

Property Owner Information

Name: KOSSIWA YAWLI
Mailing Address: 118 NORTH AVE Ste E
City: JONESBORO State: GA Zip: 30236
Phone: (Day) [REDACTED] (Evening) [REDACTED]

Applicant's Information

(If Different from Owner's Information)

Name: Jessieca Sullivan
Mailing Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
Phone: (Day) [REDACTED] (Evening) [REDACTED]

Jonesboro Property Information

Existing Uses and Structures: OFFICE OF HOME HEALTH CARE AGENCY
Property address: 118 NORTH AVE Ste J, Jonesboro GA 30236
Surrounding Uses and Structures: (See Official Zoning Map): C-1 C-2 O&I
Surrounding Zoning:
North: _____ South: _____ East: _____ West: _____
Details of Proposed Use: Training for Nurse aides & Phlebotomy Techs
Public Utilities: Georgia Power, CCWA
Access, Traffic and Parking: _____
Special Physical Characteristics: _____

The City may require submission of additional information as may be useful in understanding the proposed use and development of the property.

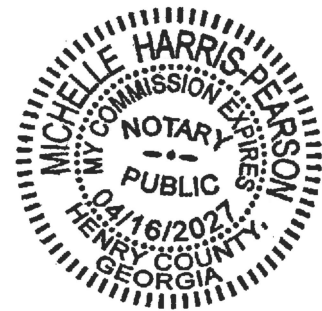
I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ALL ATTACHED INFORMATION IS TRUE AND CORRECT:

Date: 03/01/2025

Signed: [Signature]

Notary: [Signature]

SEAL



Incomplete Application
FOR OFFICE USE ONLY:

Date Received: 3/6/2025 Received By: PD

Fee Amount Enclosed: \$ 600

Public Notice Sign Posted (Date) _____

Legal Ad Submitted (Date) _____

Legal Ad Published (Date) _____

Date Approved: ____/____/20____

Date Denied ____/____/20____

Permit Issued ____/____/20____

Comment:

CI
77

REC#: 00036561 3/06/2025 11:04 AM
OPER: PD TERM: 003
REF#: 19-735450857

TRAN: 42.0000 CONDITIONAL USE

ADDRESS: 118 NORTH AVE #J

JESSICA SULLIVAN

100-0000-32-2210

ZONING & LAND U 600.00CR

TENDERED: 600.00 MONEY ORDER

APPLIED: 600.00-

RANGE: 0.00

THANK YOU FOR VISITING
THE CITY OF JONESBORO
1859 CITY CENTER WAY
JONESBORO, GA 30236

PROPERTY OWNER'S AUTHORIZATION

The undersigned below, or as attached, is the owner of the property which is subject of this application. The undersigned does duly authorize the applicant named below to act as applicant in the pursuit of an amendment to the property.

I swear that I am the owner of the property which is the subject matter of the attached application, as it is shown in the records of Clayton County, Georgia.

I hereby depose and say that all above statements and attached statements and/or exhibits submitted are true and correct, to the best of knowledge and belief.

PROPERTY OWNER:

KOSSIWA YAWLI
PRINT NAME

~~Sullivan~~ 03/01/2025
SIGNATURE/DATE

APPLICANT:

Jessieca Sullivan
PRINT NAME

~~Sullivan~~ 03/01/2025
SIGNATURE/DATE

NOTARY:


SIGNATURE/DATE

SEAL



Jessieca Sullivan

[REDACTED]
[REDACTED]
[REDACTED]
strictlyphlebotomyatl@gmail.com

03/01/2025

City of Jonesboro Planning and Zoning Department

1859 City Center Way

Jonesboro, GA 30236

770-478-3800

Subject: Letter of Intent for Conditional Use – 118 North Ave Ste J, Jonesboro, GA 30236

Dear Planning and Zoning Department,

I am writing to formally request approval for the conditional use of 118 North Ave Ste J, Jonesboro, GA 30236 for the establishment of a Phlebotomy and EKG Training Center. This facility will provide specialized training in blood collection and electrocardiogram (EKG) procedures, equipping students with the necessary skills to pursue careers in the healthcare industry. Additionally, within the next 12 to 24 months, I plan to expand the facility's services by introducing a walk-in lab for CLIA-waived testing, further increasing access to essential healthcare services within the community.

Proposed Use

The initial phase of this project will focus on vocational training in phlebotomy and EKG techniques, including classroom instruction and hands-on lab practice. The center will prepare students for certification exams and employment in healthcare settings such as hospitals, clinics, and laboratories.

In the future, the walk-in lab for CLIA-waived testing will provide affordable, convenient diagnostic services, such as basic health screenings and rapid testing ex (blood pressure checks, weight checks, flu, rsv, strep, pregnancy test, A1c, urinalysis and drug screening) . This expansion will enhance community healthcare access while maintaining compliance with all relevant regulations.

Justification & Community Benefit

The establishment of this training center and future lab will provide numerous benefits to the Jonesboro community, particularly for low-income individuals and those seeking new career opportunities. These benefits include:

Workforce Development: By training and certifying individuals in phlebotomy and EKG, the center will help address the growing demand for qualified healthcare professionals in the region.

Job Placement & Economic Growth: Graduates will be well-positioned to secure stable employment, contributing to the economic well-being of both individuals and the community.

Affordable Education & Healthcare Access: The center will offer financial assistance, scholarships, and flexible payment options to ensure accessibility. The future walk-in lab will provide low-cost, CLIA-waived diagnostic testing, making healthcare services more accessible to residents.

Local Healthcare Support: By increasing the availability of trained professionals and diagnostic testing, the center will support local medical facilities and improve public health outcomes.

I am committed to ensuring that the training center and future lab comply with all zoning, safety, and regulatory requirements. I appreciate your consideration of this request and look forward to working with the city to bring these valuable services to Jonesboro.

Please feel free to contact me at your convenience if you require any additional information or would like to discuss this proposal further.

Sincerely,

Jessieca Sullivan

Owner – Strictly Phlebotomy ATL LLC

[REDACTED]



Providing Quality Water and Quality Services to Our Community

March 04, 2025

Jessieca Sullivan
118 North Ave ste J , Jonesboro Ga 30236

Re: 118 North Ave ste J , Jonesboro Ga 30236

Ms. Sullivan:

This letter will serve as notice that the above referenced property is served by the water system and sewer system of the Clayton County Water Authority.

Water and sanitary sewer service to this property is subject to the existing and future policies of the Clayton County Water Authority, State EPD and Federal EPA.

Sincerely,

Julian Bruce

Julian Bruce
Engineering Technician

After Recording Return To:
McMichael & Gray, P.C.
2055 North Brown Road, Suite 250
Lawrenceville, Georgia 30043
CONST-220490

LIMITED WARRANTY DEED

Tax Parcel: 13240B A007

STATE OF GEORGIA
COUNTY OF CLAYTON

THIS INDENTURE, made the 25th day of March, 2022, between BIG OAK OFFICE PARK, LLC, a Georgia liability company, as party or parties of the first part, hereinafter called Grantor, and KOSSIWA YAWLI, as party or parties of the second part, hereinafter called Grantee (the words "Grantor" and "Grantee" to include their respective heirs, successors and assigns where the context requires or permits).

WITNESSETH that: Grantor, for and in consideration of the sum of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATIONS (\$10.00) in hand paid at and before the sealing and delivery of these presents, the receipt whereof is hereby acknowledged, has granted, bargained, sold, aliened, conveyed and confirmed, and by these presents does grant, bargain, sell, alien, convey and confirm unto the said Grantee, the following described property:

SEE EXHIBIT A ATTACHED HERETO AND MADE A PART HEREOF

(the "Property").

TO HAVE AND TO HOLD said Property, with all and singular the rights, members and appurtenances thereof, to the same being, belonging, or in anywise appertaining, to the only proper use, benefit and behoof of the said Grantee forever in FEE SIMPLE, subject only to those matters listed on Exhibit B attached hereto.

AND THE SAID Grantor will warrant and forever defend the right and title to the Property unto the said Grantee against the claims of Grantor and all others claiming by, through or under Grantor, but not otherwise.

IN WITNESS WHEREOF, the Grantor has signed and sealed this deed, the day and year above written.

Signed, sealed and delivered in the presence of:

BIG OAK OFFICE PARK, LLC
a Georgia limited liability company

[Signature]
Unofficial Witness

By: [Signature] (SEAL)
Wesley Hargrave
Authorized Member

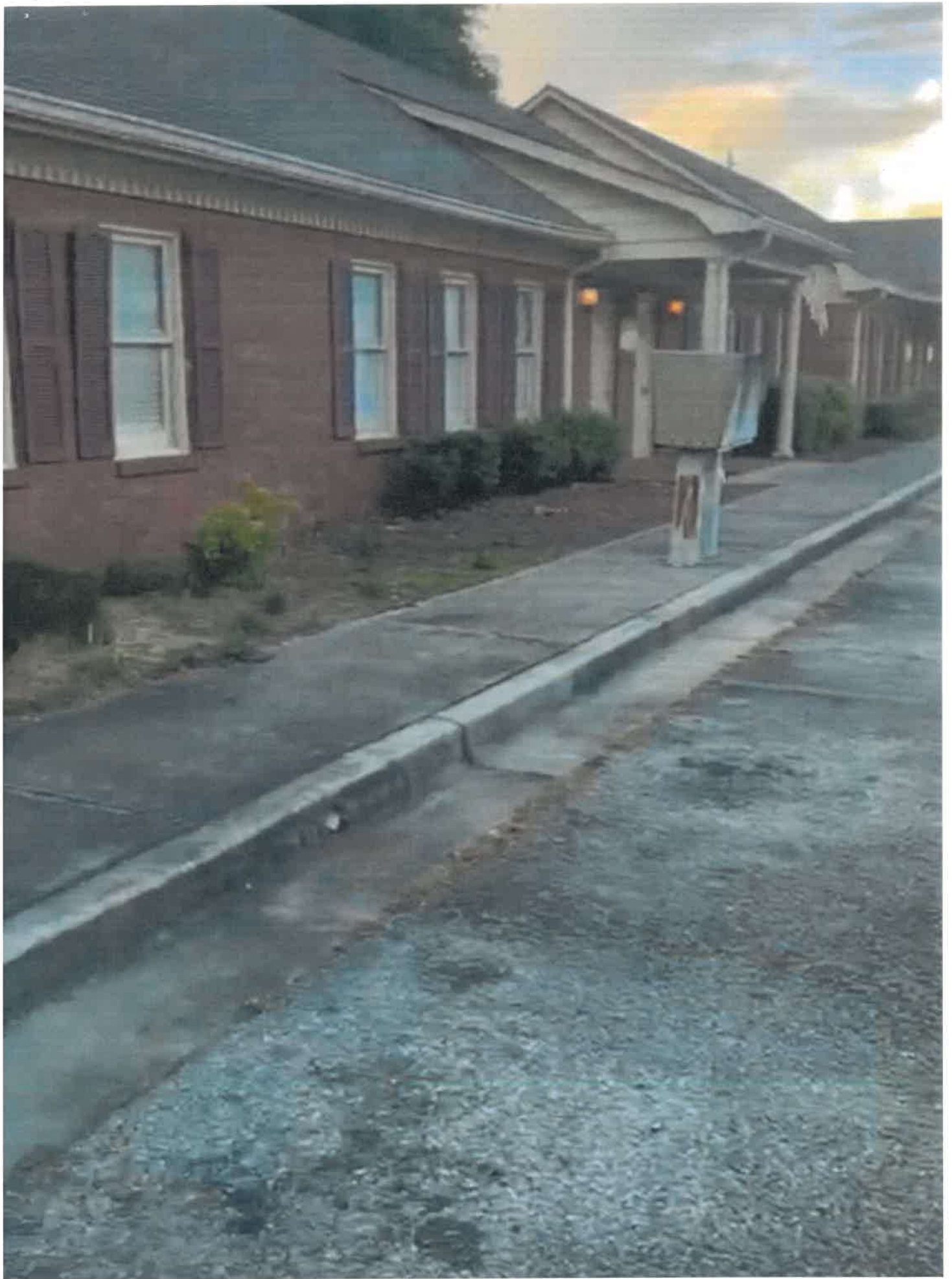
[Signature]
Notary Public

My Commission Expires: 11-2-22

[NOTARY SEAL]







Virtual Membership ID Card



2024 ASCP Member
ID: 25421544

Jessieca Danielle-Shade Sullivan, PBT(ASCP)^{CM}
Membership valid through: December 2024

Certification	Cert. #	Expires
PBT ^{CM}	66355	09/2027

Contact ASCP: 1.800.267.2727 or 312.541.4890
This card is not to be used as primary source verification of BOC certification.

JESSIECA SULLIVAN (CPBT, ASCP)
DIRECTOR - PHLEBOTOMY INSTRUCTOR
strictlyphlebotomyatl@gmail.com

On Tue, Mar 11, 2025 at 1:48 PM Community Development <communitydev@jonesboroga.gov> wrote:

Good afternoon Ms. Sullivan,
Please provide a picture of the proposed leasing space for the Design review committee and city council to see. Additionally, provide copies of any credentials that you have in this line of work. Once the application is advertised in the paper for the public meeting you will be notified when and where the meeting will take place.
Thank you in advance.



Adleasia Cameron, MPA | Community Development | City of Jonesboro, GA
Tel: 770-478-3800 | Cell: 770-570-2977 |
communitydev@jonesboroga.gov
[1859 City Center Way | Jonesboro, Georgia 30236 | www.jonesboroga.gov](https://www.jonesboroga.gov)

BASIC LIFE SUPPORT

**BLS
Provider**



**American
Heart
Association.**

Jessieca Sullivan

**has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Basic Life Support (CPR and AED) Program.**

Issue Date

3/4/2025

Training Center Name

Atlanta Technical College

Training Center ID

GA20151

Training Center City, State

Atlanta, GA

**Training Center Phone
Number**

(404) 225-4406

Training Site Name

Renew By

03/2027

Instructor Name

Tori Moore

Instructor ID

08140265873

eCard Code

255418132305

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

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C-2

Pat Daniel

From: Jessieca Sullivan <noreply@jotform.com>
Sent: Monday, February 10, 2025 9:35 AM
To: David Allen; Maria Wetherington; Pat Daniel
Subject: Re: Jonesboro, GA: Zoning Verification Request - Jessieca Sullivan

6113

Controlled
Use
per
Medical
Training
Center
Program



Jonesboro, GA: Zoning Verification Request

Name of Applicant: Jessieca Sullivan
Name of Business: Strictly Phlebotomy ATL
Property's Address: Street Address: 118 North Ave
City: Jonesboro
Postal / Zip Code: 30236
Email Address: strictlyphlebotomyatl@gmail.com
Phone: (Day) [REDACTED]
Phone: (Evening) [REDACTED]
Current Use of Property vacant
Proposed Use of Property (Please provide in great detail the intended use of the property): The proposed property will be used to operate a training school for phlebotomy and EKG certification programs. In the future I would also like to add a lab and drug screening office for various testing services. The facility will be designed to meet educational, healthcare, and regulatory standards.
Applicant's Signature Jessieca Sullivan
Date 02-10-2025

Professional
Training
School

You can [edit this submission](#) and [view all your submissions](#) easily.

Must submit cert. cate. form
GA Dept of Comm. Health