

# CITY OF ALPHARETTA

## PUBLIC HEARING APPLICATION

FOR OFFICE USE ONLY

Case #: \_\_\_\_\_

PH #: \_\_\_\_\_

Property Taxes & Code Violations Verified

Fee Paid Initial: \_\_\_\_\_

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: Kelly Edge

Telephone: 770-841-8017

Address: 3062 Four Oaks Drive

Suite: \_\_\_\_\_

City Atlanta

State: GA

Zip: 30360

Fax: \_\_\_\_\_

Mobile Tel: 770-841-8017

Email: kelly@lightpointcre.com

### Subject Property Information:

Address: 5215 Windward Pkwy Alpharetta GA 30004 - Suite B2

Current Zoning: OI

District: \_\_\_\_\_

Section: \_\_\_\_\_

Land Lot: \_\_\_\_\_

Parcel ID: 22 512011202908

Proposed Zoning: \_\_\_\_\_

Current Use: \_\_\_\_\_

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

Conditional Use

Master Plan Amendment

Comprehensive Plan Amendment

Rezoning

Master Plan Review

Variance

Public Hearing

Exception

Other (Specify): \_\_\_\_\_

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# APPLICANT REQUEST AND INTENT

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

We are seeking approval to utilize the property as a veterinary clinic. Specifically, this will be a boutique veterinary facility focusing on providing high-quality, personalized care to pets.

Applicant's Request (Please itemize the proposal):

We are requesting an amendment to the Master Plan to allow for veterinary use with no outside kennels or overnight boarding.

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

1. Services Provided:

- The clinic will focus on outpatient veterinary services, such as wellness exams, vaccinations, diagnostics, and minor procedures.
- No overnight boarding or hospitalizations will occur at this facility. All animals will be cared for during standard business hours only.

2. Operational Impact:

- Traffic flow and parking demands will be minimal, as appointments will be scheduled to prevent overcrowding.
- Noise levels will be contained within the building to ensure minimal disruption to neighboring properties.

3. Community Benefits:

- The boutique model fosters a welcoming and stress-free environment for pet owners and their animals.
- By providing specialized care locally, we aim to support the health and well-being of pets in the community without the need for extensive travel.

# PROPERTY OWNER AUTHORIZATION

## Property Owner Information:

Contact Name: Rahim Asani or Ali Ravi Telephone: 770-727-1773  
Address: 5215 Windward Pky Suite: \_\_\_\_\_  
City: Alpharetta State: GA Zip: 30004 - \_\_\_\_\_

## 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 checked="" type="checkbox"/> Conditional Use |
| <input type="checkbox"/> Variance             | <input checked="" 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: Kelly Edge on behalf of Alissa Stephens, DVM Telephone: 770-841-8017  
Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

## So Sworn and Attested:

Owner Signature:  Date: 11/25/2024  
DocuSigned by:  
14CE313EFCFD43A...

## Notary:

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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: Kelly Edge

Subject Public Hearing Case: \_\_\_\_\_

## **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: N/A Value: \_\_\_\_\_

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-1.*

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

DocuSigned by:  
  
4823262EB31148E...

Date: 11/26/2024

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# ALPHARETTA PLANNING COMMISSION REVIEW CRITERIA

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How will this proposal be compatible with surrounding properties?

Veterinary services have become a common part of retail environments as small practices establish themselves to meet the growing demand for pet care. Our proposal aligns with that trend by introducing a small, companion-animal-only practice focused on personalized outpatient care for pets.

How will this proposal affect the use and value of the surrounding properties?

This use will have no impact on surrounding properties and will complement the existing groomer on-site. Together, these businesses create a convenient, cohesive service hub for pet owners in the community.

Can the property be developed for a reasonable economic use as currently zoned? Please explain why or why not.

What would be the increase to population and traffic if the proposal were approved?

Traffic flow and parking demands will be minimal, as appointments will be scheduled to prevent overcrowding.

What would be the impact to schools and utilities if the proposal were approved?

None

How is the proposal consistent with the Alpharetta Comprehensive Plan; particularly the Future Land Use Map?

Are there existing or changing conditions which affect the development of the property and support the proposed request?

No change.

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: Veterinary use - Amendment to Master Plan - 5215 Windward Pky

Contact Name: Kelly Edge Telephone: 770-841-8017

*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.*

See attached list

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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 checked="" 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.

We will be contacting each property owner via letter and direct personal visit. The owners will be able to contact us via phone, email, or come to the meeting to respond.

SALEM GLEN APARTMENTS LLC  
120 HABERSHAM ST  
SAVANNAH GA 31401

WINDWARD EYE GROUP LLC  
5315 F WINDWARD PKWY  
ALPHARETTA GA 30004

COSTCO WHOLESALE CORPORATION  
999 LAKE DR  
ISSAQUAH WA 98027

MUBARAK REAL ESTATE LLC  
5225 FIVE FORKS TRICKUM RD  
LILBURN GA 30047

DOROODGAR JINA LOO  
2851 ASHLEIGH LN  
ALPHARETTA GA 30004

MANSELL ROAD HOLDINGS LLC  
5200 BUFFINGTON RD  
ATLANTA GA 30349

DAVIS FLORENCE  
PO BOX 1204  
ALPHARETTA GA 30009

NORTHMARK WINDWARD LLC  
P.O. BOX 570486  
ATLANTA GA 30357

MENCIAS JUAN C COMPRETTA CONSTANCE  
HALEY  
2847 ASHLEIGH LN  
ALPHARETTA GA 30004-6165

PIONEER REAL ESTATE DEV INC  
4652 UNION HWY  
GAFFNEY SC 29340

GODOY WALTER C  
2845 ASHLEIGH LN  
ALPHARETTA GA 30004

SHUBERT & BOOTH WINDWARD 1 LLC  
234 W 44TH ST  
NEW YORK NY 10036

BAKER KIMBERLY V  
2843 ASHLEIGH LN  
ALPHARETTA GA 30004

OWEN MOTORS INC  
16 INVERNESS DR  
BLUFFTON SC 29910

2841 ASHLEIGH LANE LLC  
1035 LAKE WINDWARD OVLK  
ALPHARETTA GA 30005

BALCH ALPHARETTA LLC ET AL  
6 SANTA BARBARA PL STE 250  
LAGUNA BEACH CA 92677

DEVELOPMENT OF MARYLAND INC  
P.O. BOX 105842  
ATLANTA GA 30348-5842

SCOTT H LEE TR  
P.O. BOX 8050 MS-0555  
BENTONVILLE AR 72712-8050

WINDWARD POINTE HOMEOWNERS ASSOC.  
INC  
3350 BRECKINRIDGE BLVD  
DULUTH GA 30096

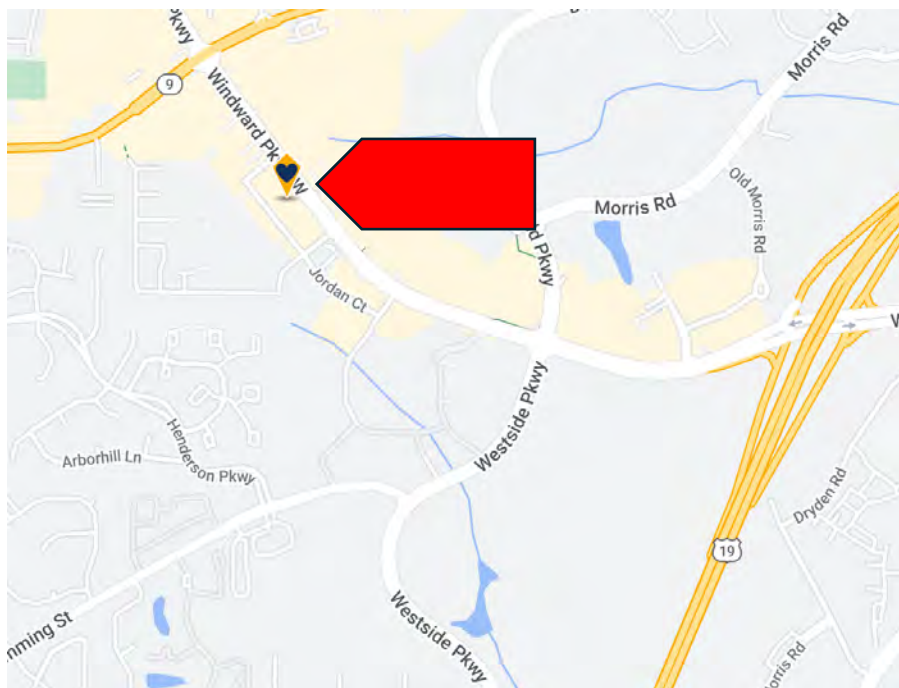
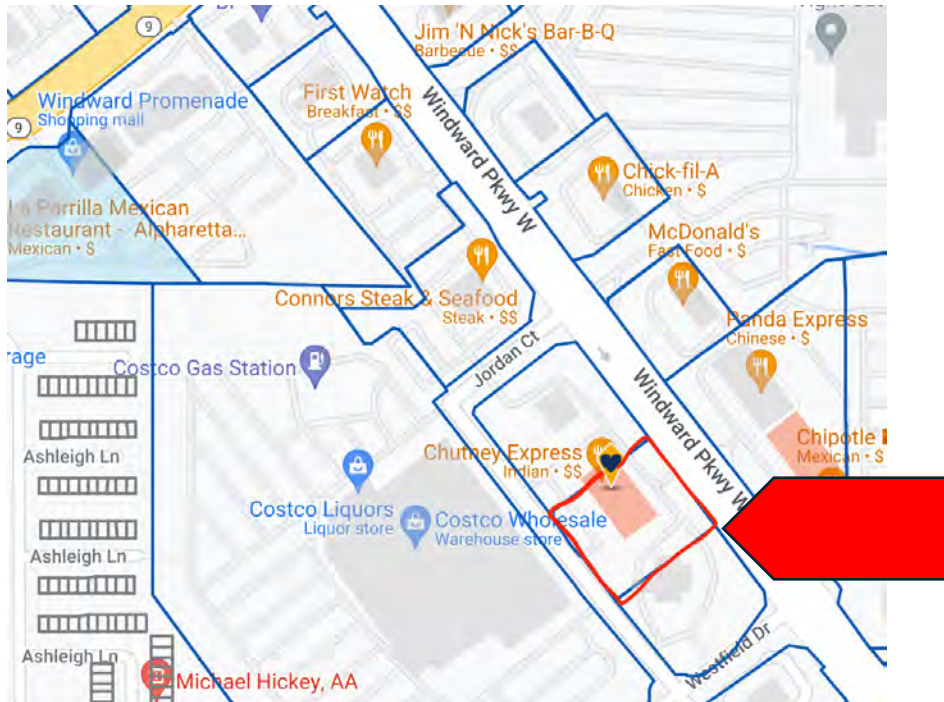
SUNTRUST BANK ATLANTA  
PO BOX 26665 VA-RIC-8614  
RICHMOND VA 23261-6665

5035 WINDWARD LLC  
3715 NORTHSIDE PKWY NW BLDG/STE 40  
0 515  
ATLANTA GA 30327

# Letter of Intent

**Name of Business:** Lotus Animal Hospital

**Address:** 5215 Windward Parkway, Alpharetta, GA 30004, Suite B-2



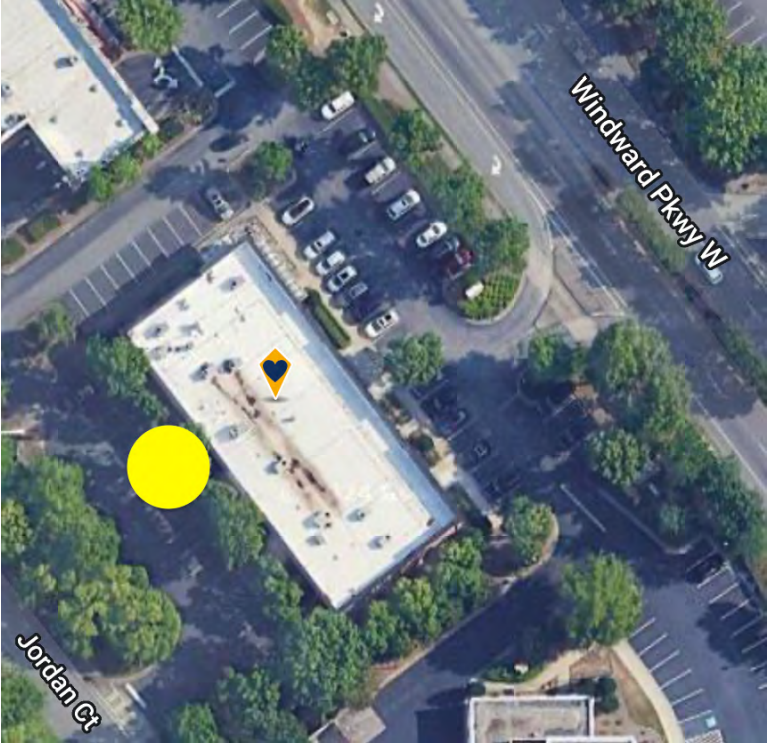


Front of Building showing the space



**Relief Area:**

Aerial view showing relief area in rear of building

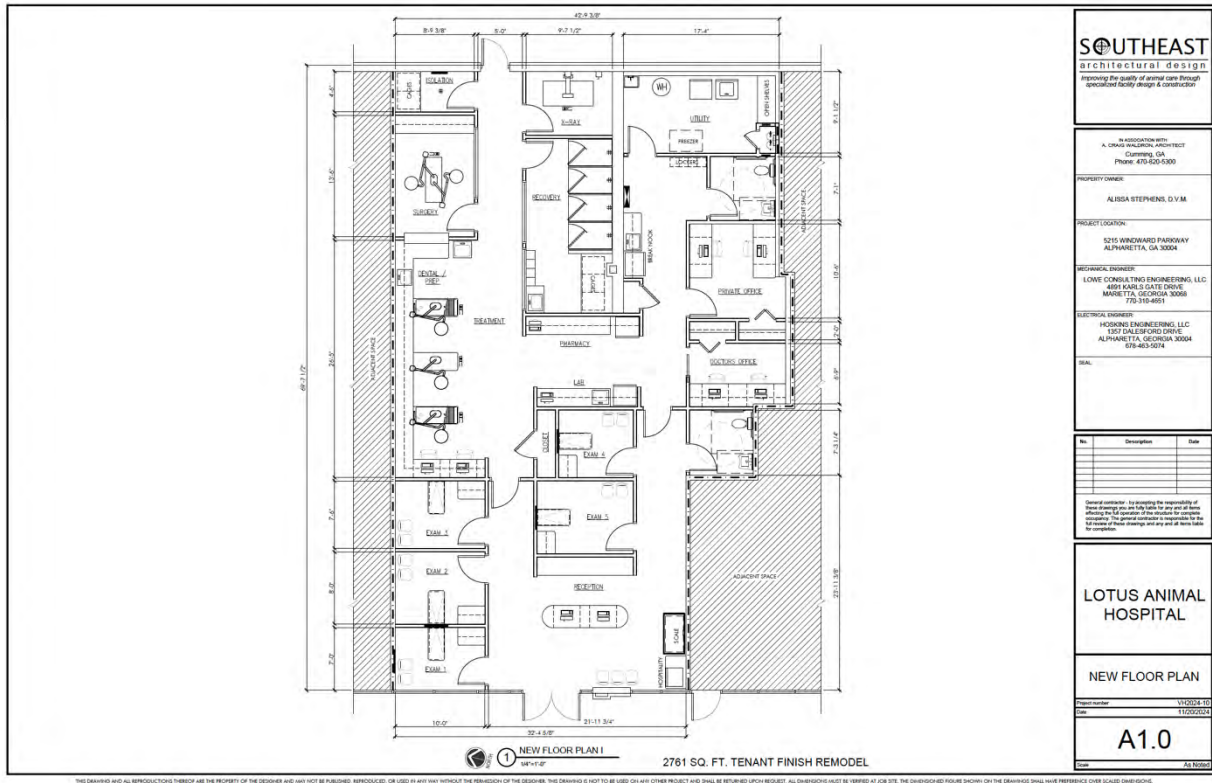


**Relief Area:**

Rear view showing relief area



**Size of space: 2,761 Square Feet**



**Proposal:** We are seeking approval to utilize the property as a veterinary clinic. Specifically, this will be a boutique veterinary facility focusing on providing high-quality, personalized care to pets.

**Key Details:**

**1. Services Provided:**

- The clinic will focus on outpatient veterinary services, such as wellness exams, vaccinations, diagnostics, and minor procedures.
- No overnight boarding or hospitalizations will occur at this facility. All animals will be cared for during standard business hours only.
- Hours of operation will be 8am – 6pm.
- There will be approximately 6 employees.

**2. Operational Impact:**

- Traffic flow and parking demands will be minimal, as appointments will be scheduled to prevent overcrowding.

- Specific materials and design will be used so that noise levels will be contained within the space to ensure minimal disruption to neighboring properties.
- We will utilize a veterinary specific architect, contractor, equipment supplier, technology provider, etc. Each of these vendors is extremely familiar with this process and works on dozens of these projects per year. The architect will manage the entire process.

### 3. Community Benefits:

- The boutique model fosters a welcoming and stress-free environment for pet owners and their animals.
- By providing specialized care locally, we aim to support the health and well-being of pets in the community without the need for extensive travel.

### Owner/Operator:

## **Dr. Alissa Stephens**

**Medical Director/Operations Director**

**Since 2011**

Dr. Alissa Stephens grew up in East Brunswick, New Jersey. In 2008, she graduated from Rutgers University and moved to Atlanta to complete an internship at Zoo Atlanta. She began vet school in 2011 at the University of Georgia and during the summer and winter breaks, worked as a vet assistant at TVV Buckhead. Dr. Stephens joined us as a vet in 2015. She is currently completing her certification in veterinary acupuncture at the Chi Institute in Florida. Her special interests include general surgery and acupuncture.

Dr. Stephens and her husband, Chris - practice manager at TVV - live in Canton with their four rescue dogs: Stitch, a Lab mix; Virginia, a Boxer/Anatolian Shepherd mix; Madison, a Pitbull mix; and Captain Jack, a German Shepherd mix.

