Received by PZ 2-27-24

Variance & Special Exception Application





Variance Application

PROPERTY		,				
Site Address:1143 and 115	Parcel #: 18 199 16 030; Zip: 30319					
Project Name (If applicable): MASOUDI DEVELOPMENT Present Zoning:						
TYPE OF REQUEST						
☐ Zoning/Special Exception	✓ VARIANCE ☐ Zoning/Special Exception ☐ Sign ☐ Stream Buffer ☐ Administrative (Zoning/Special Exception or Stream Buffer)					
Nature of Request	Required per Code Proposed					
✓ Setback	Front: naSide: 3.75' Rear: na Other: na	Front: na Side: 0' Rear: na Other: na				
☐ Stream Buffer						
☐ Impervious Coverage	%	%				
☐ Sign						
☐ # of Parking Spaces						
☐ Other SPECIMEN TREE						
OWNER INFORMATION						
Name:	SADAAT MASOUDI					
Address:	20 ATLANTA ST SE MARIETTA GA 30060					
Email:	SPRINGMAY10@GMAIL.COM Phone: 678-643-3310					
APPLICANT						
Name:	APRIL INGRAHAM, THE PERMIT SPECIALIS	ST, LLC				
Address:	3688 CLEARVIEW AVE STE 101 ATLANTA (GA 30340				
Email:	CONSULTANT@THEPERMITSPECIALIST.C	OM Phone: 404-421-1520				
AFFIDAVIT						
To the best of my knowledge, this variance application form is correct and complete. If additional materials are determined to be						
necessary, I understand that I am responsible for filing additional materials as specified by the City of Brookhaven Zoning Ordinance. I understand that failure to supply all required information (per the relevant Applicant Checklists and Requirements of the Brookhaven Zoning Ordinance) will result in the rejection of this application. I have read the provisions of the Georgia Code Section 36-67A-3 as required regarding Campaign Disclosures. My Signed Campaign Disclosure Statement is included.						
Applicant's Name: APRIL INGRAHAM						
Applicant's Signature:	(pril to show	Date: 2/28/2024				
NOTARY						
Sworn to and subscribed before me this Day of 20						
Notary Public:						
Signature:		Date:				

Updated August 2023 Page | 7

Variance & Special Exception Application

All applications and plans must be submitted through the Project Portal https://Cityworks.BrookhavenGA.gov/ProjectPortal



Variance Application

PROPERTY - THE PROPERTY OF THE

Site Address: 1143 and 11	51 GAIL DR	F	Parcel #: 18 199 1	-	Zip: 30319
Project Name (If applicable): MASOUDI DEVELOPMENT			18 199 16 031 Present Zoning:		RS-75
TYPE OF REQUEST			/ARIANCE		
☐ Zoning/Special Excepti	ion 🗆 Sign 🗖 Stream Buffer	☑ Administrati	ve (Zoning/Specia	l Exception	or Stream Buffer)
Nature of Request	Required per code			Proposed	
Ø Setback	Front: naSide: 3.75'_Rear: _na(Other: na Fro	ont: naSide:_0	' Rear: <u>N</u>	other: <u>na</u>
Stream Buffer	7 m				
☐ Impervious Coverage		%			%
# of Parking Spaces	5				
Ø Other SPECIMEN TREE	<u> </u>				
OWNER INFORMATION					
Name	SADAAT MASOUDI			And the same of th	7
Address:	20 ATLANTA ST SE MARIETTA	GA 30060			
Email	SPRINGMAY10@GMAIL.COM		Phone:	678-643-	3310
APPLICANT					
Name:	APRIL INGRAHAM, THE PERMI	IT SPECIALIST,	LLC		
Address	3688 CLEARVIEW AVE STE 10	1 ATLANTA GA	30340		
Email	CONSULTANT@THEPERMITS	PECIALIST.COM	M Phone:	404-421-	1520
AFFIDAVIT					
necessary, I understand that Ordinance: I understand that the Brookhaven Zoning Ordin	e, this variance application form is cor I am responsible for filing additional I fallure to supply all required informations nance) will result in the rejection of the I regarding Campaign Disclosures. My	materials as speci ation (per the rele als application. I h	fied by the City of vant Applicant Ch ave read the prov	Brookhave ecklists and Islons of th	n Zoning I Requirements of e Georgia Code
Applicant's Name	APRIL INGRAHAM				
Applicant's Signature:	april tash		Date	2/28/20	1 24
Sworn to and subscribed befo					dentale - Tolkhul (4
Notary Public: Signature:	JACQUELYNE W. Marsh	nall :		16/	
	Jacquelynew. Marsh		Date	1 2/20	24

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Variance & Special Exception Application

Have you, within the two years immediately preceding the filing of this

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Campaign Disclosure Statement

application, made campaign contributions aggregating \$250.00 or more to a member of the City of Brookhaven City Council or a member of the City of Brookhaven Planning Commission?	Yes	X	No

Applicant/Pr	operty Owner			
Name:	Saadat Masoudi		G	eoraia
Address:	1143 and 1133 GAIL	Drive City, State:	Brookhaven	Zip: 30319
Signature:			Date: 2	127/2024

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

Date	Government Official & Position	Description	Amount
	9		
		*	
		8	
			¥

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Have you, within the two years immediately preceding the filing of this

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Campaign Disclosure Statement

to a member of	de campaign contributions aggregating \$250.00 or more the City of Brookhaven City Council or a member of the ren Planning Commission?	VAC	Ø	No
Applicant/Prop	perty Owner			
Name:	APRII INGRAHAM			
Address:	3688 CLEARVIEW AVE STE 101	City, State: ATLAN	TA GA 30340 zip :	
Signature:	0000		Date: 2/27/24	

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

Date	Government Official & Position	Description	Amount

Updated August 2023 Page | 10









BiC 2/18/20

BjC 3/10/20

Professional Engineers and Land Surveyors and as set forth in O.C.G.A. Section

Final Plat Comments

GIS Final Plat Comments

PLAT BOOK 14

DEED BOOK 24281

, PAGE 126

, PAGE 39

PARTY CHIEF: RG

BMS

DRAFTER:

FIELD DATE:

6/28/18

SHEET 3 OF 3

THIS PLAT WAS PREPARED FOR THE EXCLUSIVE USE OF THE PERSON, PERSON, OR ENTITY. ALL MATTERS PERTAINING TO TITLE ARE EXCEPTED