

Variance Application

VAR-24-56

Submitted On: Aug 16, 2024

Applicant

 Andrew Pepiot
 4048191368
@ slinccompany@gmail.com

Primary Location

3036 LEE ST SE
SMYRNA, GA 30080

Applicant Information

First Name

Andrew

Last Name

Pepiot

Street Address

1278 Davis Rd

City

Smyrna

State

GA

Zip Code

30080

Email

dpepiot@gmail.com

Phone Number

7704805352

Are you the titleholder of the subject property?

No

Titleholder Information

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

Jon Molander

Street Address

3036 Lee St

City

Smyrna

State

GA

Zip Code

30080

Email Address

Jon.molander66@gmail.com

Phone Number

4047250590

Property Information

Property Address

3036 Lee St. Smyrna, GA 30080

Description of Requested Variances

Impervious surface coverage. Storm water mitigation

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.

true

****If the request includes an increase in the maximum impervious surface area or an encroachment into a City stream buffer, a stormwater mitigation plan is REQUIRED prior to submittal of the variance application.****

Please contact City Engineer, Mark Wolff with any

questions relating to the stormwater mitigation plan; 678-631-5546 or mwolff@smyrnaga.gov.

Comprehensive Narrative

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

1. The shape, size, topography, slope, soils, vegetation and other physical characteristics of the property;
2. The locations of all streams on the property, including along property boundaries;
3. The location and extent of the proposed buffer or setback intrusion;
4. Whether alternative designs are possible which require less intrusion or no intrusion;
5. The long-term and construction water-quality impacts of the proposed variance;
6. Whether as a result of an exchange of buffer area the net buffer area is not reduced; and
7. Whether issuance of the variance is at least as protective of natural resources and the environment.

A comprehensive narrative detailing the extraordinary and exceptional conditions which will necessitate a nonconforming use.
We are planning to install a new patio that exceeds the impervious coverage on property. A dry well is currently being designed to cover the overages.

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, Jon Molander, swear that I am the Property Owner of the property

located at: 3036 Lee St. 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): Andrew Pepiot

Address: 1278 Davis Rd Smyrna, GA 30080

Telephone: (770)480-5352 Email: dpepiot@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.)

Jon Molander
Signature of Property Owner

3036 Lee St SE
Address

Jon Molander
Name of Property Owner (print clearly)

Smyrna, GA 30080
City, State, Zip

[illegible]



Printed: 8/16/2024

Cobb County Online Tax Receipt

Thank you for your payment!

CARLA JACKSON TAX COMMISSIONER
HEATHER WALKER CHIEF DEPUTY
Phone: 770-528-8800
Fax: 770-528-8679

Payer:
SPECIALIZED LOAN SERVICING

CLEVENGER DAVID L

Payment Date: 10/12/2023

Tax Year	Parcel ID	Due Date	Appeal Amount		Taxes Due
2023	17052300040	10/15/2023	Pay:	N/A or	\$0.00
Interest	Penalty	Fees	Total Due	Amount Paid	Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$5,594.42	\$0.00



Scan this code with your
mobile phone to view this
bill!