

CITY OF ALPHARETTA

PUBLIC HEARING APPLICATION

FOR OFFICE USE ONLY

Case #: V-24-19

PH #: PHA240025

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: Hannah Kaplan

Telephone: 678-232-4994

Address: 120 Broadwell Oaks Ct

Suite: _____

City Alpharetta

State: GA

Zip: 30004

Fax: _____

Mobile Tel: 770-377-4397

Email: hannahkaplan19@gmail.com

Subject Property Information:

Address: 120 Broadwell Oaks Ct

Current Zoning: R-15

District: 2

Section: 2

Land Lot: 1249

Parcel ID: 22 -4666-1249-051-3

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):* _____

APPLICANT REQUEST AND INTENT

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

Residential single family home

Applicant's Request (Please itemize the proposal):

- Replace original deck which is over 25 years old and rotting
- Expand footprint of the deck along the side of the house to capitalize on currently unusable space
- Variance in order to expand footprint of new deck to 50% of rear setback

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

Our house is on an oddly shaped lot within a cul de sac. The front yard is deep but relatively unusable due to an easement. The backyard is long and narrow as our house was built only 30 feet from the rear property line. We love to be outside and this project would allow us to create livable outdoor space on a relatively unusable part of our backyard. We feel that this project, expanding the footprint of our deck, will be a valuable addition to our home's property value.

PROPERTY OWNER AUTHORIZATION

Property Owner Information:

Contact Name: Hannah Kaplan

Telephone: 678-232-4994

Address: 120 Broadwell Oaks Ct

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 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: _____

Telephone: _____

Address: _____

Suite: _____

City: _____

State: _____

Zip: _____

So Sworn and Attested:

Owner Signature: Hannah Kaplan

Date: 5/20/2024

Notary:

Notary Signature: Elizabeth Cleary

Date: 5/20/2024



exp: 7/7/2025

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: Hannah Kaplan

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: n/a

Description of Contribution: n/a 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-1.

Signature: Hannah Kaplan

Date: 5/20/2024

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.

Our lot is oddly shaped due to being in a cul de sac, which required the home to be built towards the rear of the lot. Right on the 30 foot rear setback. We have an easement run through the middle of our yard to prevent flooding in our neighbor's yard. We have an awkward and unusable slope in our backyard.

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

Yes because our oddly shaped backyard will continue to be unusable.

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

The front of the house is an easement which makes the position of the house on the lot unusual. Based on the limitations of the front yard the house is exactly thirty feet from the rear property line. This creates a very long and narrow back yard.

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.

No. The variance would allow for an improvement to the property which will increase the value of the home.

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: 120 Broadwell Oaks

Contact Name: Hannah Kaplan Telephone: 678-232-4994

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.

Rob and Laurie Morella

Ariane Holcombe

Dan and Kate Dziak

Joe and Mary Jo Orr

Corey and Shawn Hampton

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

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 contacted either by letter or by telephone and will have the opportunity to respond by either telephone, letter, or email with questions or concerns.

Proposed project

