Land Use Petition Application

PROPERTY

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



Land Use Petition Application

Site Address(es): 2018 (lift Valley Way, NE	Parcel #:		Zip:		
Site Address(es): 2018 Clift Valley Way, NE Atlanta, GA 30329		1815703	3060	30329		
Project Name (If applicable):						
TYPE OF REQUEST (Select all applicable)						
Rezoning	☐ Special Land Use Permit ☐ C	Concurrent Variances	☐ Modification o	f Conditions		
Current Zoning		Proposed Zoning				
Current Use		Proposed Use				
				,		
OWNER INFORMATION			1. 4. 1			
Name: Address:	Frank Steven Stanle	1 : : :	11	- -		
Email:	160 Hideaway D	7. Fayettevi		30215		
	leandodson2466	a genail. com	Phone: 404-4	129-8383		
Name: leah A. Dadson						
Address:	160 Hideaway Do	- Fayetteville	CA 202	15		
Email:	lean do ason 246 @c		hone: 404-	-Una-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 Will Liberty Statement is included. Applicant's Name: Applicant's Signature: Applicant's Signature:						
NOTARY		COMMITTER	4:12			
Sworn to and subscribed before Notary Public: Signature:	Day of apple Stanley	S A JUNE	Groate: 4	28/24		
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Updated August 2023

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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 I	revocable Trust
Address: 160 Hideaway Dr.	City, State: Fayetteville, GA Zip: 30215
Signature: Keeha, Dodash trustee for Fr	ank Steven Date: 4-28-2024
Stanley Inevocable Trust	
Sworn to and subscribed before me this 220 day of Upril	_ 20 A III A STAN
100	JUNE BY 21 2024
Notary Public Landy	
&Ma Janley	JUNE AG
0	2024
	1000 SiO S
	O SOUNTY OF
Additional Property Owner (if applicable)	ARY PURILLE
	cable Thist
Address: 160 Hideaway To	City, State: Fayetteville, GA Zip: 30215
Signature: Sare Michell Cold trustee to	or Frank Steve Date: 9-28-2024
nan	e Trust
Sworn to and subscribed before me this 300 day of 400 line with AP Notary Public: 400 line with AP	2004
Notary Publid: 1/1, 1. (And 1/1)	A STANIN
Notary Public: Kandley Entre Con	MISSION AND THE STATE OF THE ST
Run Sinitery	4:12
, , , , , , , , , , , , , , , , , , ,	- m.
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	0.00
Additional Property Owner (if applicable) Name: Address:	COUNTY, C. C.
Name:	Y PUD
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

application, m	hin the two years immediately preceding the filing of the lade campaign contributions aggregating \$250.00 or mor of the City of Brookhaven City Council or a member of the laven Planning Commission?	e 🗇 Voc	Ø No			
Applicant/Pi	operty Owner					
Name:	Leah A. Dodson trostee for	or Frank Steven Stanley	Irrevocable			
Address:	160 Hideaway Dr.	- 11 11 1	Zip: 30215 TO			
Signature:	Leah a Dodoon trustee		28-2024			
Steven Stanley Irreriocable Inust						
If the answer above is yes, please complete the following section:						
Date	Government Official & Position	Description	Amount			
			6			
,						
			5			
	S					

Updated August 2023