



City of Smyrna, GA

10/24/2022

VAR-22-14**Variance Application****Status:** Active**Date Created:** Jul 7, 2022**Applicant**

Alicia Encalade
ame_consultinggroup@yahoo.com
1100 Peachtree St.
Suite 250
Atlanta, GA 30309
7703125425

Applicant Information**First Name**

Alicia

Last Name

Encalade

Street Address

1100 Peachtree St Ste 250

City

Atlanta

State

GA

Zip Code

30309

Email

ame_consultinggroup@yahoo.com

Phone Number

7703125425

Are you the titleholder of the subject property?

No

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

Susane Cheek

Street Address

2306 Kissing Tree Lane

City

Smyrna

State

GA

Zip Code

30080

Phone Number

6787939980

Property Information**Property Address**

2306 Kissing Tree Lane

Description of Requested Variances

I would like to request a variance to allow an increase in impervious surface area on my lot.

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.

The purpose of my request for the increase is to add an addition of a 20x14 in-law suite at the rear of the house. This suite will be for my elderly mother-in-law. Due to the property's current zoning R-12M, I am allowed a max 35% impervious coverage on my lot, and with the proposed addition, the new impervious coverage will be 49%.

Variance Request Information

Use of Property

Residential

Number of Variances

1

LVB Hearing Date

11/09/2022

Variance Sign Post Date

10/24/2022

Legal Ad Posted in MDJ

10/28/2022

M&C Hearing Date- Appeal

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Sign Post Date- Appeal

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Legal Ad Posted in MDJ- Appeal

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Variance Requests

Case Number

V22-069

Variance Request to:

Increase the maximum impervious area from 35% to 47%

Hearing Date

11/09/2022

Acknowledgement

Applicant Signature:

Unsigned

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.

**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, Susane Cheek, swear that I am the Property Owner of the property

located at: 2306 Kissing Tree Lane

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): Alicia Encalade

Address: 1100 Peachtree St. Ste 250 Atlanta GA 30309

Telephone: 7703125425 Email: ame_consultinggroup@yahoo.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.)

Susane Cheek

Signature of Property Owner

2306 Kissing Tree Lane

Address

Susane Cheek

Name of Property Owner (print clearly)

Smyrna GA 30080

City, State, Zip

VARIANCE NOTICE

7021 2720 0002 2098 5494

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For delivery information, visit our website at www.usps.com.

Smyrna, GA 30080

Certified Mail Fee \$3.75

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.58

Total Postage and Fees \$7.38

Sent To
Phyllis R. Gaston
Street and Apt. No., or PO Box No.
2308 Kissing Tree Lane
City, State, ZIP+4®
Smyrna, GA 30080

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 2720 0002 2098 5487

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Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.58

Total Postage and Fees \$7.38

Sent To
Marion Wilkerson
Street and Apt. No., or PO Box No.
2305 Kissing Tree Lane
City, State, ZIP+4®
Smyrna, GA 30080

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 2720 0002 2098 5449

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Smyrna, GA 30080

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Extra Services & Fees (check box, add fee as appropriate)

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<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.58

Total Postage and Fees \$7.38

Sent To
Alvin Williams
Street and Apt. No., or PO Box No.
2304 Kissing Tree Lane
City, State, ZIP+4®
Smyrna, GA 30080

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 2720 0002 2098 5488

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Tucker, GA 30084

Certified Mail Fee \$3.75

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$0.58

Total Postage and Fees \$7.38

Sent To
Belmon LLP-A. Calip. LTD Partne
Street and Apt. No., or PO Box No.
3756 Lavista Rd. Ste. 200
City, State, ZIP+4®
Tucker, GA 30084

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



Printed: 7/7/2022

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:
SHELLPOINT MORTGAGE SERVICES

CHEEK SUSANE

Payment Date: 10/6/2021

Tax Year	Parcel ID	Due Date	Appeal Amount			Taxes Due
2021	17044600850	10/15/2021	Pay:	N/A	or	\$0.00
Interest	Penalty	Fees	Total Due	Amount Paid	Balance	
\$0.00	\$0.00	\$0.00	\$0.00	\$1,650.11	\$0.00	



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Printed: 7/7/2022

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HEATHER WALKER CHIEF DEPUTY
Phone: 770-528-8600
Fax: 770-528-8679

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CHEEK SUSANE

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Interest	Penalty	Fees	Total Due	Amount Paid	Balance	
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