



# Carroll County Department of Community Development

423 College Street  
P.O. Box 338

Carrollton, GA 30117  
(770) 830-5861

## CONDITIONAL USE APPLICATION

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

Received by: \_\_\_\_\_

Application must be filed by noon on the 3<sup>rd</sup> Tuesday of the month to go on the next month's agenda. No exceptions.

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.

APPLICANT

Applicant Name: Kenneth Harrison  
Address: 2740 Shady Grove Rd City: Carrollton State: GA Zip: 30116  
Phone: (770) 834-3831 Fax: ( ) \_\_\_\_\_ Email: kgharr@yahoo.com

Agent Name: Lesley Paul  
Address: 119 Sharp St. City: Bremen State: GA Zip: 30110  
Phone: (770) 715-0418 Fax: ( ) \_\_\_\_\_ Email: ljopaul@gmail.com

Owner Name (if different from applicant): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

(Note: A notarized statement signed by the property owner(s) authorizing the applicant to make this request shall be attached to the application.)

PROJECT

Project Name: Harrison House  
Conditional Use Location (attach location map): \_\_\_\_\_  
Proposed Use: Residence  
Square Footage of Proposed Residence: 1230  
(must be at least 1,230 square feet)

Total acreage: 9.9

Describe Proposed Conditional Use:

Aging parents need smaller, one story home.

Staff Use Only

Land Lot 207 of the 5<sup>th</sup> District, Carroll County Tax Map 106 Parcel 0826



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SPECIFIC INFORMATION

Describe how the proposed Conditional Use will affect:

Traffic: will not

Parking: will not

Availability of Public Facilities/Utilities: will not

Other relevant Impacts of the Proposal:

Describe how the proposed Conditional Use will be a benefit to the public. n/a

### Required Materials to Accompany the Application:

1. Completed application and the fee.
2. Copy of deed, lease, option agreement or other evidence of ownership or applicant's interest in the property. If the applicant is not the owner, attach a notarized statement signed by the owner authorizing the applicant to request the amendment.
3. All required items listed in the **Submittal Requirements checklist**.

### Return Form to:

Janet Hyde, County Planner  
Department of Community Development  
423 College Street  
Carrollton, Georgia 30117

### For Department Use Only

Application No: C-22-09-01  
 Filing Fee: \$350  
 Pre-Application Conf: 8-10-22  
 Date Advertised: 8-1-22  
 Date Notices Sent: 8-5-22  
 PC Public Hearing Date: 8-26-22  
 BoCC Public Hearing Date: 9-4-22  
 Disposition: \_\_\_\_\_  
 Approved by Resolution #: \_\_\_\_\_



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## SKETCH OF PROPERTY

Please check:

COMMERCIAL

OTHER:

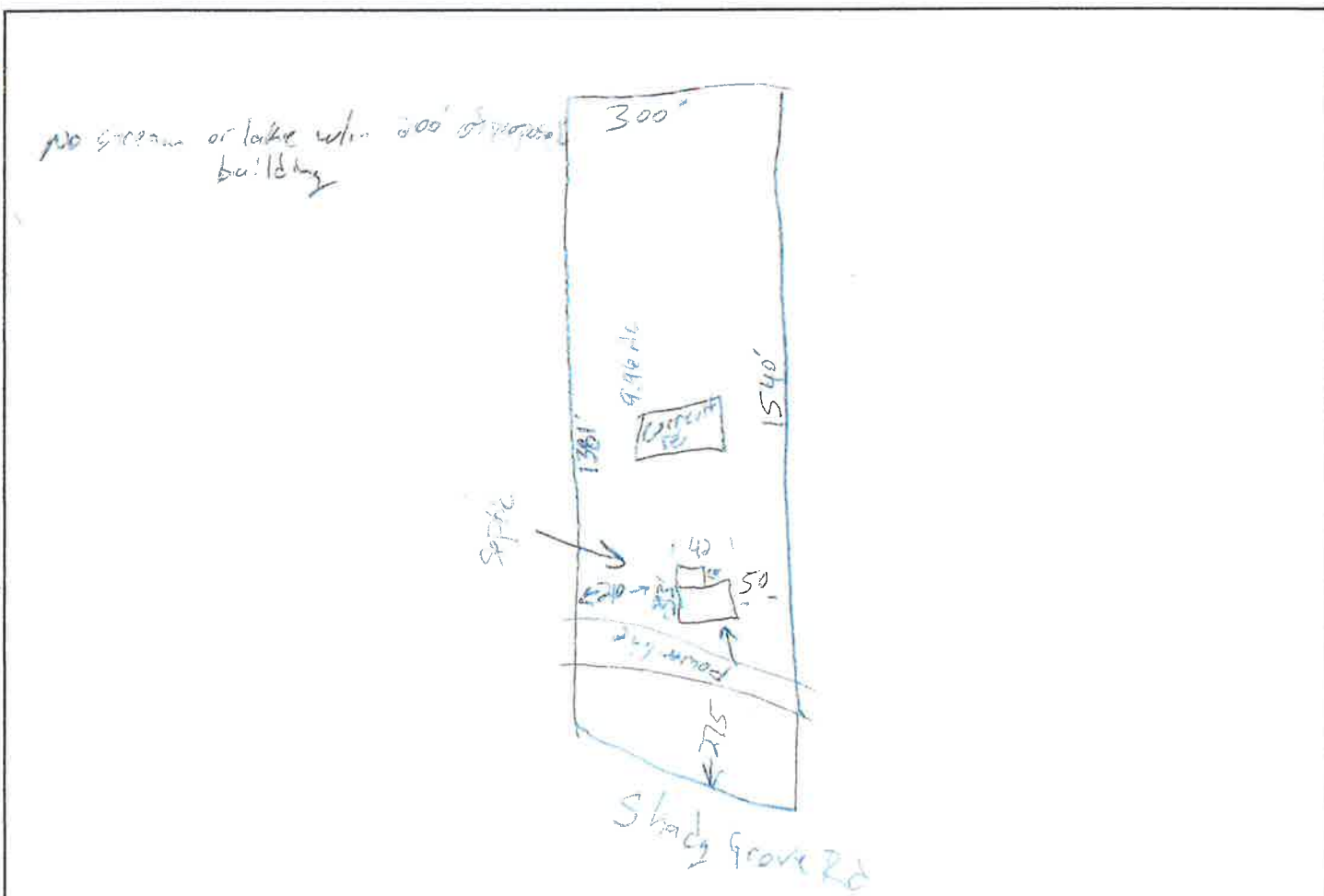
residential

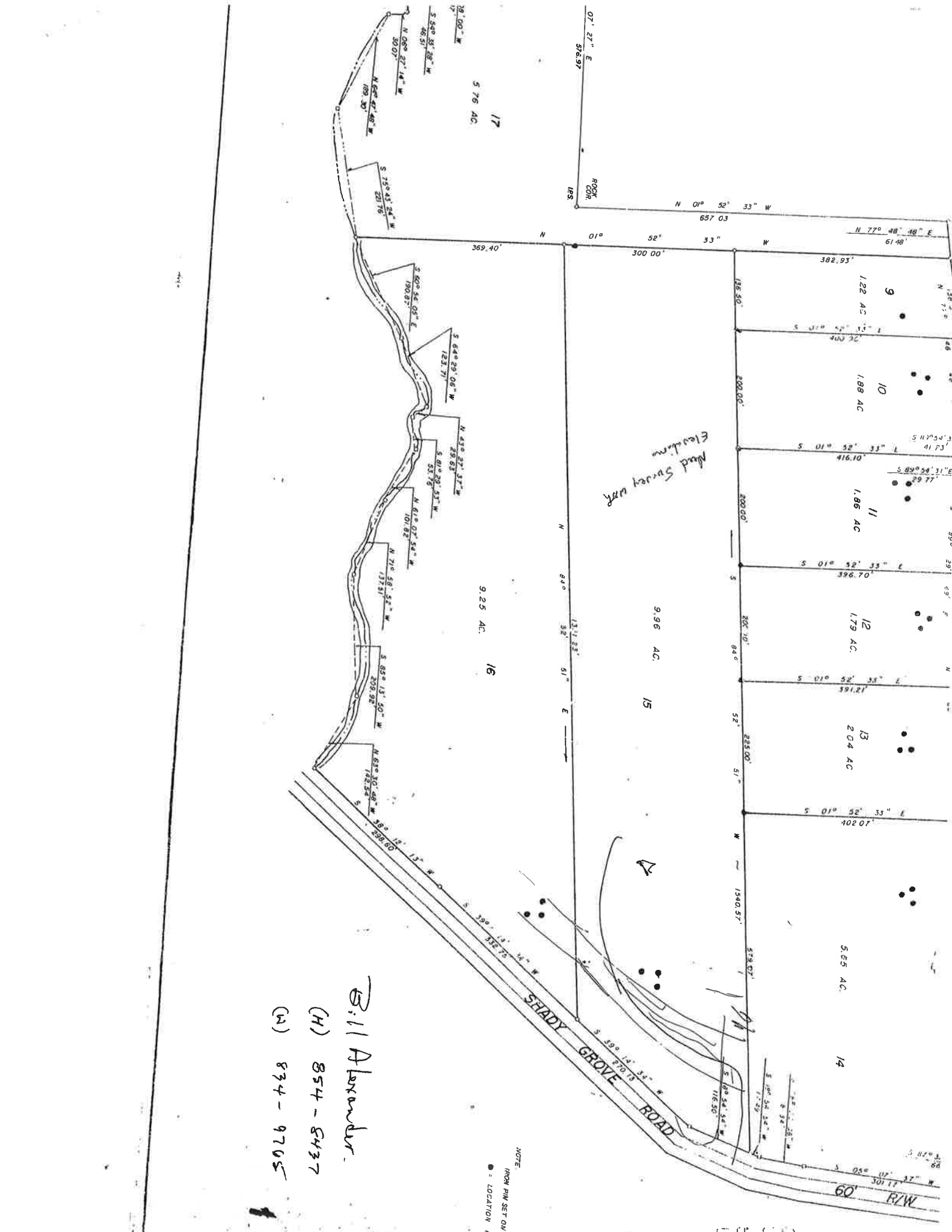
- Provide a sketch of the proposed building location, driveway, septic tank location, and all other structures.
- Show the **dimensions** of the lot and all setbacks from the house and other structures to all property lines.
- The front setback shall always be measured from the centerline of the frontage 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. 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: 1 single family residence

Describe the type of structure that you plan to build: 1 single family residence

Is this a multiple road frontage lot? NO





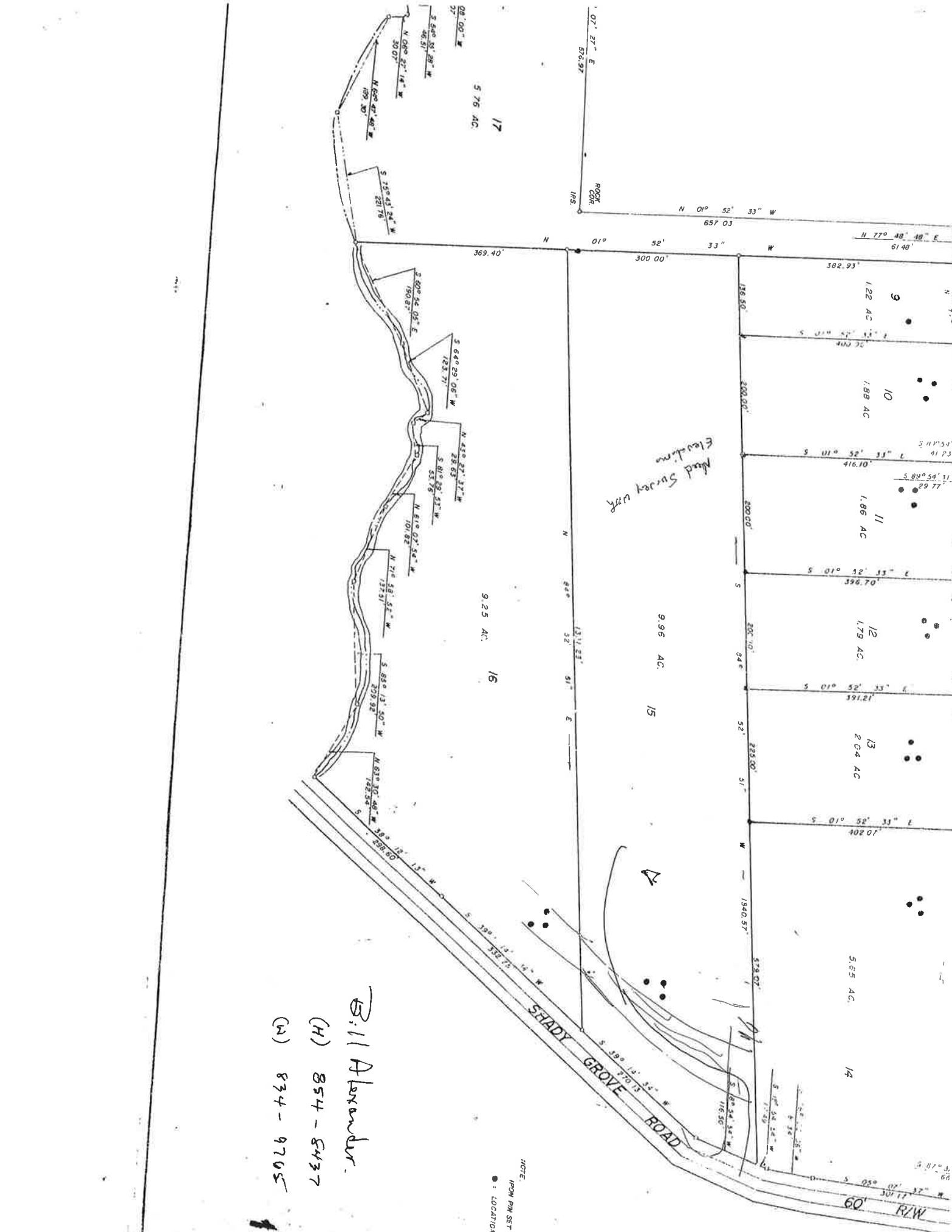
*Hand Survey Map*

A

Bill Alexander  
 (H) 854 - 8437  
 (M) 834 - 9705

NOTE:  
 FROM PIN SET ON ALL  
 ● = LOCATION OF

FILED  
 ADULT COUNTY



17  
5.76 AC.

16  
9.25 AC.

15  
9.96 AC.

9  
1.22 AC

10  
1.88 AC

11  
1.86 AC

12  
1.79 AC

13  
2.04 AC

14  
5.55 AC

SHADY GROVE ROAD

Mud Survey with Elevation

ROCK COR

60' R/W

B. I. Alexander  
(H) 854-5437  
(M) 834-9765

NOTE:  
IPCH PIN SET ON ALL  
• LOCATION OF

FILED