

CITY OF ALPHARETTA

PUBLIC HEARING APPLICATION

FOR OFFICE USE ONLY
Case #: PHA23 0038
PH #: _____
 Property Taxes & Code Violations Verified
 Fee Paid Initial: JC

COMMUNITY DEVELOPMENT DEPARTMENT • 2 PARK PLAZA • ALPHARETTA, GA 30009

1. This page should be the first page in each of your completed application packets.
2. It is preferred that all responses be typed. Illegible applications will not be accepted.
3. Prior to signing and submitting your application, please check all information supplied on the following pages to ensure that all responses are complete and accurate. Incomplete applications will not be accepted.
4. Payment of all applicable fees must be made at the time of application. Payment may be made via cash, credit card (American Express, Master Card or Visa), or check made payable to "City of Alpharetta." Please note that a 3% convenience fee will be added to all credit card transactions.
5. Applications will be accepted on the designated submittal dates between the hours of 8:30 AM and 3:30 PM.
6. If you have any questions regarding this form, please contact the Community Development Department by calling 678-297-6070.

Contact Information:

Contact Name: Joe and Kathy Busch Telephone: (423)314-0363
Address: 212 Brook Drive Suite: _____
City: Alpharetta State: Ga Zip: 30009 Fax: _____
Mobile Tel: (423)314-0363 Email: kbusch@buschcenter.com

Subject Property Information:

Address: 212 Brook Drive Current Zoning: R-15
District: 2 Section: 2 Land Lot: 1251 Parcel ID: 22 482112510411
Proposed Zoning: N/A Current Use: Residential

This Application For *(Check All That Apply):*

- | | | |
|----------------------------------------------|--------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Conditional Use | <input type="checkbox"/> Master Plan Amendment | <input type="checkbox"/> Comprehensive Plan Amendment |
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Master Plan Review | |
| <input checked="" type="checkbox"/> Variance | <input type="checkbox"/> Public Hearing | |
| <input type="checkbox"/> Exception | <input type="checkbox"/> Other <i>(Specify):</i> _____ | |

APPLICANT REQUEST AND INTENT

What is the proposed use(s) of the property?

Property is used as residential home

Applicant's Request (Please itemize the proposal):

We would like to add a detached single car garage that will be facing our property. We will change our concrete driveway to a pervious pavers and our sidewalk.

We need three variances;

- 1) from 35 ft front setback to 20ft,
- 2) from 10ft side setback to 8ft

Applicant's Intent *(Please describe what the proposal would facilitate).*

Adding this garage we will be able to park our car in the garage and not have it setting in the driveway.

One tree will be moved from the front yard and relocated. No other trees will be impacted.

PROPERTY OWNER AUTHORIZATION

Property Owner Information:

Contact Name: Kathy Busch Telephone: (423)314-0363
Address: 212 Brook Drive Suite: _____
City Alpharetta State: Ga Zip: 30009

Authorization:

I do solemnly swear and attest, subject to criminal penalties for false swearing, that I am the legal owner, as reflected in the records of Fulton County, Georgia, of the property identified below, which is the subject of the attached Application for Public Hearing before the City of Alpharetta, Georgia.

As the legal owner of record of the subject property, I hereby authorize the individual named below to act as the applicant in the pursuit of the Application for Public Hearing in request of the items indicated below.

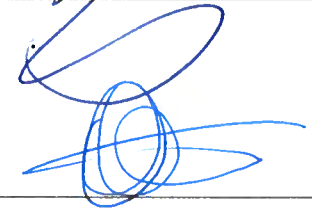
- | | |
|-----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Special Use |
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Conditional Use |
| <input checked="" type="checkbox"/> Variance | <input type="checkbox"/> Master Plan |
| <input type="checkbox"/> Land Use Application | <input type="checkbox"/> Other |

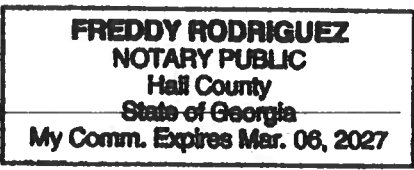
Property Owner's Authorized Applicant (if applicable):

Name of Authorized Applicant: Kathy Busch Telephone: (423)314-0363
Address: _____ Suite: _____
City Alpharetta State: Ga Zip: 30009

So Sworn and Attested:

Owner Signature:  Date: 10/2/2023

Notary:  Date: 10/2/2023
Notary Signature: _____



DISCLOSURE FORM

The Official Code of Georgia Annotated requires disclosure of campaign contributions to government officials by an applicant or opponent of a rezoning or public hearing petition (O.C.G.A. 36-67 A-1).

Applicants must file this form with the City of Alpharetta Community Development Department within ten (10) days after filing for rezoning or public hearing. Opponents to a rezoning or public hearing petition must file this form five (5) days prior to the Planning Commission meeting at which the subject rezoning or public hearing petition is scheduled to be heard.

Name of Applicant or Opponent: Kathy Busch

Subject Public Hearing Case: 212 Brook Drive

Campaign Contribution Information:

Please provide the requested information for each contribution with a dollar amount or value of \$250 or more made within the past two (2) years to an Alpharetta Official by the individual identified above. Please use a separate form for each Alpharetta Official to whom such a contribution as been made.

If the individual identified above has made no such contributions to an Alpharetta Official within the past two (2) years, please indicate this by entering "N/A" on the appropriate lines below.

Name of Official: N/A Position: _____

Description of Contribution: _____ Value: 0

Description of Contribution: _____ Value: _____

Description of Contribution: _____ Value: _____

Description of Contribution: _____ Value: _____

Description of Contribution: _____ Value: _____

Campaign Contribution Information:

I do solemnly swear and attest, subject to criminal penalties for false swearing, that the information provided in this Disclosure Form is true and accurate and that I have disclosed herein any and all campaign contributions made to an Official of the City of Alpharetta, Georgia in accordance with O.C.G.A. 36-67 A-3.

Signature: _____



Date: _____

10/2/2023

BOARD OF ZONING APPEALS REVIEW CRITERIA

Please respond to the following ONLY if you are applying for a zoning variance.

Are there extraordinary and exceptional conditions pertaining to the subject property because of its size, shape, or topography? Please describe them.

Enclosed are 2 examples of homes with a single car garage offset in front of the two car garage or single car garage. Both include a covered walkway from the garage to the house.

(1.) Two photos of the home located at 339 Canton Street Alpharetta, Ga.

(2.) One photo of the home located at 255 Pebble trail Alpharetta, Ga.

Would the application of the Zoning Code standards as they relate to the subject property create an unnecessary hardship? Please explain.

The hardship would be

(1.) my car will have to be parked outside the garage on the driveway and in the weather.

(2.) without the covered walkway to the door entrance between the garages will continue not being used during rainy weather.

Are there conditions that are peculiar to the subject property? Please describe them in detail.

None

Would relief, if granted, cause substantial detriment to the public good or impair the purpose and intent of the Zoning Code? Please defend your response.

N/A

On a separate sheet or sheets, please provide any information or evidence that supports your request and the statements that you have provided in this application.

CITIZEN PARTICIPATION FORM - PART A

This form must be completed and submitted with the applicant's completed Public Hearing Application. Applications submitted to the City of Alpharetta without a completed Citizen Participation Form - Part A will not be accepted.

Public Hearing or Project Name: 212 Brook Drive

Contact Name: Kathy Busch Telephone: (423)314-0363

The following people will be notified of this application and provided information describing the subject proposal. Please note that ALL adjoining property owners MUST be notified. Use additional pages as needed.

Kassie Smith (404)234-5684, 214 Brook Drive _____

Angel and Maria Retana (678)595-9160, 210 Brook Drive _____

Tim Murphy (404)723-6416, 213 Meadow Drive Alpharetta, GA _____

Method by which these individuals will be contacted. Please mark all that apply. *If you select "Other," please provide a description of the method of contact that will be used.*

- | | |
|------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Letter | <input checked="" type="checkbox"/> Personal Visits |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Group Meeting |
| <input type="checkbox"/> Email | <input type="checkbox"/> Other <i>(Please Specify)</i> |

Please describe the method(s) by which these individuals will have the opportunity to respond or contact the applicant with questions or concerns about the proposal.

The individuals will be given my name, address and phone number if they have any questions.

C/O CB1

BROOK DRIVE ~ 40' R/W (A) N 85°02'46"E 110.11'(F) 110.00'(P)

BC/EP VARIES

Change Drive to Previous Powers

ADD 12'x22' Garage

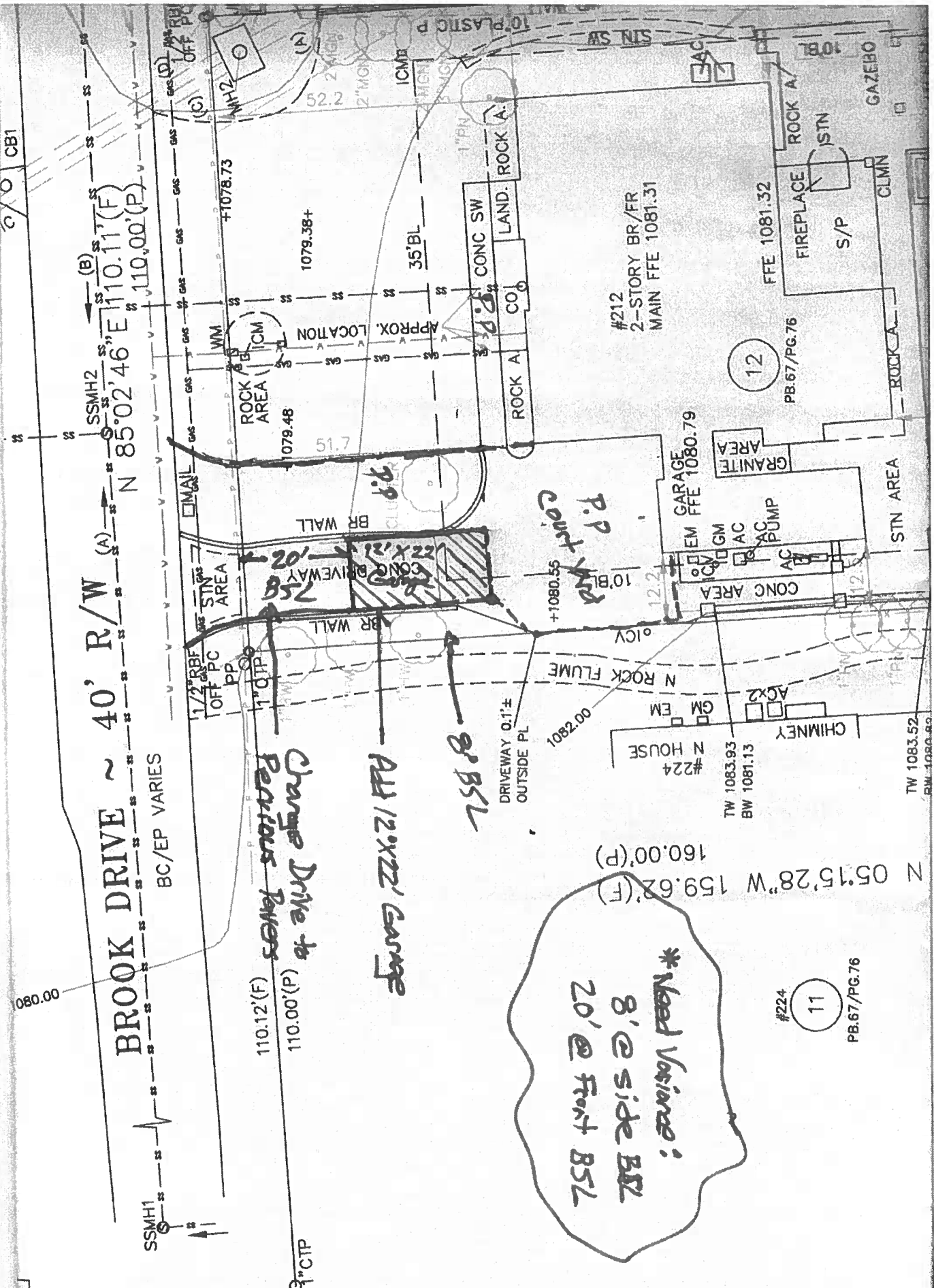
DRIVEWAY 0.1'± OUTSIDE PL

*Need Variance:
8' @ side BSL
20' @ Front BSL

#224

11

PB.67/PG.76



UND IN MY
DIAL FLOOD
RESPONSIBLE

REVIEW OF
BLE FLOOD
NON STUDY
FORMATION
EDS AND

MAP WITH
ELEVATION IN
QUALITY IN
Y NOT BE
ENT FEMA
AND ALL
AND SHOW
IBILITY OF
FLOOD
URE USE.

Y HAVE
ILITIES
S AND
GROUND
ILITIES
PROCESS
S ARE
SHOULD
FIELD
OF THE
CATED
E ARE
FIT OF
H FOR
ANGES,
FACTS
TITLE
FIT OR
PERTY
CONTACT
AND
NOT
DIVIDED
RICES,
CITY,
THE
SUNG
PERSON,
FAMILY



