

**SPECIAL USE PERMIT APPLICATION**

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

APPLICANT INFORMATION	PROPERTY OWNER INFORMATION*
NAME: <u>CARLA BEDFORD-DIXON MD</u>	NAME: <u>TONY T. SAMPLES</u>
ADDRESS: <u>O'CALLIE STILL RD</u>	ADDRESS: <u>336 PHILIP ST</u>
CITY: <u>LAWRENCEVILLE</u>	CITY: <u>LAWRENCEVILLE</u>
STATE: <u>GA</u> ZIP: <u>30045</u>	STATE: <u>GA</u> ZIP: <u>30046</u>
PHONE: <u>678 647 8582</u>	PHONE: <u>470 418 0424</u>
CONTACT PERSON: <u>CARLA BEDFORD-DIXON</u> PHONE: <u>678-647-8582</u>	
CONTACT'S E-MAIL: <u>PEANUTZ_1@MSN.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 type="checkbox"/> PROPERTY OWNER <input checked="" type="checkbox"/> CONTRACT PURCHASER
EXISTING/PROPOSED ZONING: <u>R100</u> BUILDING/LEASED SQUARE FEET: <u>5 ACRE LOT</u>	
PARCEL NUMBER(S): <u>R5-253-037</u> ACREAGE: <u>    </u>	
ADDRESS OF PROPERTY: <u>O'CALLIE STILL ROAD LAWRENCEVILLE 30045</u>	
SPECIAL USE REQUESTED: <u>PERSONAL CARE HOME SERVICES</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 253 of the 5<sup>th</sup> Land District, Gwinnett County, Georgia and being more particularly described as follows:

Commencing at the northwestern intersection of Ozora Road and Callie Still Road (80' Right-of Way); Thence in a northeasterly direction along the westerly Right-of-Way of Callie Still Road North 58°56'50" West a distance of 704.27' to an Iron Pin Set, being the Point of Beginning; Thence leaving said Right-of-Way South 19°30'10" West a distance of 1058.70' to a ½" Rebar Found; Thence North 61°22'50" West a distance of 207.40' to a ½" Rebar Found; Thence North 19°30'10" East a distance of 1067.70' to a ½" Rebar Found along the Right-of-Way of Callie Street Road; Thence along the Right-of-Way of Callie Street Road South 58°56;38" East a distance of 209.02' to an Iron Pin Set, being the Point of Beginning.

Said parcel containing 4.9982. Acres or 21,723 Square Feet.

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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 PROPERTY LINE EXTEND OVER 1000 FEET BACK AND THE HOME WILL NOT BE SEEN FROM STREET VIEW. ADDITIONALLY, THE STRUCTURE OF THE HOME WILL BE DESIGNED AS A RESIDENTIAL PROPERTY.
- (B) WHETHER A PROPOSED SPECIAL USE PERMIT WILL ADVERSELY AFFECT THE EXISTING USE OR USABILITY OF ADJACENT OR NEARBY PROPERTY: THERE WILL BE ABSOLUTELY NO ADVERSE CHANGE OR AFFECT TO ANY NEARBY OR ADJACENT PROPERTY
- (C) WHETHER THE PROPERTY TO BE AFFECTED BY A PROPOSED SPECIAL USE PERMIT HAS REASONABLE ECONOMIC USE AS CURRENTLY ZONED: THERE WILL BE BOTH SOCIAL AND ECONOMIC VALUE DERIVED FROM THE SERVICES PROVIDED... NEEDED SERVICES TO OUR ELDERLY WHO NEED ASSISTANCE CARING FOR THEMSELVES.
- (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: MANY ELDERLY PEOPLE DON'T OWN CARS WHO ARE IN NEED OF DAY TO DAY ASSISTANCE. THERE SHALL BE NO EXCESSIVE BURDEN PLACED ON SCHOOLS OR NEIGHBORS. NO DISRUPTIONS.
- (E) WHETHER THE PROPOSED SPECIAL USE PERMIT IS IN CONFORMITY WITH THE POLICY AND INTENT OF THE LAND USE PLAN: THE STRUCTURAL CHANGES DONE TO THE VACANT LOT WILL BE A RESIDENTIAL DWELLING AESTHETICALLY THAT SERVE THE NEEDS OF OTHERS
- (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: THE PROPERTY IS A VACANT LOT CONSISTING OF SACRES TO BE USED FOR ELDERLY CARE IN THE FORM OF A PERSONAL CARE HOME RESIDENTIAL FACILITY.

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Dated: June 25, 2020

Gwinnett County Department of Planning and Development Planning Division

446 West Crogan St. Suite 250

Lawrenceville, Georgia 30046

**RE: 0 Callie Still Road, Lawrenceville, Georgia 30045**

Dear Planning and Development,

This letter is requesting that a Special Use Permit (SUP) be provided to 0 Callie Still Road, Lawrenceville, Georgia 30045. We sincerely ask your permission for the SUP to enable the operation of a Residential Personal Care Home Service Facility. We feel that the lot size of 5 acres with over 200 square feet of road frontage is well situated to be well within and meet the zoning requirements set-forth by Gwinnett County. Our plan is to complete an Exemption Plat to subdivide the property and construct two residential facilities.

The SUP will be used to provide much-needed services to our elderly population. Each of the proposed home sizes will be over 3500 square feet with 6-8 bedrooms. Due to the enormous size of the property, the two Personal Care Home Facilities will have more than ample parking space. Each residential facility will have parking for as many as 8 or more parked cars and will be close enough to the right of way for emergency vehicles to access.

The facilities will be first-class with gardens, nature walks, and other nice amenities for the residents. Our setting will be very intimate, unlike the big elderly care facilities, and able to quickly respond to any healthcare concerns, which includes virus outbreaks. The owner of the facility will have full-time staff 24 hours/per day to attend to the needs of the residents. Each property will have a total of approximately 3 staff members providing 24 hour care of the operations. We are requesting 8 residents per residential home. It is important to note that each facility will have Fire Department approved fire sprinklers and smoke detectors and building materials that meet building standard code.

The building styles will be a one-story ranch-style architecture revisiting the southern style of yesteryear's treasures. As a result of being granted a SUP, we can care for elderly or handicapped loved ones that simply cannot care handle the day to day activities of life. This care will provide the residents an intimate residential setting they can call home, and one that their loved ones would approve. Our deep passion is caring for the elderly and has been for over 25 years in the practice of medicine.

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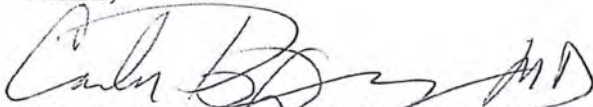
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We sincerely and respectfully ask to be granted permission for the SUP per the contents of this letter. Should you have any questions, please feel free to call or email me.

Thanks,

A handwritten signature in black ink, appearing to read 'Carla Bedford-Dixon MD', with a stylized flourish at the end.

Carla Bedford-Dixon, MD (Owner and Operator)

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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.

x  6/25/2020  
Signature of Applicant Date

CARLA BEDFORD-DIXON MD  
Type or Print Name and Title

 6/25/20   
Signature of Notary Public Date Notary Seal

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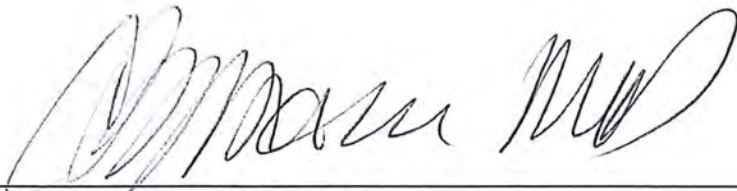
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**SPECIAL USE PERMIT PROPERTY OWNER'S CERTIFICATION**

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.



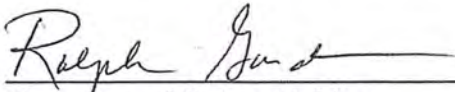
Signature of Property Owner

6-25-20

Date

CARLA BEDFORD-DIXON MD

Type or Print Name and Title



Signature of Notary Public

6/25/20

Date



Notary Seal

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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.

  
Signature of Applicant

CARLA BEDFORD-DIXON MD  
Type or Print Name

6/25/20  
Date

  
Signature of Notary Public



6/25/20  
Date

Notary Seal

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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.

[Signature] 6-25-20 NM  
SIGNATURE OF APPLICANT      DATE      TYPE OR PRINT NAME AND TITLE

CARLA BEDFORD-DIXON MD 6-25-20  
SIGNATURE OF APPLICANT'S      DATE      TYPE OR PRINT NAME AND TITLE  
ATTORNEY OR REPRESENTATIVE

Ralph Gail 6/25/20  
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 DR CARLA BEDFORD-DIXON  
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: R5 - 253 - 037  
(Map Reference Number) District Land Lot Parcel

[Signature] MD 6-25-20  
Signature of Applicant Date

CARLA BEDFORD-DIXON MD  
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)

\_\_\_\_\_  
NAME TITLE  
\_\_\_\_\_  
DATE

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**Mailing Address:**

SAMPLES THERON TONY  
336 PHILLIPS ST  
LAWRENCEVILLE, GA 30046-6060

☒ Change Mailing Address

**SITUS:**

0 CALLIE STILL RD

**Tax District:**

COUNTY Unincorporated

**Parcel ID**

R5253 037

**Property Type**

Real Property

**Last Update**

6/26/2020 11:58:51 AM

**Legal Description**

CALLIE STILL RD

**Tax Bills**

Note: Four years of tax information is available online. Email [tax@gwinnettcountry.com](mailto:tax@gwinnettcountry.com) to request other years.

Tax Year	Net Tax	Total Paid	Penalty/Fees	Interest	Due Date	Amount Due
2019	\$970.75	\$970.75	\$0.00	\$0.00	10/15/2019	\$0.00
2018	\$974.92	\$974.92	\$0.00	\$0.00	10/15/2018	\$0.00
2017	\$983.01	\$983.01	\$0.00	\$0.00	10/15/2017	\$0.00
2016	\$973.72	\$973.72	\$0.00	\$0.00	10/15/2016	\$0.00
Total						\$0.00

Pay NOW

No payment due

Schedule Pay

Schedule

View or edit your

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