# Variance & Special Exception Application

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



#### Variance Application

PROPERTY				
Site Address: 1260 Park V	/ista Dr NE, Atlanta, GA 30319	Parcel #: 18-200-04-156 Zip: 30319		
Project Name (If applicable): Overlook at Lenox Park Present Zoning: OI & RSA-5 (R-A				
TYPE OF REQUEST				
🕅 Zoning/Special Excepti	on 🗇 Sign 🗇 Stream Buffer 🗇 Administra	ative (Zoning/Special Exception or Stream Buffer)		
Nature of Request	Required per Code	Proposed		
😾 Setback	Perimeter Front:Side:Rear:Other: <u>-30 ft</u>	Perimeter Front:Side:Rear:Other: <u>10 ft less</u>		
🗇 Stream Buffer				
Impervious Coverage	%	%		
🗖 Sign				
# of Parking Spaces				
Other				
OWNER INFORMATION				
Name:	MH Park Vista ILC			
Address:	2292 Henderson Mill Kd, Ar	lanta GA 30345		
Email:	Phone:			
APPLICANT				
Name:	Toll Southeast LP Company Inc.			
Address:	2400 Lakeview Pkwy, Alpharetta, GA 30009			
Email:	ceverett@tollbrothers.com	Phone:		

#### **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:	Toll Southeast LA Company Inc.	NNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNN	
Applicant's Signature:	2000 IN	ESE W C. Date: 3/15/	24
NOTARY		NISSION .	· · · · · · · · · · · · · · · · · · ·
Sworn to and subscribed be	foremethis 15th Day of March	CONTRACTOR TRACTOR	
Notary Public:	Jerene W. Silez P		
Signature:	Terese W. Gilles=x.	A/16110 Pate: 3/15	-124
		PUARY 10, 20 C	
Updated August 2023		COUNTY	Page   7

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#### Property Owner(s) Notarized Certification

The owner and petitioner acknowledge that this variance application form is correct and complete. By completing this form, all owners of the subject property certify authorization of the filing of the application for variance(s), and authorization of an applicant or agent to act on their behalf in the filing of the application including all subsequent application amendments.

k Vista, LL	2		
rom Mill Rd	City, State:	nta GA	Zip: 30345
		Date:	3-18-2074
eller (	EXPIRES GEORGIA DEC. 7, 2026		
	THINN W		
	City, State:		Zip:
		Date:	p.
day of	, 20		
	ller (	llen Mange 18 <sup>+h</sup> day of March 20 24 OTAR EXPIRES GEORGIA DEC. 7, 2026	City, State: March 2024 City, State: Date

Additional Property Owner (if applicable)	and the second second			
Name:				
Address:		City, State:		Zip:
Signature:			Date:	
Sworn to and subscribed before me this	day of	, 20		
Notary Public:				

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### **Campaign Disclosure Statement**

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 City of Brookhaven City Council or a member of the City of Brookhaven Planning Commission?

🛛 Yes

🗙 No

Applicant/Property Owner						
Name:	MH Park Vista, LLC, Brian Davison,	Manager				
Address:	2292 Henderson Mill Rd. City, State: Atlan					
Signature:		Date: 3-25-2024				
	ander					

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

Date	Government Official & Position	Description	Amount
	NIA		
	NIA		

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No

### **Campaign Disclosure Statement**

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 City of Brookhaven City Council or a member of the City of Brookhaven Planning Commission?

□ Yes 🛛

Applicant/Property Owner					
Name:	Toll Southeast LP Company Inc.			•	
Address:	2400 Lakeview Rarkway	City, State: Alpharetta		<b>Zip:</b> 30009	
Signature:	Le Los	Da	ite:	3/15/24	

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

Date	Government Official & Position	Description	Amount
	N/A		
			-