

**REZONING APPLICATION**

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

APPLICANT INFORMATION	PROPERTY OWNER INFORMATION*
NAME: <u>Carole Valentin</u>	NAME: <u>Carole Valentin</u>
ADDRESS: <u>5215 Lake Carlton Rd</u>	ADDRESS: <u>5215 Lake Carlton Rd S</u>
CITY: <u>Loganville</u>	CITY: <u><del>Georgia</del> Loganville</u>
STATE: <u>Georgia</u> ZIP: <u>30052</u>	STATE: <u>Georgia</u> ZIP: <u>30052</u>
PHONE: <u>678-574-1418</u>	PHONE: <u>678-574-1418</u>
CONTACT PERSON: <u>Carole Valentin</u> PHONE: <u>678-574-1418</u>	
CONTACT'S E-MAIL: <u>CaroleTB@aol.com</u>	

**APPLICANT IS THE:**

OWNER'S AGENT     PROPERTY OWNER     CONTRACT PURCHASER

PRESENT ZONING DISTRICT(S): R100 REQUESTED ZONING DISTRICT: \_\_\_\_\_

PARCEL NUMBER(S): 5129 032 ACREAGE: ~~1.96~~ 1.96

ADDRESS OF PROPERTY: 5215 Lake Carlton Rd S Loganville

PROPOSED DEVELOPMENT: Personal Care Home Services

RESIDENTIAL DEVELOPMENT	NON-RESIDENTIAL DEVELOPMENT
No. of Lots/Dwelling Units: <u>1</u>	No. of Buildings/Lots: <u>1</u>
Dwelling Unit Size (Sq. Ft.): <u>3,107</u>	Total Building Sq. Ft.: <u><del>11,100</del></u>
Gross Density: _____	Density: _____
Net Density: _____	

PLEASE ATTACH A LETTER OF INTENT EXPLAINING WHAT IS PROPOSED

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EXHIBIT "A"

16-056594

ALL THAT TRACT OR PARCEL OF LAND LYING AND BEING IN LAND LOTS 129 AND 130 OF THE 5TH DISTRICT, GWINNETT COUNTY, GEORGIA, AND ENCOMPASSING 1.96 ACRES, MORE OR LESS AND BEING MORE PARTICULARLY DESCRIBED AND DELINEATED ACCORDING TO A PLAT AND SURVEY PREPARED BY VON ITTER & ASSOCIATES, CERTIFIED BY ROBERT W. VON ITTER, GEORGIA REGISTERED SURVEYOR NO. 2251, DATED APRIL 18, 1984 AND REVISED DECEMBER 10, 1986, ENTITLED "SURVEY FOR HENRY D. MARTIN & PATRICIA A. MARTIN," SAID PLAT BEING OF RECORD IN THE OFFICE OF THE CLERK OF SUPERIOR COURT OF GWINNETT COUNTY, GEORGIA, IN PLAT BOOK 38, PAGE 300B AND REVISED IN PLAT BOOK 57, PAGE 67, WHICH SAID PLAT AND THE RECORDING THEREOF ARE BY REFERENCE HERETO INCORPORATED HEREIN FOR A MORE COMPLETE AND DETAILED DESCRIPTION.

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**REZONING APPLICANT'S RESPONSE**  
**STANDARDS GOVERNING THE EXERCISE OF THE ZONING POWER**

PURSUANT TO REQUIREMENTS 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 REZONING WILL PERMIT A USE THAT IS SUITABLE IN VIEW OF THE USE AND DEVELOPMENT OF ADJACENT AND NEARBY PROPERTY:

Yes, as there will be no change to the property, we will proceed with State license for Residential Live In service.

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

There will not be any adverse affects to the nearby or adacet properties and no visible changes

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

There will be nothing but economic value we will provide service to people who cannot care for themselves.

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

There will be no burden or excessive traffic or any disruption in the normal functioning at the surroundings area to include the schools utility usage or other facilities.

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

The special use permit is in conformity as there will be no structural changes and the usage will remain the same.

- (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 REZONING:

There are no existing or changing conditions that will affect the use or development of the property. The home will be used to provide services to the disabile and, elderly population with a capacity of 6 people.

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10-28-19

Gwinnett County Department of Planning and Development Planning Division  
446 West Croghan St. Suite 250  
Lawrenceville, Ga 30046

**RE:5215 Lake Carlton Rd., Loganville, Ga 30052**

To Whom it may concern:

The purpose of this letter is to ask for a special use permit for the property located at 5215 Lake Carlton Rd. S. in Loganville, GA 30052.

We would like to obtain the special use to operate a personal care home residential facility.

We feel that because the lot size is almost 2 acres 1.96 to be exact, we are well within the zoning requirements for the I 100 zoning classification as set forth by the county.

We are not requesting in a new classification, but we are asking to be granted a special use for the purposes intended at this property.

The number of lots and dwelling units will remain the same one law and one dwelling unit which will include 3107 ft for the residential property size.

The home as it stands now has room to allow 6 parked cars needs and that would remain the same.

The building is a one-story ranch style home and there would be no requests for a change in buffers.

By granting a special use permit to us it will allow us to care five to eight elderly or handicapped individuals that cannot care for themselves a need assistance in a residential like setting.

Our Company will be Providing a more traditional intimate level of care then a bigger facility and that would be a great benefit for the population in which we serve because it would be a home-based environment.

A Special Use Permit would be within the purpose of the land use as indicated in the ordinance because it would not be injurious to the area or otherwise detrimental to the public welfare of any of the surrounding people and or facilities.

We therefore respectfully question you grant us a special use permit for the purpose as listed above.

Sincerely

Carole Valentin, Facility Owner and Operator

If you have any questions @678-574-1418

Carole Valentin

  
Sincerely,

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**REZONING APPLICANT'S CERTIFICATION**

THE UNDERSIGNED BELOW IS AUTHORIZED TO MAKE 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.

*David Valeri*

Signature of Applicant

10-28-19

Date

Carole Valentin

Type or Print Name and Title

*[Signature]*

Signature of Notary Public

10-28-19

Date



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**REZONING 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.

*Carole Valentin*

Signature of Property Owner

10-28-19

Date

*Carole Valentin*

Type or Print Name and Title

*[Signature]*

Signature of Notary Public

10-28-19

Date



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**CONFLICT OF INTEREST CERTIFICATION FOR REZONING**

The undersigned below, making application for a Rezoning, 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.

Carole Valentin      10-28-19      Carole Valentin  
 SIGNATURE OF APPLICANT      DATE      TYPE OR PRINT NAME AND TITLE

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

[Signature]      10-28-19  
 SIGNATURE OF NOTARY PUBLIC      DATE



**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    Carole Valentin  
 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 REZONING**

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 REZONING REQUEST.**

PARCEL I.D. NUMBER: R5 - 129 - 032  
(Map Reference Number)      District      Land Lot      Parcel

Carole Valentin      10-28-19  
Signature of Applicant      Date  
Carole Valentin  
Type or Print Name and Title

**\*\*\*PLEASE TAKE THIS FORM TO THE TAX COMMISSIONERS OFFICE AT THE GWINNETT JUSTICE AND ADMINISTRATION CENTER, 75 LANGLEY DRIVE, FOR THEIR APPROVAL BELOW.\*\*\***

**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)

Ingrid Espinal      TSA II  
NAME      TITLE  
11-1-19  
DATE

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