

**Variance Application**

**VAR-23-44**

**Applicant**

 Kirsten Darby  
 7702983271  
 kirsten@sidingatlanta.com

**Primary Location**

2294 GOODWOOD BLVD SE  
SMYRNA, GA 30080

**Applicant Information**

**First Name**

Fernando

**Last Name**

Melo

**Street Address**

1769 Austell RD

**City**

Marietta

**State**

GA

**Zip Code**

30008

**Email**

kirsten@sidingatlanta.com

**Phone Number**

404-788-7648

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

No

**Titleholder Information**

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

Larry Lipman

**Street Address**

2294 Goodwood Blvd

**City**

Smyrna

**State**

GA

**Zip Code**

30080

**Email Address**

kidcoach@mindspring.com

**Phone Number**

404-234-3512

**Property Information**

**Property Address**

2294 Goodwood Blvd

**Description of Requested Variances**

Additionally, the allowable maximum impervious surface area for RTD is 30%. Since this property is at 56%, a **variance will be required to alter the deck in any way**. In speaking with @Mark Wolff (<https://mandrillapp.com/track/click/30528190/smyrnaga.viewpointcloud.io?p=eyJzljoiZ1dlUWR3WnVpYlltTU9Mcnk3SIBlaS1XQ3prliwidil6MSwicCl6IntclnVcljozMDUyODE5MCxclnZcljoxLFwidXJsXCI6XCJodHRwczpcXFwvXFxcL3NteXJuYWdhLnZpZXdw2ludGNsb3VklmVlXFxcLyNcXFwvZXhwbG9yZVxcXC91c2Vyc1xcXC9hdXRoMHw2M2JjNTFmYTA3NzQxOTdlZDZlVIMzE4YmNclixclmlkXCI6XCIZNTliNzg1YWQyMTQ0NjU0YTczMmE0ZWVkyjA2ZGFkYwiLFwidXJsX2lkci1wiOitcljFIZDU5MmQzZGZjZGFmNmI1NzU4ZjI0OGMx>)

Yzg1ZTA3OWE4OTU3ZDNcII19In0), if the deck square footage remains roughly the same or smaller, no mitigation will be required as part of the variance application since it has existed on the property at least since 2013

**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.**

Additionally, the allowable maximum impervious surface area for RTD is 30%. Since this property is at 56%, a **variance will be required to alter the deck in any way.** In speaking with @Mark Wolff ([\*\*Acknowledgement\*\*](https://mandrillapp.com/track/click/30528190/smyrnaga.viewpointcloud.io?p=eyJzIjoiZ1diUWR3WnVpYlItTU9Mcnk3SIBlaS1XQ3prliwidil6MSwicCI6IntcInVcljjozMDUyODE5MCxclnZcljoxLFwidXJsXCI6XCJodHRwczpcXFwvXFxcL3NteXJuYWdhLnZpZXdw2ludGNsb3VklmVXFxcLyNcXFwvZXhwbG9yZVxcXC91c2Vyc1xcXC9hdXRoMHw2M2JjNTFmYTA3NzQxOTdlZDVIMzE4YmNclixclmlkXCI6XCIZNTliNzg1YWQyMTQ0NjU0YTczMmE0ZWVkyjA2ZGFkYlwiLFwidXJsX2lkci1wiOltcljFIZDU5MmQzZGZjZGFmNm11NzU4Zjl0OGMxYzg1ZTA3OWE4OTU3ZDNcII19In0), if the deck square footage remains roughly the same or smaller, no mitigation will be required as part of the variance application since it has existed on the property at least since 2013</p>
</div>
<div data-bbox=)

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



STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

237 Coliseum Drive, Macon, GA 31217

404-424-9966

www.sos.ga.gov/plb

Authorized Permit Agent Form (ONE FORM PER PERMIT)

This form may be used by a qualifying agent to designate an individual to obtain a permit on his/her behalf for a project for the qualifying company. The contractor should submit an original Authorized Permit Agent Form for each project for which he/she has designated an individual to pull permits. This designated individual shall further be identified as the authorized permit agent. This notarized form with an ORIGINAL SIGNATURE (no copies or faxes accepted), a copy of the contractor's license, a copy of the contractor's company license, and a copy of the driver's license of the authorized permit agent is to be given to the permit office in the city or county in which the project is located. DO NOT SEND A COPY OF THIS FORM TO THE BOARD OFFICE UNLESS REQUESTED.

License verification by permitting office should be completed by visiting http://verify.sos.ga.gov/verification

Table with 2 columns: Field Name and Value. Fields include Name of Qualifying Agent (Marc W Tompkins), Contractor License # (RBI 002316), Name of Licensed Company, Company License #, Name of Authorized Permit Agent (Fernando Melo).

PROJECT (an original form is required for each project):

Table with 2 columns: Field Name and Value. Fields include Company listed on contract (MEM Home Exteriors), Property Owner's Name (Larry Lipman), Street Address (2294 Goodwood Blvd SE), Apartment or Suite #, City, State, Zip (Smyrna Ga- 30008).

I hereby designate the above listed Authorized Permit Agent to apply for and obtain the permit(s) for the project listed above. The undersigned, being licensed as a qualifying agent, do hereby affirm and swear, under oath, that all information on this form and on accompanying documents are true and correct.

Signature of Marc Tompkins and text: Original Signature of Qualifying Agent (no copies or faxes accepted)

State of Georgia County of Cobb

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 19 DAY OF September 20 23. Notary Public signature and commission expiration date 5-5-2027.



U.S. Postal Service  
**CERTIFIED MAIL® RECEIPT**  
 Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

Smart Mail # GA 30080

Certified Mail Fee \$4.35

Extra Certificates & Fees (check box, add fee to Certified Mail Fee)

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 \$0.90

Total Postage and Fees \$5.25

Send To: Deborah L. Page  
 305 Goodwood Blvd  
 SWINGNA GA 30080

PS Form 3800, January 2023 (Rev. 7/20/2020) See Reverse for Instructions

SMITHKNOX POST OFFICE  
 06757 US  
 Postmark  
 OCT 06 2023  
 10/06/2023  
 30080

Grand Total: \$5.25

Credit Card Remit \$5.25

Card Name: AMEX  
 Account #: XXXXXXXXXXX1037  
 Approval #: 824863  
 Transaction #: 010  
 AID: A000000025010801 Chip  
 AL: AMERICAN EXPRESS  
 PIN: Not Required

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit [www.usps.com](http://www.usps.com) USPS Tracking or call 1-800-222-1811.

In a hurry? Self-service kiosks offer quick and easy check-out. Any Retail Associate can show you how.

Preview your Mail  
 Track your Packages  
 Sign up for FREE  
<https://informedelivery.usps.com>

All sales final on stamps and postage. Refunds for guaranteed services only. Thank you for your business.

Tell us about your experience. Go to: <https://postalexperience.com/Pos> or scan this code with your mobile device.



or call 1-800-410-7420.

UFN: 128019-0675  
 Receipt #: 840-5300027-2-6718504-1  
 Clerk: 03

**NOTIFICATION OF CONTIGUOUS OCCUPANTS  
OR LANDOWNERS**

By signature, it is hereby acknowledged that I have been notified by Larry Lipman

Intends to make an application for a variance for the purpose of \_\_\_\_\_  
Rebuilding his deck with privacy walls.

\_\_\_\_\_ on the premises described in the application.

**NAME**

*[Handwritten Signature]*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDRESS**

22916 Goodwood Blvd Smyrna, GA 300  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**  
2292 Crookwood Blvd SE Smyrna  
GA  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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CITY OF SMYRNA  
 Tax Department  
 PO Box 1226  
 Smyrna, GA 30081-1226  
 770-434-6600

2022 Property Tax Notice

LIPMAN LAWRENCE A  
 2294 GOODWOOD BLVD SE  
 SMYRNA, GA 30080

Please Make Check or Money Order Payable to:  
 City of Smyrna Tax Department

**HOMESTEAD EXEMPTIONS AVAILABLE:**

- 1) \$10,000 Age sixty-two (62) or older by January 1.
- 2) \$22,000 Disabled with limited income.
- 3) As a result of the City of Smyrna Taxpayer Reassessment Relief Act, after proper application has been made, when your homestead property is reassessed your homestead exemption will automatically increase by the same amount.

If you are eligible for one of these exemptions you must apply for the exemption by April 1st in order to receive the exemption in future years.

If you are a new property owner as of January 1, you need to file a change of ownership with the Cobb County Tax Office by April 1st.

**2022 City of Smyrna Property Tax Notice**

Bill No.	Property Description	Map Number	Fair Mkt Value	Assessed Value	Exempt Value	Taxable Value	Millage Rate	Tax Amount
10119	2294 GOODWOOD BLVD STREET LIGHT RESIDENTIAL	17-0702-0-0630	327,660.00	131,064.00	67,624.00	63,440.00	8.99	570.33
	EXEMPTIONS: H1 RESIDENTS 62 YEARS AND OLDER FLOATING HOMESTEAD	10,000 57,624						42.00

Pay online at <http://portal.smyrnaga.gov/MSS/citizens/default.aspx>

**Important Messages - Please Read**

**Total of Bills by Tax Type**

Taxes not paid by the due date are subject to a 5% penalty after 120 days with an additional 5% assessed after each successive 120 days up to a maximum of 20% of the principal due. In addition, interest will be assessed based on an annual calculation of the Federal Prime Rate plus 3%. This interest rate is charged per month based on the principal due. FIFA charges are a one-time charge of \$25.00	Any questions concerning payment instructions, ownership, or mailing address changes should be directed to The City of Smyrna Tax Department at 770-434-6600  If there is a question concerning the assessment of your property, please contact the Cobb County Tax Assessor's Office at 770-528-3100	Pen	0.00
		Int	0.00
		Fees	0.00
		Adjustments	0.00
		Payments	0.00
		Back Taxes	0.00
		<b>TOTAL DUE</b>	<b>612.33</b>
		<b>DATE DUE</b>	<b>11/15/2022</b>

LIPMAN LAWRENCE A  
 2294 GOODWOOD BLVD SE  
 SMYRNA, GA 30080

← If this address is incorrect, please write the correct address on this portion.

**PAYMENT INSTRUCTIONS**

- Please write the bill number(s) on your check
- For a receipt, please include a stamped, self-addressed envelope.
- We send a bill to both you and your mortgage company. If you have changed your mortgage company, forward a copy of your tax bill to them
- If ownership has changed, please forward to new owner.

Bill No.	Map Number	Tax Amount
10119	17-0702-0-0630 STREET LIG	570.33 42.00
<b>DATE DUE</b>		<b>TOTAL DUE</b>
11/15/2022		612.33

**CITY OF SMYRNA**  
 Tax Department  
 PO Box 1226  
 Smyrna, GA 30081-1226

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR CHECK



Printed: 10/2/2023

### 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:  
**LAWRENCE A LIPMAN**

**LIPMAN LAWRENCE A**

**Payment Date: 10/13/2022**

Tax Year	Parcel ID	Due Date	Appeal Amount	Taxes Due
2022	17070200630	10/15/2022	Pay: N/A or	\$0.00

Interest	Penalty	Fees	Total Due	Amount Paid	Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$711.38	\$0.00



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

