

SPECIAL USE PERMIT APPLICATION

AN APPLICATION TO AMEND THE OFFICIAL ZONING MAP OF GWINNETT COUNTY, GA.

APPLICANT INFORMATION	OWNER INFORMATION*
NAME: <u>Sheri D. Chandler</u>	NAME: <u>H David Chandler & Sheri D Chandler</u>
ADDRESS: <u>4187 Richmond CT SW</u>	ADDRESS: <u>4187 Richmond CT SW</u>
CITY: <u>Lilburn</u>	CITY: <u>Lilburn</u>
STATE: <u>GA</u> ZIP: <u>30047</u>	STATE: <u>GA</u> ZIP: <u>30047</u>
PHONE: <u>770-596-7246</u>	PHONE: <u>770-789-6026</u>
CONTACT PERSON: <u>Sheri D. Chandler</u> PHONE: <u>770-596-7246</u>	
CONTACT'S E-MAIL: <u>SheriChandler@MassageTherapy.com</u>	

*Include any person having a property interest and any person having a financial interest in any business entity having property interest (use additional sheets if necessary).

APPLICANT IS THE:	
<input type="checkbox"/> OWNER'S AGENT	<input checked="" type="checkbox"/> PROPERTY OWNER
<input type="checkbox"/> CONTRACT PURCHASER	
EXISTING/PROPOSED ZONING: <u>R100</u>	BUILDING/LEASED SQUARE FEET: <u>5200 GSF</u>
LAND DISTRICT(S): <u>6</u>	LAND LOT(S): <u>125</u> ACREAGE: <u>0.43</u>
ADDRESS OF PROPERTY: <u>4187 Richmond CT SW, Lilburn, GA 30047</u>	
SPECIAL USE REQUESTED: <u>Propose operating a massage therapy business in our home.</u>	

PLEASE ATTACH A LETTER OF INTENT EXPLAINING WHAT IS PROPOSED

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EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): R6125 120

Land Situated in the County of Gwinnett in the State of GA

ALL THAT TRACT OR PARCEL OF LAND LYING AND BEING IN LAND LOT 125 OF THE 6TH DISTRICT IN GWINNETT COUNTY, GEORGIA BEING LOT 7, BLOCK A OF NEWPORT SUBDIVISION, UNIT ONE, AS PER PLAT RECORDED IN PLAT BOOK 18, PAGE 282, GWINNETT COUNTY, GEORGIA RECORDS, SAID PLAT IS INCORPORATED HEREIN BY REFERENCE THERETO.

Commonly known as: 4187 Richmond Court SW , Lilburn, GA 30047

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TRAVERSE CLOSURE - 1:10,000+
 ANGULAR ERROR - 2 SEC'S/STA.
 ADJUSTMENT - NONE
 EQUIPMENT - TOPCON GPT 3005
 PLAT CLOSURE - 1: 100,000+
 MAGNETIC BEARING ROTATED TO
 MATCH REFERENCE PLAT.
 ALL MATTERS OF TITLE EXCEPTED.

THIS PROPERTY IS NOT LOCATED WITHIN A
 FEMA 100 YEAR FLOOD ZONE ACCORDING TO
 GWINNETT COUNTY F.I.R.M. PANEL 0190 C
 COMMUNITY #130322 DATED: MAY 4, 1992.

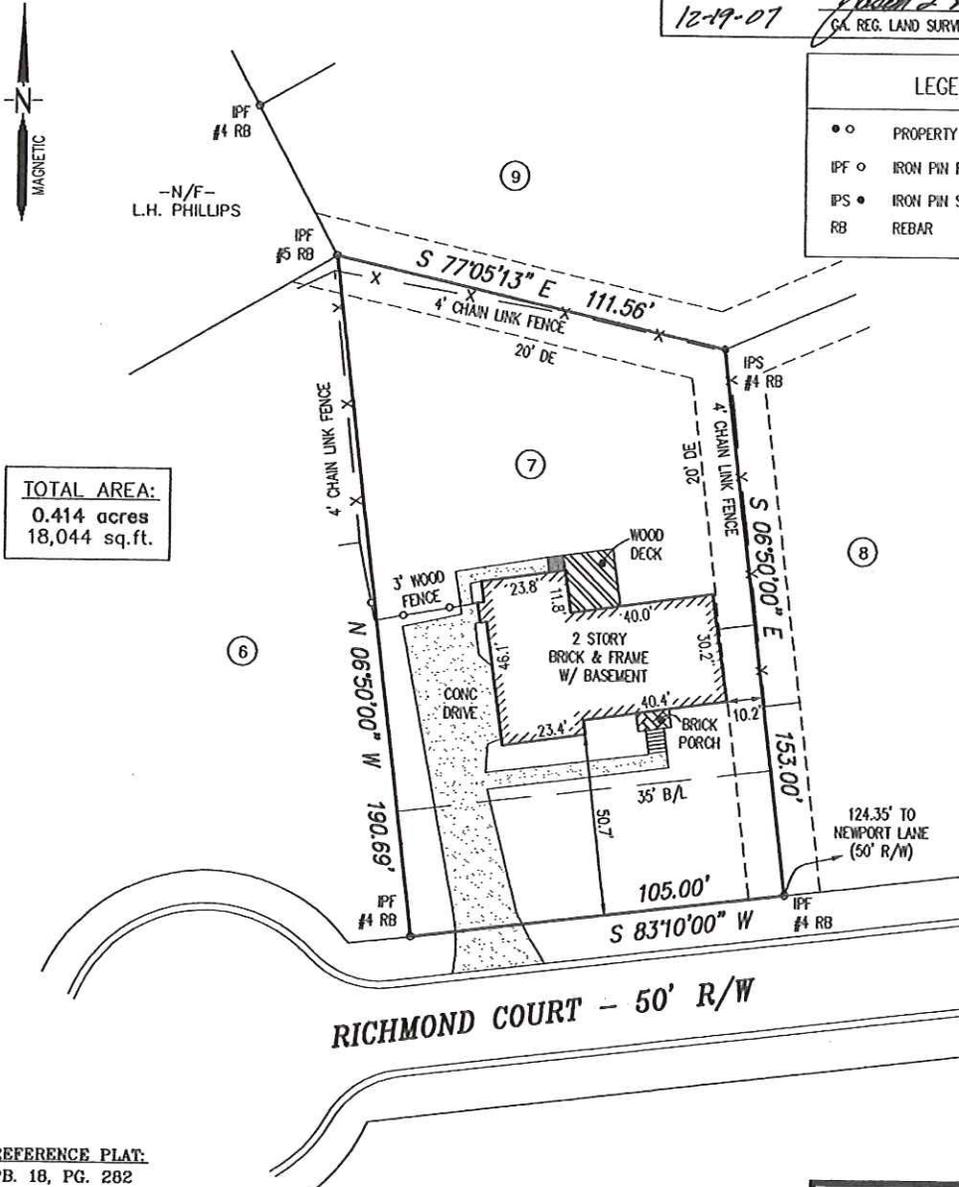
CERTIFICATION: I HEREBY CERTIFY THIS PLAT TO BE A TRUE AND
 ACCURATE REPRESENTATION OF THE CONDITIONS ON THIS PROPERTY.

12-19-07

Jason L. Hulsey
 GA. REG. LAND SURVEYOR, NO. 3009

LEGEND

- ○ PROPERTY CORNER
- IPF ○ IRON PIN FOUND
- IPS • IRON PIN SET
- RB REBAR



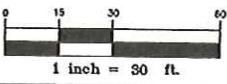
TOTAL AREA:
 0.414 acres
 18,044 sq.ft.

REFERENCE PLAT:
 PB. 18, PG. 282

PROPERTY ADDRESS:
 4187 RICHMOND COURT SW
 LILBURN, GEORGIA 30047-2943

SURVEY FOR:
 H. DAVID CHANDLER

BEING LOT 7
 NEWPORT, UNIT ONE
 LOCATED IN LAND LOT 125
 IN THE 6TH DISTRICT
 GWINNETT COUNTY, GEORGIA
 SCALE: 1" = 30' DATE: DEC. 19, 2007



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JH surveying, Inc.
 P.O. BOX 188, BREMEN, GA 30110
 PHONE: (770) 537-1731
 FAX: (770) 537-9663



JOB NUMBER: 1207001-3
 FIELD WORK BY: TM, DP, JLH
 DRAWN BY: DWP/JLH
 CHECKED BY: JLH

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SPECIAL USE PERMIT APPLICANT'S RESPONSE
STANDARDS GOVERNING THE EXERCISE OF THE ZONING POWER

PURSUANT TO REQUIREMENT OF THE UNIFIED DEVELOPMENT ORDINANCE, THE BOARD OF COMMISSIONERS FINDS THAT THE FOLLOWING STANDARDS ARE RELEVANT IN BALANCING THE INTEREST IN PROMOTING THE PUBLIC HEALTH, SAFETY, MORALITY OR GENERAL WELFARE AGAINST THE RIGHT TO THE UNRESTRICTED USE OF PROPERTY AND SHALL GOVERN THE EXERCISE OF THE ZONING POWER.

PLEASE RESPOND TO THE FOLLOWING STANDARDS IN THE SPACE PROVIDED OR USE AN ATTACHMENT AS NECESSARY:

- (A) WHETHER A PROPOSED SPECIAL USE PERMIT WILL PERMIT A USE THAT IS SUITABLE IN VIEW OF THE USE AND DEVELOPMENT OF ADJACENT AND NEARBY PROPERTY:

Yes, the use will not cause a nuisance, or be visible.

- (B) WHETHER A PROPOSED SPECIAL USE PERMIT WILL ADVERSELY AFFECT THE EXISTING USE OR USABILITY OF ADJACENT OR NEARBY PROPERTY:

No. The expected usage will anticipate one visitor per hour, for no more than four or five hours per day. Business activity will not be visible at the exterior, no deliveries will be required, and there will be no outside employees.

- (C) WHETHER THE PROPERTY TO BE AFFECTED BY A PROPOSED SPECIAL USE PERMIT HAS REASONABLE ECONOMIC USE AS CURRENTLY ZONED:

Yes, assuming the special use permit is granted.

- (D) WHETHER THE PROPOSED SPECIAL USE PERMIT WILL RESULT IN A USE WHICH WILL OR COULD CAUSE AN EXCESSIVE OR BURDENSOME USE OF EXISTING STREETS, TRANSPORTATION FACILITIES, UTILITIES, OR SCHOOLS:

No. The business anticipates one private client per hour for 4 or 5 hours maximum during the day or early evenings. The business does not require any deliveries.

- (E) WHETHER THE PROPOSED SPECIAL USE PERMIT IS IN CONFORMITY WITH THE POLICY AND INTENT OF THE LAND USE PLAN:

Yes, to the best of our knowledge.

- (F) WHETHER THERE ARE OTHER EXISTING OR CHANGING CONDITIONS AFFECTING THE USE AND DEVELOPMENT OF THE PROPERTY WHICH GIVE SUPPORTING GROUNDS FOR EITHER APPROVAL OR DISAPPROVAL OF THE PROPOSED SPECIAL USE PERMIT:

None that we are aware of.

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**LETTER OF INTENT
SPECIAL USE PERMIT APPLICATION**

Sheri D. Chandler
4187 Richmond CT SW
Lilburn, GA 30047

I am applying for a special use permit to allow me to operate a massage therapy business out of my home at 4187 Richmond CT SW, Lilburn, GA 30047. The property is 0.43 acreage. The nature of the business is to provide therapeutic massage to private clients. There will be no outside employees. There will be no indication of a business on the exterior of the home, and the home will not be modified in a way to make it into a business-only structure. It will remain our family home. The business will not require deliveries, nor cause any other traffic nuisance. I anticipate having one client at a time, one per hour typically, with a maximum daily number of clients set at five. The business will not cause any noise disturbance.

I am a licensed Massage Therapist (Georgia license number MT010415).

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SPECIAL USE PERMIT PROPERTY OWNER'S CERTIFICATION

THE UNDERSIGNED BELOW, OR AS ATTACHED, IS THE OWNER OF THE PROPERTY CONSIDERED IN THIS APPLICATION. THE UNDERSIGNED IS AWARE THAT NO APPLICATION OR REAPPLICATION AFFECTING THE SAME LAND SHALL BE ACTED UPON WITHIN 12 MONTHS FROM THE DATE OF LAST ACTION BY THE BOARD OF COMMISSIONERS UNLESS WAIVED BY THE BOARD OF COMMISSIONERS. IN NO CASE SHALL AN APPLICATION OR REAPPLICATION BE ACTED UPON IN LESS THAN SIX (6) MONTHS FROM THE DATE OF LAST ACTION BY THE BOARD OF COMMISSIONERS.

H. David Chandler Sheri Chandler *5/15/2015*
Signature of Property Owner Date

Sheri Chandler Property Owner
H. DAVID CHANDLER *PROPERTY OWNER*
Type or Print Name and Title

Teresa M. Williams *5/15/2015*
Signature of Notary Public Date
exp. 5/29/2015



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**SPECIAL USE PERMIT IN A
RESIDENTIAL DISTRICT**

(Only submit with Special Use Permit Application for a use within a residence)

I, the undersigned applicant, understand and agree that the Special Use Permit, if approved, shall automatically terminate in the event that this property is sold, transferred or otherwise conveyed to any other party, or the business which operates the special use is sold, transferred, otherwise conveyed or discontinued.

Jui Chen

Signature of Applicant

Sheri Chandler

Type or Print Name

5/15/15

Date

Teresa M. Williams

Signature of Notary Public
exp. 5/29/2015

5/15/15

Date



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CONFLICT OF INTEREST CERTIFICATION FOR SPECIAL USE PERMIT

The undersigned below, making application for a Special Use Permit, has complied with the Official Code of Georgia Section 36-67A-1, et. seq, Conflict of Interest in Zoning Actions, and has submitted or attached the required information on the forms provided.

Sheri Chandler 5/15/15 Sheri Chandler, Applicant
 SIGNATURE OF APPLICANT DATE TYPE OR PRINT NAME AND TITLE

 SIGNATURE OF APPLICANT'S DATE TYPE OR PRINT NAME AND TITLE
 ATTORNEY OR REPRESENTATIVE

Teresa M. Williams 5/15/2015
 SIGNATURE OF NOTARY PUBLIC DATE
exp. 5/29/2015



DISCLOSURE OF CAMPAIGN CONTRIBUTIONS

Have you, within the two years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more to a member of the Board of Commissioners or a member of the Gwinnett County Planning Commission?

YES NO *Sheri Chandler* YOUR NAME

If the answer is yes, please complete the following section:

NAME AND OFFICAL POSITION OF GOVERNMENT OFFICIAL	CONTRIBUTIONS (List all which aggregate to \$250 or More)	DATE CONTRIBUTION WAS MADE (Within last two years)

Attach additional sheets if necessary to disclose or describe all contributions.

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VERIFICATION OF CURRENT PAID PROPERTY TAXES FOR SPECIAL USE PERMIT

THE UNDERSIGNED BELOW IS AUTHORIZED TO MAKE THIS APPLICATION. THE UNDERSIGNED CERTIFIES THAT ALL GWINNETT COUNTY PROPERTY TAXES BILLED TO DATE FOR THE PARCEL LISTED BELOW HAVE BEEN PAID IN FULL TO THE TAX COMMISSIONER OF GWINNETT COUNTY, GEORGIA. IN NO CASE SHALL AN APPLICATION OR REAPPLICATION FOR REZONING BE PROCESSED WITHOUT SUCH PROPERTY VERIFICATION.

***Note: A SEPARATE VERIFICATION FORM MUST BE COMPLETED FOR EACH TAX PARCEL INCLUDED IN THE SPECIAL USE PERMIT REQUEST.**

PARCEL I.D. NUMBER: R6 - 125 - 120
(Map Reference Number) District Land Lot Parcel

 _____ 5/18/15
Signature of Applicant Date

Sheri Chandler, Applicant
Type or Print Name and Title

TAX COMMISSIONERS USE ONLY

(PAYMENT OF ALL PROPERTY TAXES BILLED TO DATE FOR THE ABOVE REFERENCED PARCEL HAVE BEEN VERIFIED AS PAID CURRENT AND CONFIRMED BY THE SIGNATURE BELOW)

Jennifer E. Gordon Tax Services Associate II
NAME TITLE
5/18/15
DATE

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