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Planning & Urban Design 20 Interchange Drive, Administration Bldg. Savannah, GA, 31415

Phone: 912.525.2783/Fax: 912.525.1562 www.savannahga.gov/planning

Revised: 12.29.2023

Ck # 2507 Zoning Board of Appeals \$ 1300,00110 E State St, Savannah, GA, 31401 P.O. Box 8246, Savannah, GA, 31412-8246

Phone: 912.651.1440 / Fax: 912.651.1480

www.thempc.org

Page 1 of 6

Application

Please type or print legibly. Attach additional sheets, if necessary, to fully answer any of the following sections. Incomplete applications will not be scheduled by the Metropolitan Planning Commission (MPC) until deficiencies are corrected. Additional instructions and information regarding the amendment process are attached. SUBMIT AN ELECTRONIC COMPLETED APPLICATION AND SUPPLEMENTAL DOCUMENTATION TO PLANNING@SAVANNAHGA.GOV. Applicants are requested to contact the MPC staff at 912.651.1440 prior to submitting an application.

_	reet Address(es): 1142 East Collins Street
Pr pla To Zo	roperty Identification Number(s) (PINs) (Note: Attach a boundary survey, recorded or proposed plat, tax map or scaled plot an to identify the property boundary lines.): Lot 16 & 17 2-0042-15-003 Lot 18 2-0042-15-002 otal acreage or SF of the subject property: 888SF. O. 16 acres (SAGIS) oning District(s): R-4/USE#22B TR - 2
	cisting land use(s) for the subject property (e.g., undeveloped, restaurant, auto repair shop, multi-family): Daycare Center
	A. REQUEST A VARIANCE (Sec. 3.21). The application must be submitted to provide an opportunity for the ZBA to grant variances only from the building standards for permitted uses in the base zoning districts (not to include density or vehicular access) in Article 5.0, Base Zoning Districts; variable standards in Article 9.0, General Site Standards; and variable standards in Article 10.0, Natural Resource Standards. Refer to Page 6 for plot plan criteria and explain specifics of request (e.g., To request a 5 foot reduction of the 25 foot rear yard setback). Describe the variance requested:
	B. APPEALS (Sec. 3.23). An appeal by any aggrieved party may be taken to the ZBA when an alleged error in a final written decision of any administrator, commission or board authorized to make a final written decision occurs. An application must be filed within thirty (30) working days of a final written decision. It will be considered filed when a complete notice of appeal is submitted to planning@savannahga.gov . Provide an explanation specifying the grounds for the appeal with the ZBA and the administrator, commission or board whose decision is being appealed:
×	C. Relief for Nonconforming Uses and Structures (Sec. 3.24). An application must be submitted to request a reestablishment, expansion, or reconstruction of a nonconforming use. Indicate the type of non-conformity and relief sought. The expansion of 888sf area for a teachers lounge area. This area will be utilized for teachers' break area, workstation and training area.
	D. REQUEST AN EXTENSION OF A ZBA APPROVAL. If a ZBA decision needs to be extended, an application must be submitted. Date of ZBA Approval: File No.:
Board o	of Appeals Application File No.

III.	Application History.				
	 Have any previous applications been made regarding the subject property? 				
	☐ Yes ☒ No If yes, please provide the file number(s):				
	• Is this request related to another review, such as a Certificate of Appropriateness (COA), Subdivision, Site				
	Development Permit or Plan, Master Plan, Business Location Approval, Rezoning, or Text Amendment? If so, please provide the Plan/Permit # and				
	associated Staff Report/Decision.				
IV.	Property Owner Information				
	Name(s): Nanette Rivers				
	Registered Agent:				
	Registered Agent:(Or Officer or Authorized Signatory, if Property Owner is not an individual. Provide GA Annual Registration.)				
	Address: 1142 Collins Street				
	City, State, Zip: Savannah, Ga. 31404				
	Telephone: 912-272-8091 Fax:				
	E-mail address: _nrivers.3@comcast.net				
٧.	Petitioner Information, if different from Property Owner (Note: If the property owner(s) will have an agent				
	serve on his or her behalf, the owner(s) must complete the attached Letter of Authorization. If the agent changes after				
	submitting the application and the agent is not the property owner, a new authorization form will be required.)				
	Name(s):				
	Registered Agent:(Or Officer or Authorized Signatory, if Petitioner is not an individual)				
	Address:				
	City, State, Zip:				
	Telephone: Fax:				
	E-mail address:				
/1.	Agent, if different from Petitioner or Property Owner (Note: A signed, notarized Letter of Authorization				
	from the property owner is required and must be attached if this section applies. If the agent changes after				
	submitting the application and the agent is not the property owner, a new authorization form will be required. Please refer to VIII. Letter of Authorization.)				
	Name(s):				
	Firm or Agency:				
	Address:				
	City, State, Zip:				
	Telephone: Fax:				
	E-mail address:				
11.	Application Fee:				
	The non-refundable filing fee is based on the type of use for which relief is requested. Make check payable to City of Savannah.				
	☐ Residential: \$620.00 ☐X Non-residential: \$1,300.00				
	Let Ton Testachian 41,300.00				

Zoning Board of Appeals Application Revised: 12.29.2023

	(PIN)
(Agent Name) of (Firm	orize
	n or
Agency, if applicable) to serve as agent on my (our) behalf for the purpose of making and executing this applica-	ation
for the proposed request. I (we) understand that any representations(s) made on my (our) behalf, by my	our)
authorized representative, shall be legally binding upon the subject property.	
Property Owner(s) Name(s): Nanette Rivers	
Registered Agent: (Or Officer or Authorized Signatory, if Property owner is not an individual)	
(Or Officer or Authorized Signatory, if Property owner is not an individual)	
Nantte Rever 1/22/24 Signature(s) Date	
Signature(s) Date	
State of Georgia County of Chatham Signed or attested before me on 122 2024 by Kimberly Ward Dawson (Printed name(s) of Individual(s) signing document)	
who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.	
Personally Known or Produced Identification Type of ID Signature of Notary Publis	
(Name of notary, typed, stamped or printed) Notary Public State of Georgia My commission expires: 4 25 2025	

Zoning Board of Appeals Application Revised: 12.29.2023

IX. Application Checklist

Pursuant to O.C.G.A. § 8-2-26, this checklist must be completed and submitted with each application. Please check every item as either "Y" for items that are included with the application or "N" for items that are not included with the application. Items without an "N" checkbox are minimum requirements initially due with the application if applicable.

Yes No							
Part I. Subject Property			pperty				
T		Part II. Reason fo	r Variance				
		Part III. Application	on History				
		Part IV. Property	Owner Information				
	□N	Part V. Petitioner	Information				
	Ŋ	Part VI. Agent					
Ŋ		Part VII. Application	on Fee				
	Ŋ	Part VIII. Letter of Authorization					
Part IX. Complete Application Checklist							
ľ		Part X. Certified A	pplication (Signed application)				
Y		A scaled dimensioned map, plat or sketch of the subject property referred to in the application					
		Concept Plan of th	e proposed development if applicable				
Plea	ase no	ote: Supplemental i	information may be required during plan review to address deficiencies.				
X.	<u>Certi</u>	fied Application					
By my signature below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of the application. I acknowledge that I understand and have complied with all of the submittal requirements and procedures, and that this application is a complete application submittal. I further understand that an incomplete application submittal may cause my application to be deferred to the next posted deadline date. I understand that the approval of an application for Special Use Permit by The Mayor and Aldermen does not constitute a waiver from any applicable local, state, or federal regulations.							
Applicant Name: Manette Rivers Date Applicant Name: Manette Rivers Date Applicant Name: Manette Rivers Date							
Con	<u>tacts</u>						
Pl	annin	g & Urban Design:	20 Interchange Drive, Administration Building Savannah, GA, 31415 P.O. Box 1027, Savannah, GA, 31402 (Phone: 912.525.2783)				
The Planning Commission: 110 E State St, Savannah, GA, 31401 (Located at the State Street Garage) P.O. Box 8246, Savannah, GA, 31412 (Phone: 912.651.1440)							

Zoning Board of Appeals Application Revised: 12.29.2023