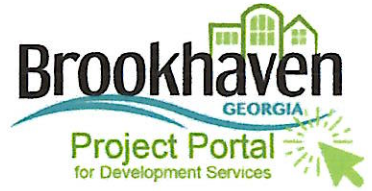


Land Use Petition Application

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



Land Use Petition Application

PROPERTY		
Site Address(es): 2018 Cliff Valley Way, NE Atlanta, GA 30329	Parcel #: 1815703060	Zip: 30329
Project Name (If applicable):		

TYPE OF REQUEST (Select all applicable)

<input checked="" type="checkbox"/> Rezoning	<input type="checkbox"/> Special Land Use Permit	<input type="checkbox"/> Concurrent Variances	<input type="checkbox"/> Modification of Conditions
Current Zoning		Proposed Zoning	
Current Use		Proposed Use	

OWNER INFORMATION

Name:	Frank Steven Stanley Irrevocable Trust		
Address:	160 Hideaway Dr Fayetteville, GA 30215		
Email:	leahdodson246@gmail.com	Phone:	404-429-8383

APPLICANT

Name:	Leah A. Dodson		
Address:	160 Hideaway Dr Fayetteville, GA 30215		
Email:	leahdodson246@gmail.com	Phone:	404-429-8383

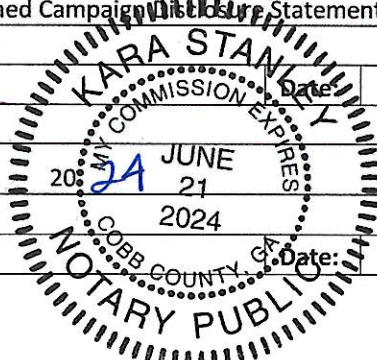
AFFIDAVIT

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:	Leah A. Dodson		
Applicant's Signature:	Leah A. Dodson	Date:	4-28-2024

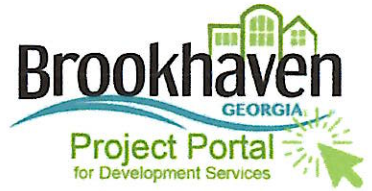
NOTARY

Sworn to and subscribed before me this 28th Day of April 2024	
Notary Public:	Kara Stanley
Signature:	Kara Stanley
Date:	4/28/24



Land Use Petition Application



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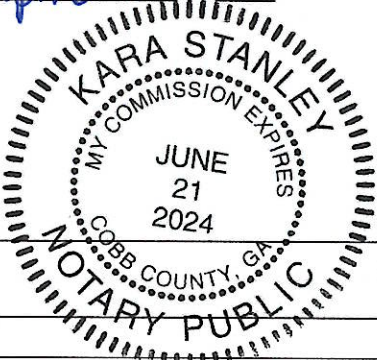
Property Owner(s) Notarized Certification

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.

Property Owner

Name:	Frank Steven Stanley Irrevocable Trust		
Address:	160 Hideaway Dr	City, State:	Fayetteville, GA Zip: 30215
Signature:	Beah A. Dodson trustee for Frank Steven Stanley Irrevocable Trust	Date:	4-28-2024
Sworn to and subscribed before me this <u>28th</u> day of <u>April</u> , 20 <u>24</u>			
Notary Public:	 		

Additional Property Owner (if applicable)

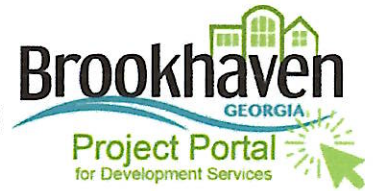
Name:	Frank Steven Stanley Irrevocable Trust		
Address:	160 Hideaway Dr	City, State:	Fayetteville, GA Zip: 30215
Signature:	Sarah Mitchell Cobb trustee for Frank Steven Stanley Irrevocable Trust	Date:	4-28-2024
Sworn to and subscribed before me this <u>28th</u> day of <u>April</u> , 20 <u>24</u>			
Notary Public:	 		

Additional Property Owner (if applicable)

Name:			
Address:		City, State:	Zip:
Signature:		Date:	
Sworn to and subscribed before me this _____ day of _____, 20____			
Notary Public:			

Land Use Petition Application

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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:	Leah A. Dodson trustee for Frank Steven Stanley Irrevocable Trust		
Address:	160 Hideaway Dr.	City, State: Fayetteville, GA	Zip: 30215
Signature:	Leah A. Dodson trustee for Frank Steven Stanley Irrevocable Trust	Date:	4-28-2024

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

Date	Government Official & Position	Description	Amount