DAWSON COUNTY VARIANCE APPLICATION

3	**This portion to be completed by Zoning Administrator**
VR	Tax Map & Parcel # (TMP):
Current Zoning: R.A	Commission District #:
	Time: 10:35 am/pm Received by: (staff initials)
Planning Commission Med	
APPLICANT INFOR	MATION (or Authorized Representative)
Printed Name:	evin Castleberry
Address:	
Phone: Listed -	nail: Business (Personal)
	Authorized Agent [] Lessee [] Option to purchase er 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/d	sagree to schedule a meeting the week following the submittal deadline.
Meeting Date: 5.19.	
PROPERTY INFOR	MATION
Street Address of Property	y: 246 Nix Bridge Rd. Dawson ville Ga. 30534
Land Lot(s): <u>LL 143</u>	District: LD 13 Section: South
Subdivision/Lot:	Building Permit #: (if applicable
Diffetions to the Propert	Turn on Nix Bridge Rd. off Harmony Rd. about
In nile on	Right.

REQUESTED ACTION

A Variance is requested from the requirements of Article # Resolution/Sign Ordinance/Subdivision Regulations/Other (circl	Section # ne one).	of the Land Use
If other, please describe:		
Type of Variance requested:		8 L
[] Front Yard [/ Side Yard [] Rear Yard variance of		
[] be constructed; [Tremain a distance of	feet from the: $South$	
[property line, [] road right of way, or [] other (e	explain below):	2)
instead of the required distance of 2 of e e 1	require	d by the regulations.
[] Lot Size Request for a reduction in the minimum lot size fro	om to _	
[] 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	st case # and nature of varia	nce: 19-16
Side property line variance		
Variances to standards and requirements of the Regulations, we coverage, height, and other quantitative requirements may investigation, and other evidence submitted by the applicant, made:	with respect to open area, so be granted if, on the basi all four (4) expressly writte	etbacks, yard area, lot is of the application, en findings below are
1. Describe why a strict and literal enforcement of the standard unnecessary hardship: The We Turned the house	c so that 19 was	LICI FIT TITE
Lay of the property and thought set back regulations and are not if	We were in 7	the current
Set back regulations and are not if	we can't set a i	Variance we wi
have to tear down the house in order to	move it at a signi	Flant Finacial
Fixe to tear down the house in order to it Gost.		

2. Describe the exceptional and extraordinary conditions applicable to this property which do not apply to other properties in the same district: The property is warrow and the house
was placed where we would not distart a natural drainge
ditch
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: Rep by being a be to continue
to build the house it will increase the value of the seer surround
property in the grea
4. Describe why granting this variance would support the general objectives within this Resolution:
with the house moved we will be distarbing a natural drainage
ditch thus creating more issues

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.)

To: Whom it may concern

We are having a house built at 246 Nix Bridge road. The lot is very narrow in the front. We moved the house towards the road so we would not have to disturb a natural drainage ditch. My builder turned the house just a little so that the house would fit the lay of the land better. We have reached the point of being dried in and the mortgage company figured out that the builder had built the house to close to the property line. This was after they had approved and released funds to pay for the foundation work. We are asking for a variance of 7 feet so that the house will be no closer than 13 feet from the property line. If we are unable to be awarded this variance it will be a major loss of money to us and will not be able to continue building our house. This was a mistake on my behalf for not checking behind my builder.

Thank you Kevin Castleberry

PROPERTY OWNER AUTHORIZATION

own the property located at (fill in address and / or tax map & parcel #):	hereby swear that I / we
246 Nix Brides	
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 cobinding upon the property regardless of ownership. The under signification. 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: Kpoin Castleberry	
Printed name of applicant or agent: Ken Castleberry Signature of applicant or agent:	Date: 5-19-20
Printed Name of Owner(s):	
Signature of Owner(s):	Date
Sworn and subscribed before me this, 20	
Notary Public	
My Commission Expires:	
(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.)

'20 MAY 19 10:25m

TMP#	
I WIP#	

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 <u>/19-040-00</u> 2	1. James + Betty Castleberry 5880 Atlanta Huy Alpharetta Ga. 30004
	2. Tommy + Diedra Bruce 67 Morgan Ln. Dawsonville, ba. 38534
TMP/197046-1916	3 hobert + Janice Shirles 178 Heary Pivile De Dewconville Go. 30534
TMP/19-081-001	4. Robert Lee Williams Jr. 548 gay Dr. Dawsonville Ga. 20534 5. Spondivite Realestate 231 Nix Bridge Rd. 1219 vingiana ave Eastpointe 30844
TMP119-042	5. Spondivite Replestate 231 Mix Beide Rd. 1219 Viveriano que
TMP	£astpointe 30344
	7
	8
	9
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	11.
	12,
	13,
	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:	_
Signature of Witness:		Date:	_
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	e de		
**************************************	CHDRAWAL	**********	*
Notice: This section only to be completed if appli	cation is being withdre	ıwn.	
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.

10

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 Count	unty public benefit.	ii .
	I am a United States citizen.	
	I am a legal permanent resident of the United States. (FOR NON-CITIZENS)	
	I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act v number issued by the Department of Homeland Security or other federal immigration agency. CITIZENS)	
My alien numb	nber issued by the Department of Homeland Security or other federal immigration agency is:	
secure and ve	gned applicant also hereby verifies that he or she is 18 years of age or older and has provided verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. (See reversalist of secure and verifiable documents.)	
The secure and	and verifiable document provided with this affidavit can best be classified as:	
fictitious, or fr and face crimin	ne above representation under oath, I understand that any person who knowingly and willfully me fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. minal penalties as allowed by such criminal statute.	
Executed in	(city), (city), (state)	
Signature of Ap	Applicant Date	
Printed Name	Name of Business	
	SUBSCRIBED AND SWORN BEFORE ME ON	
	THIS DAY OF, 20	y Public

720 HAY 19 10:25am

(Seal)

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

For On-Site Sewage Management System

COUNTY:		Tsun	DIVISION:	-	- Continue	216122		-		-	-Y	LOYNUMUER:	V		BLOCK:	-		
Dawson		1	DIVIOLONI?			_				_	F	LOT HOMBER:		_	BLOCK:			
PROPERTY LOCATION (ADDRESS/DIR	еспоиз):	-							_		_1.				L			
NIX BRIDGE RD DAW 30534	-consideration and relient	the	right.								_	Church Road, I						rty on
I hereby apply for a const the requirements of the ru required and will notify the	les of the Georgia Departs County Health Departs	artme	nt of Pub	lic He	alth. (Char	oter 5	11-3-1	By	my s	igna	ature, I understa	ind that	final	inspect	lion is	0	
PROPERTY OWNER SUAUTHORIZED A	GENTS SIGNATURE:										-	4/15/2019						
PROPERTY CYMER'S HAME:			E HUMBER:	-	-		- dan				AL	TERNATE PHONE NUM	OEA:				-	
KEVIN CASTLEBER	RY	(
PROPERTY OWNER'S AUDRESS:		1									- Albania							
AUTHORIZED AGENTS HAME HE OTH	er man oyner).	РНОН	E NUMBER:							_	RE	LATIONSHIP TO OWNE	Ř:					_
		١.,	Section	Α_	Gen	ara	Linfo	rmat	lon		_							
1. REQUIRED SETBACK FROM RECEN (wells, lakes, alakholes, suezms, et	IIIO BODIES		6. TYPE OF		NRE (si	ngla/n	-	-	_			9. SOIL SERIES (e.g. F	Pacolet, Ora	angabur	g, a1c.);			
	No.		Single			_	side	nce				Cecil						
2. WATER SUPPLY:			6. WATER				-		_	-		IO, PERCOLATION RA	TE / HYDR	AULIC L	OAUNG1	ATE:		
Public (2) Pri	vate (3) Commur	nity	Bedro	om	Num	ıbe	rs										5	0
), SEWAGE SYSTEM TO BE PERMITTED			1, 110, OF E	EUROGI	MS / OPE	D:		,	1	_		II. AESTRICTIVE SOI	L HORIZO!	I OEPTH	(ntchea)		1-	10
(1) New (2) Rep	air (3) Addition			= 2000000							3	12. SOIL TEST PERFO	Burn ny				1	2
4. LOT SIZE (SQUARE FEET / ACRES):		-	I. LEVEL O	111111111111111111111111111111111111111				(2)) E	lae.	ame	mt	Centofanti,			-			
	4 . 2		(3)	Abov	e gr	ou	nd le	evel				Gentolanti,	Danne	61 L				
	γ	- 1.		-		Prin	_	/ Pret		liner	nt	5, DOSING TANK CAP	ACITY		C OPEA	SE TRAP		
I. DISPOSAL METHOD;	1. GARBAGE DISPOSAL:		3. SEPRE TANK CAPACITY (GALLONS): 4. ATU Capacity:			_	(GALLONS):			CAPA	LIAD) YTE	_ONS):						
Septic Tank	(1) Yes (2) N	10	1000					<u></u>										
I. ADSORPTION FIELD DESIGN:		Li 101						ary T	reat	men		UMBER OF AUSORPTI	DI THEILC	IIES:		-		_
	l (3) Drip (4) Bod	1.101	TÇALIS GILL															
(6) Distribution Box (6) Mour	nd/Area Fill (7) Other			_1_				1		L	_		· Grana D	ou roc	veure.			
z. ABSORPTION FIELD PRODUCT: Quick 4 High Capac	tu 46lp	5. 101/	AL ABSORPI	109 FIEL	O LVIE	AR FE	2	O NEDE	4	7	8.3	PECIFIED LENGTH OF	MADSORPH	ou me	nones:	T		
AGGREGATE DEPTH (Inches):	ity -10iii	6. DEP	ni of Auso	RPHON	TRENCH	ES (ra	-				9.0	Stance Between Absor	ption Trens	thes:		!_		
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OID, FAILURE TO FOLLOW S	NT WHICH ADVERSELY.	AFFEC	TS THE F	UNCT	ION OI	F TH	E ON-	SITE SE	:WA(JE MA	ANA	REMENT 2121FV	I, MAY	FINA	L INSPI ER APPI	CTION ROVAL	BY VOID.	
STALLATION CONTRACTION	N IS RESPONSIBLE FOR L	OCAT	ING PROP	ER DIS	STANC	CES F	ROM	BUILD	INGS	, WEL	LS.	PROPERTY LINES	i, EIC.					
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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.

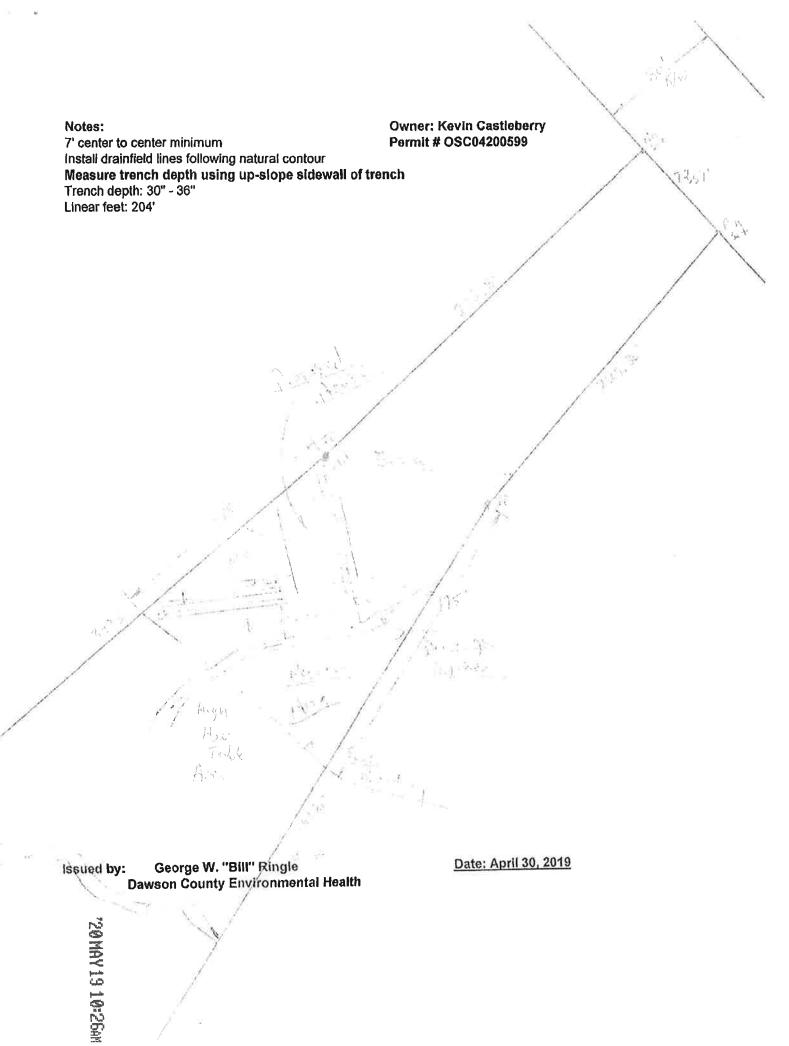
Any grading, cutting, or filling may void this permit.

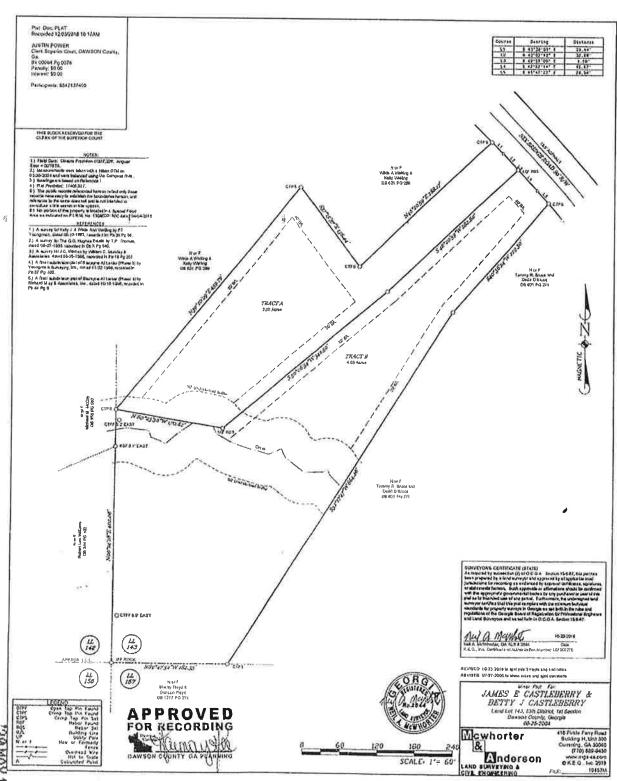
If rock and/or ground water is encountered, cease installation and contact the Environmental Health office.

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.





70 MAY 19 10:26AM

Site Plan PINI DOS; PLATI ROCOIDAN 12/03/2018 10 17AN JUSTIN POWER
Clark Superior County, DAY/SON County,
Os.
8k 0004 Pg 0078
PeroRy; IO 00
Interest: 30 00 11.44° 12.44° 12.44° 12.24° 17.27° Participants: 8542137406 ----1) Phil Onli Chiam Follows (1007,179) Acquia TRACT'A 2 00 Acres INACT B GCIPI 40 CLST (148) (143) MANAGER WAY TO SERVE THE S STYPE LINE (LL ISB REVILLED 10-23-2018 to april talo 3 invals and additioning. REVISED 07-27-7003 to phow enter and apol engaging. (H) JAMES E CASTLEHERRY &
BETTY J CASTLEBERRY
Land Lat 143, 13n Obsect, 141 Section
Obsect, County, Georgie
08-25-2006 APPROVED FOR RECORDING DELLINITE NO PENAL Mcwhorter Anderson SCALE: 1'= 60

79 MAY 19 10:26 M

Printed: 5/18/2020 9:54:14 AM



Official Tax Receipt
Dawson County
25 Justice Way, Suite 1222
Dawsonville, GA 30534
--Online Receipt--

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

Trans No	Property ID / District Description	Original Due	Interest & Penalty	Amount Due	Amount Paid
2019 - 2354	119 040 002 / 1 LL 143 LD 13S FMV: 60700	\$579.49	\$0.00 Fees: \$0.00 \$0.00	\$0.00	\$579.49
	Totals:	\$579.49	\$0.00	\$0.00	\$579.49

	saction lance
\$0.00	
\$0.00	

Paid Date: 11/27/2019

Charge Amount: \$579.49

CASTLEBERRY JAMES E & BETTY J



Scan this code with your mobile phone to view this bill