




Variance Application

VAR-23-25

Submitted On: Jun 30, 2023

Applicant

 Edward Heck
 7706332518
 edheck2010@yahoo.com

Primary Location

2879 ANDERSON CIR SE
SMYRNA, GA 30080

Applicant Information

First Name

Edward

Last Name

Heck

Street Address

2879 Anderson circle se

City

Smyrna

State

Ga

Zip Code

30080

Email

Edheck2010@ahoo.com

Phone Number

7706332518

Are you the titleholder of the subject property?

Yes

Property Information

Property Address

2879 Anderson circle se

Description of Requested Variances

Bedroom addition

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.

we need a second bathroom as seniors. Adding a bedroom will allow us to convert our second bedroom to a master bath giving us a 2 and 2

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

Ed & Linda Heck
2879 Anderson Circle SE
Smyrna 30080

Hello Neighbor

Subject: Notice of Property Variance Request for Home
Addition

I am writing to inform you that we have applied for a property variance and permit to construct an addition to our home. We are only adding a 12x18 bedroom that will be in our left side setback by only 4ft. The next closest structure to the addition is over 50 ft away. The variance approval meeting is scheduled for August 9th.

Most of you have seen our transition over the years which I hope gives you assurances that we will build in compliance with state and city codes as well as maintaining a consistent aesthetic.

We value our neighborly relationships and wanted to be sure you were informed.

Thank you for your understanding and cooperation.

Sincerely,

Ed & Linda Heck

[illegible]

8065 6948 7000 0560 7202

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail fee _____	
Extra Services & Fees (check box and fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage _____	
Total Postage and Fees _____	
Sent by _____	
Street and/or P.O. Box No. _____	
City, State, ZIP+4® _____	

4225 6948 T000 0560 T202

APPENDIX OF RESEARCH DATA

2765 6948 1000 0560 1202

[illegible]

6E6S 6948 7000 0560 7202

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Certified Mail Fee _____ <input type="checkbox"/> EE Return Receipt (PS Form 3800, when used, has an appropriate fee)	Postmark Here _____
<input type="checkbox"/> Return Receipt Postmarked _____ <input type="checkbox"/> Return Receipt (postpaid) _____ <input type="checkbox"/> Certified Mail Restricted Delivery _____ <input type="checkbox"/> Adult Signature Required _____ <input type="checkbox"/> Adult Signature Restricted Delivery _____	
Postage _____	
Social Postage and Fees _____	
Sent To _____ Street and/or P.O. Box or Post Office _____ City, State, ZIP+4 [®] _____	

5765 6948 7000 0960 7202

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For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee _____	Return Receipt Fee (if applicable) _____
<input type="checkbox"/> Return Receipt Envelope	<input type="checkbox"/> Return Receipt (hardcopy)
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery
<input type="checkbox"/> Adult Signature Required	<input type="checkbox"/> Adult Signature Required
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Adult Signature Restricted Delivery
Postage _____	
Total Postage and Fees _____	
Sent To _____	Sent To _____
Street and Apt. No., or PO Box No. _____	Street and Apt. No., or PO Box No. _____
City, State, ZIP+4® _____	City, State, ZIP+4® _____

2685 6948 T000 0560 T200

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Official Postmark
Postmark Here

Extra Services (List each power line, add fee as appropriate)

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

Postage _____

Total Postage and Fees _____

Sent to _____

Addressed to Mr./Ms./Mr./Mrs.: _____
City/State/Zip+4: _____

8668 Spruce V. 1/A CN
30080

9465 6948 7000 0560 720

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For delivery information, visit our website at www.usps.com ®.		
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Certified Mail Fee \$ Return Receipt (hard copy) \$ <input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$ Postage \$ Total Postage and Fees \$	Postmark Here	
Sent to _____ Street and/or P.O. Box # _____ City, State, ZIP+4® _____ PS Form 3800, January 2002		1612 54R 1N45 57 57 RNT 3008-1 Return Information

pg. 3600, April 2011, 15:00-20:00. See www.ams.org for instructions.

[illegible]

9/20/08

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For delivery information, visit our website at www.usps.com ™	
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Certified Mail Fee	PSN Service(s) If Pledge lower box and file as separately
<input type="checkbox"/> Return Receipt requested	<input type="checkbox"/> Return Receipt requested
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery
<input type="checkbox"/> Adult Signature Required	<input type="checkbox"/> Adult Signature Required
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Adult Signature Restricted Delivery
Postage	Total Postage and Fees
Sent to	Sent to
Street and Apt. No., or P.O. Box No.	Street and Apt. No., or P.O. Box No.
City, State, ZIP+4®	City, State, ZIP+4®
PS Form 3800, April 2001 PSN, Notice 99-10	PS Form 3800, April 2001 PSN, Notice 99-10

Sent To _____

The UPS Store #1079
3316-A S LOBB DRIVE
SMYRNA, GA 30080-4276
770-432-8203

Terminal... POS1079A
Employee... 220901
Cashier's Name Cashier

Date.: 6/30/2023
Time : 02:04 PM

ITEM NAME	QTY	PRICE	TOTAL
First Class Package	1 @	\$13.50	\$13.50
7.41 % Discount			(\$1.00)
Tax			\$0.00
MM84D46425CY9			
Tracking Number			
First Class Package	1 @	\$13.50	\$13.50
7.41 % Discount			(\$1.00)
Tax			\$0.00
MM84D4674QC0J			
Tracking Number			
First Class Package	1 @	\$13.50	\$13.50
7.41 % Discount			(\$1.00)
Tax			\$0.00
MM84D46072Z5U			
Tracking Number			
First Class Package	1 @	\$13.50	\$13.50
7.41 % Discount			(\$1.00)
Tax			\$0.00
MM84D46868H7C			
Tracking Number			
First Class Package	1 @	\$13.50	\$13.50
7.41 % Discount			(\$1.00)
Tax			\$0.00
MM84D46DF5X9X			
Tracking Number			
First Class Package	1 @	\$13.50	\$13.50
7.41 % Discount			(\$1.00)
Tax			\$0.00
MM84D46B24E66			
Tracking Number			
First Class Package	1 @	\$13.50	\$13.50
7.41 % Discount			(\$1.00)
Tax			\$0.00
MM84D46RBG04A			
Tracking Number			
First Class Package	1 @	\$13.50	\$13.50
7.41 % Discount			(\$1.00)
Tax			\$0.00
MM84D46XF8KP7			
Tracking Number			
First Class Package	1 @	\$13.50	\$13.50
7.41 % Discount			(\$1.00)
Tax			\$0.00

From: [Mike Hickenbottom](#)
To: [Caitlin Crowe](#)
Subject: RE: 2879 Anderson Cir
Date: Friday, June 30, 2023 4:48:06 PM

Yes everything is paid in full.

Have a Great Weekend!

Mike Hickenbottom
City of Smyrna
678-631-5325

From: Caitlin Crowe <ccrowe@smyrnaga.gov>
Sent: Friday, June 30, 2023 4:46 PM
To: Mike Hickenbottom <mhickenbottom@smyrnaga.gov>
Subject: 2879 Anderson Cir

Hi Mike,

Can I get a confirmation that 2879 Anderson Cir is fully up to date on their taxes please?

Thank you!

Caitlin Crowe
Planner I, Community Development
City of Smyrna
Phone: (678) 631-5360
ccrowe@smyrnaga.gov



Printed: 6/30/2023

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:
WESTSTAR MORTGAGE CORP

HECK EDWARD L & LINDA N

Payment Date: 10/10/2022

Tax Year	Parcel ID	Due Date	Appeal Amount			Taxes Due
2022	17059400030	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	\$363.17	\$0.00	



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mobile phone to view
this bill!