# **DAWSON COUNTY VARIANCE APPLICATION**

**This portion to be completed by Zoning Administrator**
VR 19-17 Tax Map & Parcel # (TMP): 13 078 001
Current Zoning: Commission District #:
Submittal Date: D: 10.19 Time:am/pm Received by (staff initials)
Fees Assessed: Paid: Chlor
Planning Commission Meeting Date DUCINUTO 17, 2019
APPLICANT INFORMATION (or Authorized Representative)
Printed Name: MICHAEL A. Roberts
Address:
DAWSONVILLE
Phone: Listed - Email: Business
Unlisted Personal 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/have not participated in a Pre-application meeting with Planning Staff.
If not, I agree to schedule a meeting the week following the submittal deadline.
Meeting Date: 10-10-19 Applicant Signature:
PROPERTY INFORMATION
Street Address of Property: B35 ELLIOTT DAWSONVILLE
Land Lot(s): District: Section:
Subdivision/Lot: Building Permit #: (if applicable)
Directions to the Property: N. on Elklott from Hay 53 /2 mile
on Lofot

# **REQUESTED ACTION**

A Variance is requested from the requirements of Article #Section Resolution/Sign Ordinance/Subdivision Regulations/Other (circle one).  If other, please describe:	n #307 H. 30 of the Land Use
Type of Variance requested:	<del></del>
[ ] Front Yard [ ] Side Yard [ ] Rear Yard variance offe	eet to allow the structure to:
[ ] be constructed; [ ] remain a distance of feet from the: _	
[ ] property line, [ ] road right of way, or [X] other (explain below):	
instead of the required distance of	required by the regulations.
[ ] Lot Size Request for a reduction in the minimum lot size from	to
[ ] Sign Variance for:	
[ ] Home Occupation Variance to operate:	business
[X] Other (explain request): Accessory structures shall be footprint of the primary structure or 12 the gross so If there are other variance requests for this site in past, please list case # and nath	no larger than the great is great ure of variance.
Variances to standards and requirements of the Regulations, with respect to operage, height, and other quantitative requirements may be granted if, of investigation, and other evidence submitted by the applicant, all four (4) expressions.	n the basis of the application,
1. Describe why a strict and literal enforcement of the standards would result in unnecessary hardship: The standards now restrict	
the building I need by 1200 sq. It	_

2. Describe the exceptional and extraordinary conditions applicable to this property which do not apply to other properties in the same district:
NEW building will not be overbearing for the site
3. Describe why granting a variance would not be detrimental to the public health, safety, morals or welfare and not be materially injurious to properties in the near vicinity:  The near hailding can't
be seen from the road and is comparable with
existing buildings
4. Describe why granting this variance would support the general objectives within this Resolution:
The objectives of this resolution are to montain
a nice Living space, This building would att to it.

# 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 Mchael A. Roberts own the property located at (fill in address and / or tax map & parcel #):	hereby swear that I / we
own the property located at (fill in address and / or tax map & parcel #):	·
835 ELLIOTT RD.	
DAWSONULLE GA. 30534	
as shown in the tax maps and / or deed records of Dawson County, Georby this request.	gia, and which parcel will be affected
I hereby authorize the person named below to act as the applicant or agon this property. I understand that any variance granted, and / or conbinding upon the property regardless of ownership. The under signapplication. The under signer is aware that no application or reapplicated upon within 6 months from the date of the last action by the Board	nditions placed on the property will be mer below is authorized to make this cation affecting the same land shall be
Printed name of applicant or agent: Michael RobertS	8
Signature of applicant or agent:	Date:
Printed Name of Owner(s):	
Signature of Owner(s):	
Sworn and subscribed before me this day of, 20	
Notary Public	
My Commission Expires:	Š.
(Seal)	

(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# 13-078-001

**Address** 

VR# 19.17

Name

## **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.

TMP	1. TNERAM, JAMES MICHAEL 825 ELLIOTT RD.
TMP	2. HUCKABY, Robin + JAYET 841 ELLIOTT FOR
TMP	3. MULLEN, NEIL + Yolando 81 SUNSET DR.
	4. BROWN, LESLIE & SAMUEL SR. 864 ELLISTT RD.
TMP	5
TMP	6
	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.

11/11

Signature of Applicant or Agent:	Date; 10.10.19
Signature of Witness:	Date: 10-10-19
N_N	************************************
WITHDR	AWAL
Notice: This section only to be completed if application i	is being withdrawn.
I hereby withdraw application #:	<del></del> *
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.

## **APPLICATION PROCESSING: STAFF USE ONLY**

VR_	Applicant Name:	
Appli	cation Fee: \$	
IF AP	PLICABLE:	al .
[]	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	Actions
Planni	ng Commission Recommendation Date: [ ] Approval [ ] Ap	proval w/stipulations [ ] Denial
If Den	ied by Planning Commission was decision appealed? [ ] Yes [ ] No	
Board	of Commissioners Decision Date: [ ] Approval [ ] App	proval 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:

## 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 Co	unty public benefit.			
	I am a United States citizen.			
	I am a legal permanent resid	ent of the United States	(FOR NON-CITIZENS)	
			Federal Immigration and Nationalicurity or other federal immigration a	
My alien nui	mber issued by the Department of	f Homeland Security or	other federal immigration agency is:	
secure and		red by O.C.G.A. § 50-	18 years of age or older and has progression 36-1(e)(1), with this affidavit. (See	
The secure a	and verifiable document provide	d with this affidavit car	n best be classified as:	
fictitious, or and face crit		entation in an affidavit	any person who knowingly and will shall be guilty of a violation of O	
Signature of	Applicant	Date	). [9]	
Miz Printed Nam	chail Koberts	Name of B	Business	
		THIS !!	IBED AND SWORN BEFORE ME  DAY OF OCTOOL  Mission Expires:	ON , 20 19 Notary Public

(Seal)

Inbox - Print

# **INBOX.COM**

Subject: 835 Elliott Road, Proposed Pole Barn

Tuesday, 15 October 2019 16:52 Date:

From: "Ringle Bill" <bill.ringle@dph.ga.gov>

"Angela Chester" <achester@dawsoncounty.org>, "DCallahan@dawsoncounty.org" To:

<dcallahan@dawsoncounty.org>

Cc:

Angie,

Mr. Roberts wants to build a pole barn adjacent to an existing barn near the rear of the subject location. The septic system (Permit # S-042-2000-00290; installed 10/10/2000) is located behind the house, but far enough from the proposed location that the pole barn will not encroach upon the system.

We do not see the need to make a site visit for this project.

Thank you, Bill

#### George W. "Bill" Ringle

**Environmental Health Manager** 

Dawson County Environmental Health

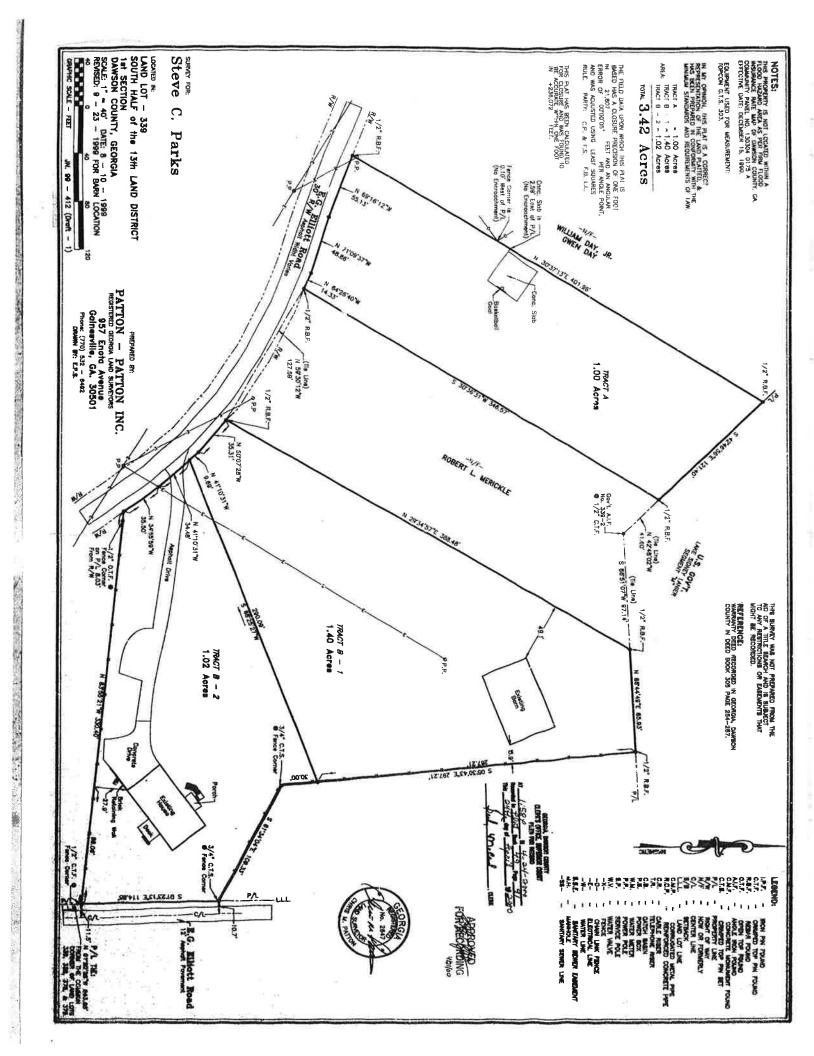
189 Hwy 53 West

Suite 102

Dawsonville, GA 30534

phone 706-265-2930

fax 706-265-7529



Printed: 10/16/2019 10:16:13

Register:

88 Clerk: ALH

# Official Tax Receipt Nicole Stewart DAWSON COUNTY Tax Commissioner

Phone: (706) 344-3520 Fax: (706) 344-3522

25 Justice Way Suite 1222 Dawsonville, GA 30534

Trans No	Property ID/Distri Description	ct	Original Due	Interest & Penalty	Prev Paid	Amount Due	Amount Paid	Transaction Balance
30752 <b>Year-Bill No</b> 2018 - 11757	L13 078 001 LL 339 LD 13-S	/ 001	2,123.74	0.00 <b>Fees</b> 0.00		2,123.74	2,123.74	0.00
	FMV: \$227,000.00						Paid Date 10/12/2018 07:54:03	Current Due 0.00
Transactions:	30171 - 30793	Totals	2,123.74	0.00	0.00	2,123.74	2,123.74	0.00

	Paid By :		
	Wells Fargo	Cash Amt:	0.00
ROBERTS MICHAEL ANDREW 835 ELLIOTT ROAD DAWSONVILLE, GA 30534		Check Amt:	0.00
		Charge Amt:	0.00
		Change Amt:	0.00
	Check No	Refund Amt:	0.00
	Charge Acct	Overpay Amt:	0.00

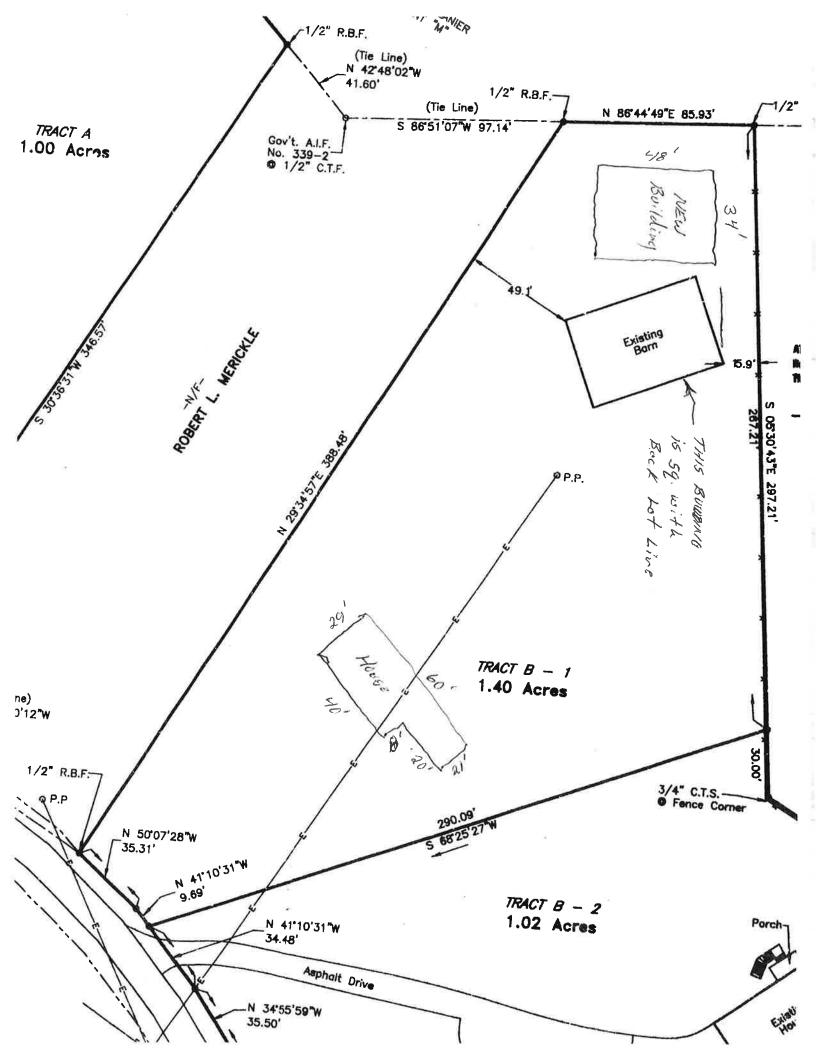
### 835 Elliott Rd



Imagery @2019 Google, Imagery @2019 Maxar Technologies, U.S. Geological Survey, Map data @2019 50 ft

## 835 Elliott Rd

Dawsonville, GA 30534



#### **DAWSON COUNTY PLANNING COMMISSION**

#### Greetings

My name is Michael Roberts, my address is 835 Elliott Rd. Dawsonville Ga. I'm in need of storage space but under section #307A.3a I'm restricted by size of what I can build. I need a variance of 1200 sq. ft. for a new building on my property. My lot is large and the new building would not be overbearing on the homes in the area.

Thanks

**Michael Roberts**