			
							HEALT						

Call Dawson County Environmental Health office at 706-265-2930 between 8:00a.m. and 9:00 a.m. to schedule a time for final inspection.

Septic system must be installed by a Georgia Certified Septic Tank Installer.

This permit is not valid unless properly signed by an Environmental Health Specialist; this permit expires twelve (12) months from the date of issue.

Notify the Environmental Health Office of any wells or springs located on the property or located within 100 feet of property lines.

All surface and/or ground water must be diverted around septic system.

Trash/burial pits must be reported to the Environmental Health office.

Any grading, cutting, or filling may void this permit.

If rock and/or ground water is encountered, cease installation and contact the Environmental Health office.

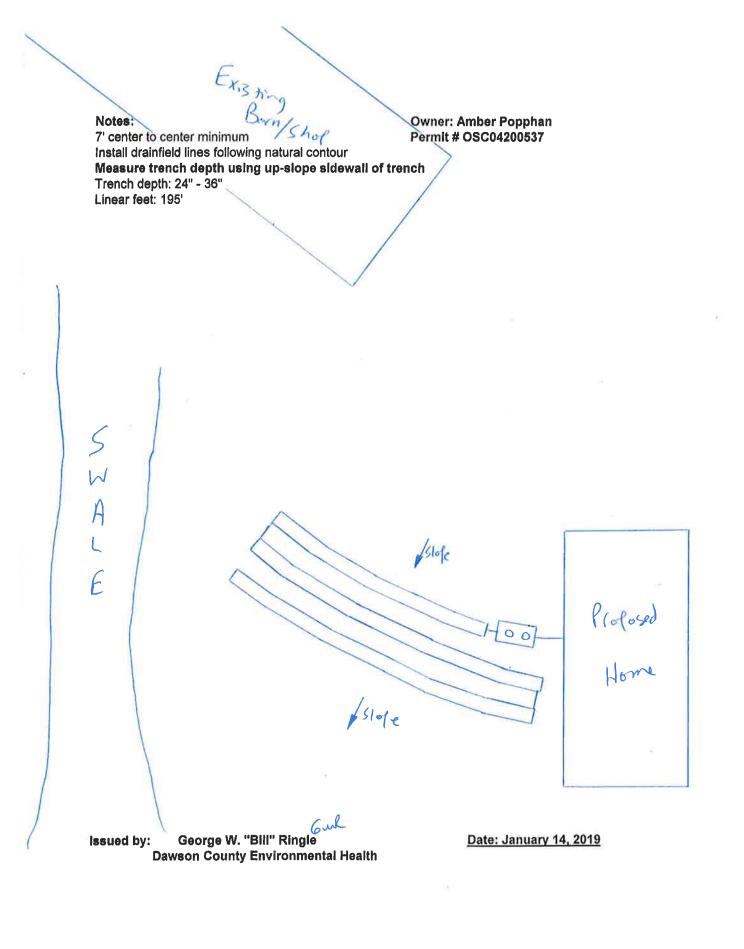
Easements onto other properties for the installation of septic systems shall be granted only in cases of repairing an existing system, and only when an on-site repair area is not available.

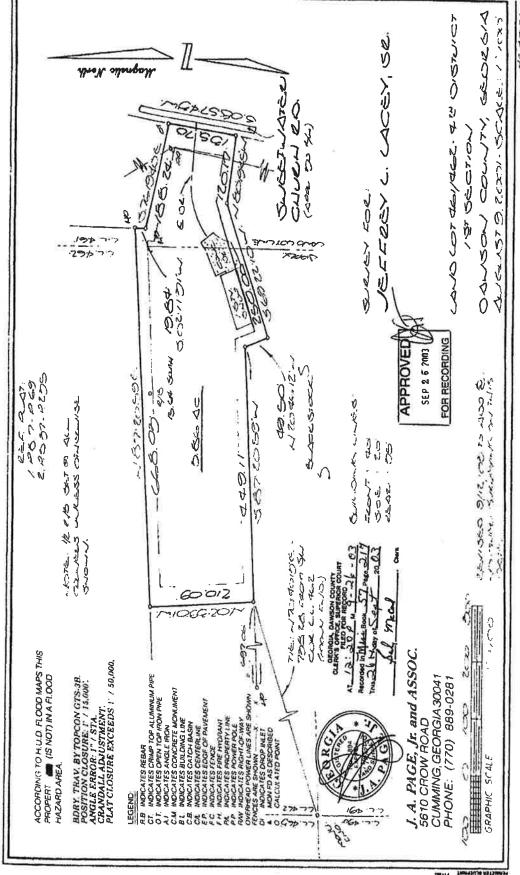
If crossing the drainfield, water lines must be installed 12" above the top of the system and encased in a single length of pipe that extends 10' beyond the drainfield.

I hereby apply for a construction permit to install an on-site sewage management system and agree that the system will be installed to conform to the requirements of the rules of the Georgia Department of Public Health Chapter 511-3-1. I have read and will comply with the additional requirements printed above. I understand that final inspection is required and will notify the Dawson County Environmental Health office upon completion of construction and before applying final cover.

Signature - I have read and understand all of the above

Date





100 ASA

Proposed Structure in Blue Ink.

GRAPHIC SCALE J. A. PAGE, Jr. and ASSOC. 5610 CROW ROAD CUMMING GEORGIA 30041 PHONE: (770) 889-0281 BDRY. TRAV. BY TOPCON GTS-3B. POSITION CLOSURE: ! ' 15,000': ANGLE ERROR: ! ' ' 5TA. CRANDALL ADJUSTIMENT: PLAT CLOSURE EXCREDS ! ' / 50,000. ACCORDING TO H.U.D. FLOOD MAPS THIS PROPERT (IS NOT) IN A FLOOD HAZARD AREA. B. INDICATES REBAR

T. INDICATES CRIMP TOP ALUMINUM PIPE
T. INDICATES CRIMP TOP ALUMINUM PIPE
T. INDICATES ANGLE IRGN
THE NOCATES ANGLE IRGN
THE NOCATES BUILDING LINE
S. INDICATES BUILDING LINE
T. INDICATES BUILDING LINE
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P. INDICATES EGGET OF PAVENENT
T. INDICATES EGGET OF PAVEN ES PROPERTY LINE f 207 לאם בל השטר שם הנא הני להיים הנא הני להיים 3 えんと かんご mes 102:3001 710.09 の言うくなから ( ) 13 ( ) 10 ( 2003 O CARLESS OFLICE JUST 120 A CA CHIES ACI ひきひきかいえかい ATION CO. とのところとのいう AAB // HOME 13. 00 - 20 SUM i de 5020-10003 1000-000 1000-000 V 600 40 137.80505 كتديمصدي 1000 D SEP 2 6 7003 FOR RECORDING 1.101.20 P ころしい こうちんしかいこういん SISIEN ROC. 4/24/510 でにたのにとく age 6.c.462 147 BEC1102 22.00% CO2. (see to se) ・ハスンシ 2000 CACEY, SE. ないとのうる Que Ciny Magnetic North C. X.37 . /

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# Dawson County Georgia

**Taxes** 

### **Owner Information**

LOWE MILDRED D 13651 PANHANDLE RD HAMPTON, GA 30228

### **Payment Information**

**Status** Paid

Last Payment Date 10/01/2018

Amount Paid \$759.57

### **Property Information**

Parcel Number 057 025

District 1 DAWSON COUNTY UNINCORPORATED

**Acres** 3.86

**Description** TR 6-8 LL 461 462 LD 4-1

Property Address 664 SWEETWATER CHURCH RD

Assessed Value \$31,760
Appraised Value \$79,400

### **Bill Information**

Record TypePropertyTax Year2018Bill Number8700Account Number35114

Due Date 12/01/2018

#### **Taxes**

Base Taxes \$759.57

Penalty \$0.00

Interest \$0.00

## 664 Sweetwater Church Rd, Dawsonville, GA 30534-32



Dawsonville | GA 30534-3225 34.417208, -84.191746





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### 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.

	I am a United States citizen.
	I am a legal permanent resident of the United States. (FOR NON-CITIZENS)
<del></del>	I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. (FOR NON-CITIZENS)
My alien nur	nber issued by the Department of Homeland Security or other federal immigration agency is:
secure and	gned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. (See reverse side of this a list of secure and verifiable documents.)
The secure a	and verifiable document provided with this affidavit can best be classified as:
a Dri	ivers license
fictitious, or	per Popphan
	SUBSCRIBED AND SWORN BEFORE ME ON
	DAY OF UNION, 20 9  Notary Public  My Commission Expires:
	HARMONY F GEE  Notary Public - State of Georgia  Dawson County  My Commission Expires Aug 9, 2022  (Seal)

To whom it may concern,

In regards to the property located at 664 Sweetwater church rd Dawsonville Ga. I Amber Jane Popphan am applying for a zoning variance to reduce the minimum lot size requirement for a manufactured home on land zoned RA from 5 acres to 3.86 acres. Unfortunately my husband and I are unable to afford a newly constructed stick built home. Seeing as we already own this property free and clear our next best option is to place a manufactured home on a permanent foundation. Sweetwater church rd is a residential road and the majority of the residents are related to me, such as my parents, aunts, uncles, and cousins. There are other manufactured homes on Sweetwater church rd that are on less than 5 acres as well. Please consider allowing us to obtain this variance and return to mine and my husbands hometown.

Sincerely, Amber Jane Popphan