

**SPECIAL USE PERMIT APPLICATION**

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

APPLICANT INFORMATION	PROPERTY OWNER INFORMATION*
NAME: <u>Sylanna Williams</u>	NAME: <u>Sylanna Williams</u>
ADDRESS: <u>2450 Rosebud Rd</u>	ADDRESS: <u>2450 Rosebud Rd</u>
CITY: <u>Grayson</u>	CITY: <u>Grayson</u>
STATE: <u>GA</u> ZIP: <u>30017</u>	STATE: <u>GA</u> ZIP: <u>30017</u>
PHONE: <u>678-651-5514</u>	PHONE: <u>678-651-5514</u>
CONTACT PERSON: <u>SAME</u> PHONE: <u>678-651-5514</u>	
CONTACT'S E-MAIL: <u>Sylanna22@yahoo.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>R-100</u>	BUILDING/LEASED SQUARE FEET: <u>2,165</u>
PARCEL NUMBER(S): <u>R5123-045</u>	ACREAGE: <u>2.44</u>
ADDRESS OF PROPERTY: <u>2450 Rosebud Road Grayson GA 30017</u>	
SPECIAL USE REQUESTED: <u>Personal Care Home</u>	

PLEASE ATTACH A LETTER OF INTENT EXPLAINING WHAT IS PROPOSED

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Written Description

All that tract or parcel of land lying and being in Land Lot 123 of the 5<sup>th</sup> District, Gwinnett County, Georgia and being more particularly described as follows:

To find the Point of Beginning, commence at the southerly intersection of Shenandoah Lane (50' Right of Way) and the easterly right of way of Rosebud Road (Apparent Variable Right of Way); Thence along the right of way of Rosebud Road in a southerly direction a distance of 744 +/- feet to a ½" Rebar, said point being the Point of Beginning; Thence leaving said right of way North 74°57'11" East a distance of 386.21' to an Iron Pin Found; Thence South 28°48'25" East a distance of 264.09' to an Iron Pin Found; Thence South 75°04'23" West a distance of 454.67' to an Iron Pin Found along the right of way of Rosebud Road; Thence North 08°54'33" West a distance of 134.24' to a point; Thence North 19°07'43" West a distance of 122.40' to a ½" Rebar Found, said point being the Point of Beginning.

Said parcel containing 106,176 Square Feet or 2.4375 acres.

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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

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

No it will not affect any nearby property or cause any noise pollution or cause any traffic increase

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

yes

- (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

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

yes

- (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:

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11.8.19

Sylanna Williams

2450 Rosebud Rd,

Grayson GA 30017

To Whom it my concern,

I, Sylanna Williams would like to open a personal care home for our elderly senior citizens. I have been working with the elderly since 2006 to present, with physical and memories limitations. I understand the need for our seniors to have a loving caring home when they can no longer care for themselves and our senior families can have the comfort of placing they love ones somewhere they can call home. I will not cause any disturbance to my current neighbor's or cause any noise pollution to the neighborhood, I believe by having this home, I'm giving my knowledge back to our community and making a difference for our senior population. Property acreage is 2.44 acres , which will accommodate 5 residents, 3 cars parking spaces and a great backyard for outdoor activities.

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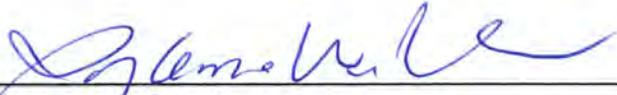
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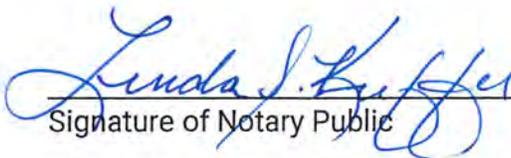
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**SPECIAL USE PERMIT APPLICANT'S CERTIFICATION**

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.

 11.8.19  
Signature of Applicant Date

SYLANNA WILLIAMS (OWNER)  
Type or Print Name and Title

 11/8/2019 \_\_\_\_\_  
Signature of Notary Public Date Notary Seal

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SUP '20 009

Linda S Kieffer  
Notary Public  
Gwinnett County, Georgia  
My Commission Expires  
August 9, 2022

**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.

*Sylanna Williams* 11.8.19  
Signature of Property Owner Date

SYLANNA WILLIAMS (OWNER)  
Type or Print Name and Title

*Linda S Kieffer* 11/8/2019 \_\_\_\_\_  
Signature of Notary Public Date Notary Seal

**Linda S Kieffer  
Notary Public  
Gwinnett County, Georgia  
My Commission Expires  
August 9, 2022**

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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.

*Sylanna Williams*  
Signature of Applicant

SYLANNA WILLIAMS  
Type or Print Name

November 8, 2019  
Date

*Linda S. Kieffer*      11/8/2019      \_\_\_\_\_  
Signature of Notary Public      Date      Notary Seal

**Linda S Kieffer  
Notary Public  
Gwinnett County, Georgia  
My Commission Expires  
August 9, 2022**

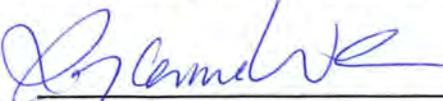
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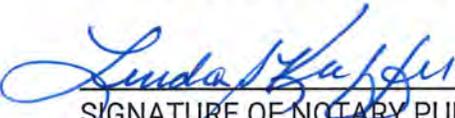
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**CONFLICT OF INTEREST CERTIFICATION FOR SPECIAL USE PERMIT**

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.

 11.8.19 SYLANWA WILLIAMS OWNER  
 SIGNATURE OF APPLICANT                      DATE                      TYPE OR PRINT NAME AND TITLE

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

 11/8/2019  
 SIGNATURE OF NOTARY PUBLIC                      DATE

Linda S Kieffer  
 Notary Public  
 Gwinnett County, Georgia  
 My Commission Expires  
 August 9, 2022  


**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    SYLANWA WILLIAMS  
 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: 5 - 123 - R5123-045  
(Map Reference Number) District Land Lot Parcel

[Signature] \_\_\_\_\_  
Signature of Applicant Date 11.8.19

SYLANNA WILLIAMS (OWNER) \_\_\_\_\_  
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)

[Signature] \_\_\_\_\_  
NAME TITLE TSA II  
11-8-19 \_\_\_\_\_

**RECEIVED BY**  
DATE

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