

# Rezoning Application

Carroll County  
423 College Street

Department of Community Development  
Carrollton, GA 30117 (770) 830-5861



*Application must be filed by noon on the 3<sup>rd</sup> Tuesday of the month to go on the next month's agenda.* A Pre-application conference with staff is required before the application can be submitted. Please complete the blanks with the requested information. If any of the information or required materials is missing or incomplete, the application will not be processed.

<b>APPLICANT</b>	<b>Applicant Name:</b> <u>Rose Lamothe</u> <b>Address:</b> <u>3621 Morinda Drive</u> <b>City:</b> <u>Douglasville</u> <b>State:</b> <u>GA</u> <b>Zip:</b> <u>30135</u> <b>Phone:</b> <u>(404) 396 - 8352</u> <b>Fax:</b> ( ) - - <b>Email:</b> <u>lamothe@yahoo.com</u>
	<b>Agent Name:</b> _____ <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ <b>Phone:</b> ( ) - - <b>Fax:</b> ( ) - - <b>Email:</b> _____
	<b>Owner Name (If different from applicant):</b> <u>A &amp; R Real Estate Investments LLC</u> <b>Address:</b> <u>PO Box 2105 Carrollton, GA 30112</u> <b>Phone:</b> ( ) - - <b>Fax:</b> ( ) - -
	<p><i>(Note: A notarized statement signed by the property owner(s) authorizing the applicant to make this request shall be attached to the application.)</i></p>

<b>REZONING</b>	<b>Project Name:</b> <u>Red Rose Adult Day Health</u> <b>Rezoning Location (attach location map):</b> <u>2148 Bankhead Hwy</u> <b>Current Zoning:</b> <u>Commercial</u> <b>Proposed Zoning:</b> <u>Office &amp; Institutional</u> <b>Proposed Use:</b> <u>Adult Day Care</u> <b>Total acreage:</b> <u>0.72 acres</u> <b>Describe Proposed Rezoning:</b> (attach additional sheets if necessary) <u>Adult day care facility (7am -5pm) Approximately 20-30</u>
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<b>STAFF USE ONLY</b>	Land Lot <u>149</u> of the <u>5<sup>th</sup></u> District, Carroll County <b>Tax Map</b> <u>131</u> <b>Parcel</b> <u>107</u>
	<b>Date Application Filed:</b> <u>5/16/17</u> <b>County Recipient:</b> <u>[Signature]</u>
	<b>Advertisement Date:</b> <u>4/11/17</u> <b>Sign Posting to before this date:</b> <u>4/8/17</u>
	<b>Planning Commission First Reading Date:</b> <u>5/23/17</u>
	<b>Planning Commission Hearing Date Scheduled:</b> <u>6/27/17</u> at 6:30 p.m.
	<b>County Commissioners Hearing Date Scheduled:</b> <u>7/11/17</u> at 6:30 p.m.
	<b>Rescheduled Hearing Date, if required:</b> _____ <b>Application No:</b> <u>Z-17-06-02</u>
	<b>Application Withdrawn with/without Prejudice:</b> (please circle) _____ <b>Zoning Personnel:</b> _____ <b>Letter Sent to Applicant:</b> <u>1/1</u>

COMPREHENSIVE PLAN

**Describe how the proposed Rezoning will affect:**

*Traffic:*

N/A

*Parking:*

Adeqaute existing parking

*Availability of Public Facilities/Utilities:*

All already onsite

*Other relevant Impacts of the Proposal*

Describe how the proposed Rezoning will be a benefit to the public:

Providing day care for elderly adults, in order for their family members to work and not have to be placed in a nursing home facility

REZONING QUESTIONS

**Please answer the following questions as completely and accurately as possible. This zoning application will be submitted for review to various departments; therefore, any incomplete answers may delay the review process.**

*– Attach additional sheets as necessary. –*

1. Has the landowner or any person undertaken or initiated any efforts to develop the property in its existing zoning classification? Please provide a complete statement of the efforts for such development?

No

2. Is development under the present zoning classification infeasible? If yes, please provide a complete statement describing why development is infeasible? Does the applicant know of similarly situated properties, within ½ to 1 mile, that have been developed in a manner as proposed? If so, please list the location of the similar property with respect to the subject property.

Yes, the Zoning Ordinance requires O&I zoning

3. Is the subject property a portion of a larger tract?  Yes  No If yes, please describe the original tract size, and what portion you are requesting to rezone:

REZONING QUESTIONS  
CONTINUED

4. Are there any houses, barns, mobile homes, commercial buildings, or structures presently located on the subject property? If so, please identify the number of structures and their type:

One existing commercial building and parking lot

5. List the type of structures you propose to construct if the subject property is re-zoned. If proposing the development of a subdivision, please describe the style, minimum square footage, proposed number of homes, number of phases, and price range of the homes:

N/A

6. Please state any pertinent facts, circumstances, events, and or documents that should be considered to support a decision to rezone the property to the proposed zoning classification and use.

7. Will your proposed use add additional residents to the property? If so, how many new residents do you anticipate will eventually move onto the property? \_\_\_\_\_ How many households during the first year? \_\_\_\_\_

20-30 day residents

8. Has the applicant conducted any studies in connection with the proposed rezoning? If yes, please provide.

Yes, research has been conducted showing the need for the service

9. Please identify any public utility (including water, sewer, gas, electricity, and other public utilities) which would be required for the proposed development of the property and are not available at the time of this application.

All onsite

10. Disclosure Requirements per O.C.G.A. Section 36-67A

Has the owner and/or the applicant (or any person or attorney representing such in the re-zoning process) made campaign contributions totaling more than \$250 to any local government official who will consider this application?  Yes  No If yes, please state the name of the official(s) and the position held by each official, and the dollar amount and description of each campaign contribution made to each official within two years preceding the filing of this application.

**Adult Day Services Center are a key provider of long term-care services in the United States. Adult Day care provides a program of activities, health monitoring, socialization and assistance with daily living, activities which allows individuals to continue to live in their homes.**

**Adult Day Care also benefits family caregivers by enabling them to remain in the workforce or receive needed respite and by providing them with direct services.**

**With the projected growth in the older population and resulting increase in the numbers of individuals who require long-term care, the need for community based providers such Adult Day care services will continue to grow.**

**Disability not only impacts the individual, but also the family members and friends who provide care and assistance.**

- 1) Adult Day Care serve as an emerging provider of transitional care and short term rehabilitation**
- 2) Adult Day Care allows working caregivers to attend to their jobs with the comfort of knowing their family member is in a professionally staffed, supportive group program.**
- 3) Adult Day Care can benefit employees who are caregivers with a viable work life solution that can result in a more productive and satisfied work place.**
- 4) Adult Day Care will bring few jobs to the community.**

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**INTEROFFICE MEMORANDUM**

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**TO:** CARROLL COUNTY PLANNING & ZONING COMMISSION &  
CARROLL COUNTY BOARD OF COMMISSIONERS

**FROM:** ARTAGUS NEWELL, ZONING ADMINISTRATOR

**SUBJECT:** STAFF ANALYSIS OF THE REZONING REQUEST FILED BY ROSE  
LAMOTHE

**DATE:** JUNE 16, 2017

**CC:** BEN SKIPPER, DIRECTOR

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**Property Information**

**Commission District 1; Trent North**

**Current Zoning Classification:** Commercial

**Proposed Zoning Classification:** Office & Institutional

**Growth Tiers Designation:** *Urban Growth*

**Future Land Use Designation:** *Urban Growth*

**Current Property Owner:** A & R Real Estate Investments LLC

**Watershed Location:** Little Tallapoosa

**Tax Map and Parcel #:** Map 131 – Parcel 0107

**General Location:** Located at 2148 Bankhead (GA Hwy 166) Carrollton, GA (see attached Carroll County Zoning Map)

**Land Use Analysis:**

The subject property consists 0.72 acres and is located off Bankhead Hwy (GA Hwy 166). The request is to rezone the property from Commercial to Office & Institutional, for the purpose of operating an adult daycare facility within an existing building.

The property is adjacent to a mix of Commercial and Residential land uses, additionally, the City Limits of Carrollton are in close proximity. The property is bounded on two sides and across the highway by commercial uses. There are several residential subdivisions in close proximity to the subject property, as well. The property lies within the Urban Growth area, as designated by the Future Land Use Plan. Adjacent zoning classifications within the immediate area include Planned Unit Development (PUD), R-3 (1/2-acre residential), Manufactured Home Subdivision, Commercial, Industrial, Multi-Family Residential, R-1 (3-acre SF residential) and Office and Institutional.

**Staff Recommendation:** Approval

**Brief descriptions of departmental comments on this request are as follows:**

**Carroll County Public Works**

1. The subject property is accessed by GA State Route 166. There is an existing driveway into the property.

**Carroll County Community Development**

1. The subject property is not within the 100-year flood plain.
2. There are known no "state waters" on the property.

**Carroll County Fire Department**

Fire District 3. The applicant has been in communication with the Fire Marshall, regarding needed requirements.

**Carroll County Board of Education**

1. The nearest schools are Sand Hill Elementary, Bay Springs Middle and Villa Rica High Schools.
2. The rated capacity at each school is:
  - a. Sand Hill Elementary 775
  - b. Bay Springs Middle 925
  - c. Villa Rica High 1625
3. There are currently no mobile classrooms in use at the above schools
4. No additional mobile classrooms are projected to be added in the next three years.

**Carroll County Water Authority**

1. There is an existing water main and sufficient pressures exist in the area.
2. There are plans for water system expansion, at this time, in the area

**Additional Comments: N/A**

**All Received Departmental Comments Available Upon Request**

# Carroll County, Georgia

Application: Z-17-06-02

Applicant: Rose Lamothe

Parcel: 131-0107

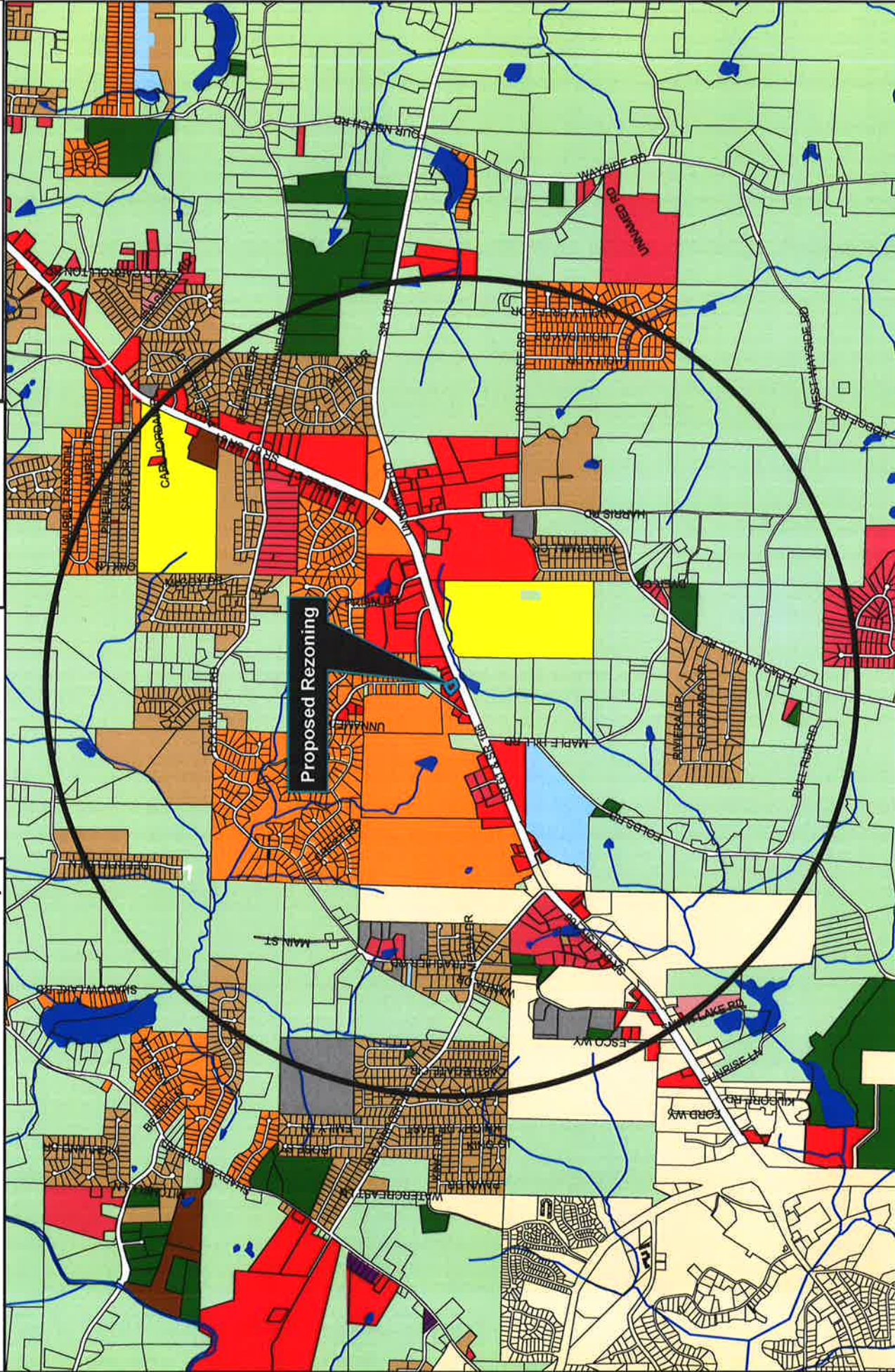


Carroll County GIS



- 1.5 Mile Radius
- Municipal
- Bodies of Water

- A
- C
- HDDR
- I
- MFR
- MHS
- OI
- PUD
- R1
- R2
- R3
- R30



Proposed Rezoning

## PARCEL INFORMATION SHEET & APPLICATION FOR ZONING COMPLIANCE CERTIFICATE

*To be completed by Map Room Personnel in Room #414*

**MAP ROOM OFFICAL:**


MAP: 131 LAND LOT: 149  
 PARCEL: 107 DISTRICT: 5th  
 CURRENT PROPERTY OWNER: A & R Real Estate Investment LLC  
 PROPERTY OWNER AS OF JANUARY 1<sup>ST</sup>: \_\_\_\_\_  
 APPLICANT (IF DIFFERENT FROM OWNER): \_\_\_\_\_  
 PROJECT ADDRESS: 2148 Bankhead Hwy  
 CITY: Carrollton, GA 30116

SUBDIVISION: \_\_\_\_\_ LOT #: \_\_\_\_\_  
 ACREAGE: \_\_\_\_\_ PARCEL SPLIT FROM: \_\_\_\_\_

<b>CURRENT ZONING CLASSIFICATION</b>	<u>Commercial</u>	
<b>REQUIRED SETBACKS</b>	FRONT	<u>125' cu</u>
	SIDE	<u>15'</u>
	REAR	<u>15'</u>

**CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST**

Owner(s) & Agent (if applicable)  
 Legal Description or Adequate Description of Property  
 Complete Inventory of Existing Structures (noting uses & non-conforming structures)  
 Complete Inventory of Proposed Structures  
 Complete Inventory of Existing Uses and/or Activities  
 Applicant's Certification

Signature of Zoning Administrator or Designee:  Date: 5/16/17

Comments: \_\_\_\_\_

<b>CDP COMPLIANCE</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of CDP Administrator or Designee: _____ Date: _____ Comments: _____
<b>PLAT APPROVED</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of County Engineer or Designee: _____ Date: _____ Comments: _____
<b>APPROVED FOR NEW ADDRESS</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Signature of Zoning Administrator or Designee: _____ Date: _____ Comments: _____





# Carroll County, GA

## Summary



<b>Parcel Number</b>	131 0107
<b>Location Address</b>	2148 BANKHEAD HWY
<b>Legal Description</b>	COMM BLDG/.72AC/HWY 166 E (Note: Not to be used on legal documents)
<b>Class</b>	C3-Commercial (Note: This is for tax purposes only. Not to be used for zoning.)
<b>Tax District</b>	COUNTY (District 02)
<b>Millage Rate</b>	26.35
<b>Acres</b>	0.72
<b>Homestead Exemption</b>	No (S0)
<b>Landlot/District</b>	149 / 05
<b>Water</b>	Public
<b>Sewer</b>	Septic Tank
<b>Electric</b>	Electricity
<b>Gas</b>	Pipe Gas
<b>Topography</b>	Level
<b>Drainage</b>	Good

## Sketch of Property

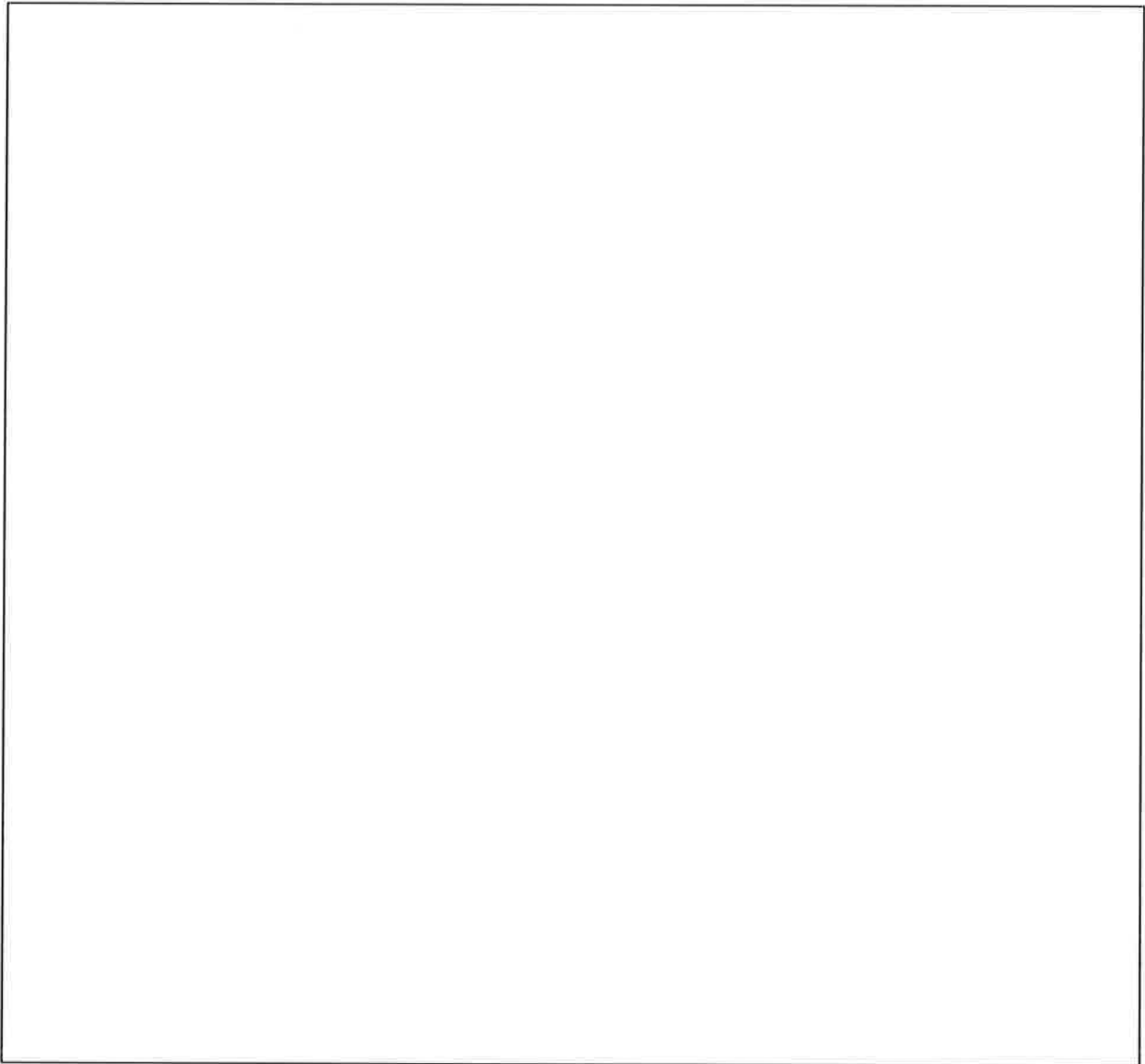
<i>Please check:</i>	CONVENTIONAL	MANUFACTURED HOME	COMMERCIAL
	ACCESSORY BUILDING OR ADDITIONS	OTHER: _____	

- ⇒ Provide a sketch of proposed building location, driveway, septic tank location and all additional structures.
- ⇒ Show the *dimensions* of the lot and all setbacks from the house and other structures to all property lines.
- ⇒ The front setback shall always be measured from the centerline of the frontage road(s).
- ⇒ Show location of any wells, trash pits and all easements (drainage or utility) located on the property.
- ⇒ Show distance to nearest stream or lake on property, or if not within 200 feet of a stream or lake, please note.

Provide a complete listing of all existing structures that are now on the property: Commercial bldg

Describe the type of structure that you plan to build: N/A

Is this a Multiple Road Frontage Lot: NO



**Rezoning Application**  
Authorization of Property Owner

THIS FORM TO BE COMPLETED ONLY IF APPLICANT AND OWNER ARE NOT THE SAME PERSON(S).

Applicant is person submitting the rezoning application. Owner is the property owner.

(Please type or legibly print)

Property Address:

2148 Bankhead Hwy. CARROLLTON, GA 30117

Applicant Name: Thomas E. Green - Receiver

Address: P.O. Box 529

City: CARROLLTON State: GA Zip: 30112 Phone: (770) 836 - 8327

A+R Real Estate Investments Inc (Owner's Name), personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted a Rezoning under the Ordinances of Carroll County:

I affirm that I am the owner of the property that is the subject of the attached application, as shown in the records of Carroll County, Georgia. I authorize the person named above to act as applicant in the pursuit of rezoning this property.

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This 28<sup>th</sup> day of April, 2017.

Thomas E. Green  
AFFIANT (Owner's signature)  
AS COURT APPOINTED  
RECEIVER OF A+R  
REAL ESTATE INVESTMENTS INC.

Sworn to and subscribed before me this 28<sup>th</sup> day of April, 2017

Kay H. Mecklin  
Notary Public  
My Commission Expires 3/31/18



STATE OF GEORGIA  
COUNTY OF CARROLL



AFFIDAVIT FOR A Zoning Change

Thomas Green-Receiver, personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for a Zoning Change under the Ordinances of Carroll County:

*The information contained within the application attached hereto and filed in the Department of Community Development consists of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.*

*On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.*

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This 28<sup>th</sup> day of April, 2017.

Thomas Green Receiver

AFFIANT (signature)

Address: PO Box 529  
Carrollton, GA 30112  
110 Dixie St. Suite 300

Sworn to and subscribed  
before me this 28<sup>th</sup> day  
of April, 2017.

Kaspar  
Notary Public  
My Commission Expires:

If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity and address

Entity:  
Address: ATR Real Estate Investments Inc.  
By Thomas E. Green Receiver  
PO Box 529 Carrollton, GA.  
30112

## Appearance Statement

### Appearance Before Commission Bodies Required

To process the application for Conditional Use Permits or Rezoning, the Developer, Owner, Applicant, Agent or a Representative thereof must be present to *personally* request said Conditional Use or Rezoning before BOTH the Planning Commission AND the Board of Commissioners. Applicants requesting a Variance must also *personally* present their request in front of the Community Development Board of Appeals.

Failure to personally appear before *either* required Board may result in denial of request, or an extended waiting period before the next available meeting. *Requests that are denied by the Board of Commissioners cannot be re-submitted for consideration for a term not less than one (1) year from the date of the denial by the Board of Commissioners.*

The Planning Commission will hear your request on; 6/27/17 at 6:30 PM Art's Office/Tag

The Board of Commissioners will hear your request on; 7/11/17 at 6:00 PM Historic Courthouse  
3rd floor

The Board of Appeals will hear your request on; — at 5:30 PM

### IMPORTANT

An orange stake shall be placed on the subject property until the zoning sign is affixed. Failure to place and/ or maintain the stake *will delay your application for 30 days*. It is the sole responsibility of the owner/applicant to place the stake and maintain its placement until the sign is affixed. Owner/applicant shall notify Community Development immediately if the sign is removed, defaced, incorrect etc. Owner/applicant shall have five business days in which to place the stake after the filing deadline. (3<sup>rd</sup> Tuesday of each calendar month)

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A. Lamotte  
5/8/17

- \* All meetings are held in the Commission Chambers of the David Perry Administration Building located at 423 College Street, Carrollton, GA 30117.
- \* Unless otherwise stated.