

**Variance Application****VAR-25-31**

Submitted On: Apr 30, 2025

**Applicant**

 Jackson Webb  
 770-313-2885  
@ jackson@heirloomdevelopment.com

**Primary Location**

1379 BELMONT AVE SE  
SMYRNA, GA 30080

**Applicant Information****First Name**

jackson`

**Last Name**

Webb

**Street Address**

1397 Belmont Ave

**City**

Smyrna

**State**

GA

**Zip Code**

30080

**Email**

jackson@heirloomdevelopment.com

**Phone Number**

7703132885

**Are you the titleholder of the subject property?**

No

**Titleholder Information****Full Name (i.e., First and Last Name, or Name of Entity)**

Susan Godbee

**Street Address**

1379 Belmont Ave

**City**

Smyrna

**State**

GA

**Zip Code**

30080

**Email Address**

susangodbee21@gmail.com

**Phone Number**

6787949495

**Property Information****Property Address**

1379 Belmont Ave

**Description of Requested Variances**

Requesting a driveway variance to have a 2' wheel strip within 5' of the property

Please check the box below if the requested variance(s)  
includes an increase in the maximum impervious surface area  
or an encroachment into a City stream buffer.

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## Comprehensive Narrative

In rendering its decisions, the License and Variance Board shall consider the following factors:

1. Whether there are extraordinary and exceptional conditions applying to the property in question, or to the intended use of the property, that do not apply generally to other properties in the same district.
2. Whether any alleged hardship which is self-created by any person having an interest in the property or is not the result of mere disregard for or ignorance of the provisions from which relief is sought.
3. Whether strict application of the relevant provisions of the zoning code would deprive the applicant of reasonable use of the property for which the variance is sought.
4. Whether the variance proposed is the minimum variance which makes possible the reasonable use of the property.

### **A comprehensive narrative detailing the extraordinary and exceptional conditions which will necessitate a nonconforming use.**

- 1) no this property is similar to others surrounding it
- 2) no the hardship was not self created. The lot is very narrow so this variance would allow the home owner to utilize more of their property to accomidate their current needs
- 3) no, the homeowner has full use of their property currently but would like to be able to utilize the wheel strip for 2 reasons. 1) to avoid parking their work vehicle in their grass and to have something more solid to drive on. 2) to avoid parking so close to the street to keep their vehicle/ trailer out of view and more tucked away
- 4) yes, we believe that a 2' wheel strip encroaching into the 5' setback would be the minumum that the homeowner would need considering his wheel is 18" on his dual axle work vehicle

Thank you for your consideration.

## Acknowledgement

Applicant further affirms they are aware that any knowingly false statement made in the permit application may subject said applicant to prosecution for violation of Georgia Criminal Code, Section 16-10-20 (False Swearing) and a possible fine of not more than \$1,000.00 or imprisonment for not less than one (1) nor more than five (5) years, or both.

**Applicant Signature:**

true

**PROPERTY OWNER AUTHORIZATION**

City of Smyrna Community Development Department, 3180 Atlanta Rd, Smyrna, GA 30080  
Office Phone 770-319-5387 / Fax 770-431-2808

I, Susan E Godbee, swear that I am the Property Owner of the property

located at: 1379 Belmont Ave SE Smyrna, GA 30080

as shown in the records of Cobb County, Georgia, which is the subject matter of the attached application.

I authorize the person named below to act as the applicant in pursuit of this application.

Name of Applicant (print clearly): Susan E Godbee

Address: 1379 Belmont Ave SE Smyrna, GA 30080

Telephone: 678-794-9495 Email: susangodbee21@gmail.com

I have read, understood, and answered the aforementioned items to the best of my knowledge. If I am found to have misrepresented myself on this affidavit or the attached application, I am aware I may be in violation of the City Code and run the risk of being issued a citation for violation of the City of Smyrna Code of Ordinances.

(Must be signed by the property owner. If the landowner is a corporation, the form must be signed by an officer of the corporation.)

Signature of Property Owner

1379 Belmont Ave SE

Address

Susan E Godbee

Name of Property Owner (print clearly)

Smyrna, GA 30080

City, State, Zip

**NOTIFICATION OF CONTIGUOUS OCCUPANTS  
OR LANDOWNERS**

By signature, it is hereby acknowledged that I have been notified that Susan E Godbee

Intends to make an application for a variance for the purpose of \_\_\_\_\_

Adding pavers to the right side of the driveway that is currently poured in front of the home. The  
pavers will be less than 5 feet from the property line and will therefore need a variance approved

on the premises described in the application.

NAME

ADDRESS

Will + Kate Galka  
Pat + Gio Allison

1381 Belmont Ave  
1373 Belmont Ave

Please have adjacent property owners sign this form to acknowledge they are aware of your variance request. You may also provide certified mail receipts of notification letters sent to adjacent properties. Notification letters shall include a description of the requested variance, the License and Variance Board Meeting date and time, and a copy of the completed variance application. Adjacent and adjoining properties include any property abutting the subject property as well as any properties directly across a street.

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NAME

ADDRESS

<u>Will &amp; Kate Gulkerson</u>	<u>1381 Belmont Ave</u>
<u>Pet &amp; Gie Allison</u>	<u>1373 Belmont Ave</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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9589 0710 5270 2937 3445 99

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Alpharetta, GA 30009

Certified Mail Fee \$4.85

Extra Services & Fees (check box, add fee as appropriate)  
☐ Return Receipt (hardcopy) \$0.00  
☐ Return Receipt (electronic) \$0.00  
☐ Certified Mail Restricted Delivery \$0.00  
☐ Adult Signature Required \$0.00  
☐ Adult Signature Restricted Delivery \$0.00

Postage \$0.73

Total Postage and Fees \$5.58

0675  
17

Postmark  
Here

05/07/2025

Sent To 1001 Cambridge Sq Ste A.  
Street and Apt. No., or PO Box No.

1001 Cambridge Sq Ste A  
City, State, ZIP+4

Alpharetta, GA 30009

Real Estate (Your House or Land)

[View bill image](#)

View Bill

As of 4/30/2025  
Bill Year 2024  
Bill 6394  
Owner GODDEE SUSAN R/ SCOTT GARRETT  
Parcel ID 17062NM130

[View payments&adjustments](#)

Installment Pay By  
11/15/2024

Amount	Payments/Credits	Balance	Interest	Due
\$155.66	\$155.66	\$0.00	\$0.00	\$0.00
\$155.66	\$155.66	\$0.00	\$0.00	\$0.00
TOTAL				



Printed: 4/29/2025

## Cobb County Online Tax Receipt

Thank you for your payment!

**CARLA JACKSON** TAX COMMISSIONER  
**HEATHER WALKER** CHIEF DEPUTY  
Phone: 770-528-8600  
Fax: 770-528-8679

Payer:  
Susan Godbee

**GODBEE SUSAN & SCOTT GARRETT**

**Payment Date: 10/17/2024**

Tax Year	Parcel ID	Due Date	Appeal Amount			Taxes Due
2024	17056200130	10/15/2024	Pay:	N/A	or	\$0.00
Interest	Penalty	Fees	Total Due	Amount Paid	Balance	
\$0.00	\$0.00	\$0.00	\$0.00	\$923.44	\$0.00	



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mobile phone to view  
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