



CITY OF LOGANVILLE  
Department of Planning & Development  
P.O. Box 39 • 4303 Lawrenceville Road  
Loganville, GA 30052  
770.466.2633 • 770.466.3240 • Fax 770.554.5556

Date:

3-7-25

Application # R

25-015

**REQUEST FOR ZONING MAP AMENDMENT**  
A PETITION TO AMMEND THE OFFICIAL ZONING MAP OF THE CITY OF LOGANVILLE, GEORGIA

APPLICANT INFORMATION	PROPERTY OWNER INFORMATION*
<b>NAME:</b> <u>The Revive Land Group, LLC c/o Mahaffey Pickens Tucker, LLP</u>	<b>NAME:</b> <u>CTX Funding SPE, LLC</u>
<b>ADDRESS:</b> <u>550 North Brown Road, Suite 125</u>	<b>ADDRESS:</b> <u>P.O. Box 72</u>
<b>CITY:</b> <u>Lawrenceville</u>	<b>CITY:</b> <u>Good Hope</u>
<b>STATE:</b> <u>Georgia</u> <b>Zip:</b> <u>30043</u>	<b>STATE:</b> <u>Georgia</u> <b>Zip:</b> <u>30641</u>
<b>PHONE:</b> <u>(770) 232-0000</u>	<b>PHONE:</b> _____ (*attach additional pages if necessary to list all owners)
<b>Applicant is:</b> <input type="checkbox"/> Property Owner <input checked="" type="checkbox"/> Contract Purchaser <input type="checkbox"/> Agent <input type="checkbox"/> Attorney	
<b>CONTACT PERSON:</b> <u>Shane Lanham</u>	<b>PHONE:</b> <u>(770) 232-0000</u>
<b>EMAIL:</b> <u>slanham@mptlawfirm.com</u>	<b>FAX:</b> _____
<b>PROPERTY INFORMATION</b>	
<b>MAP &amp; PARCEL #</b> <u>C0470003 &amp; C0470003A00</u> <b>PRESENT ZONING:</b> <u>A-1 (Walton Co.)</u> <b>REQUESTED ZONING:</b> <u>RM-4</u>	
<b>ADDRESS:</b> <u>3215 &amp; 0 Tig Knight Road, Loganville, GA</u> <b>COUNTY:</b> <u>Walton</u> <b>ACREAGE:</b> <u>+/- 26.883</u>	
<b>PROPOSED DEVELOPMENT:</b> <u>Single-family detached residential neighborhood</u>	

You must attach: ☐ Application Fee ☒ Legal Description ☒ Plat of Property ☒ Campaign Contribution Disclosure  
☒ Letter of Intent ☒ Site Plan ☒ Names/Addresses of Abutting Property Owners ☒ Impact Analysis

Pre-Application Conference Date: \_\_\_\_\_

Accepted by Planning & Development: [Signature]

DATE: 3-7-25

FEE PAID: \$500.00

CHECK # CC RECEIPT # HGHNQGF5K TAKEN BY: Web DATE OF LEGAL NOTICE: 4/2/25 & 4/6/25 NEWSPAPER: THE WALTON TRIBUNE

PLANNING COMMISSION RECOMMENDATION: ☐ Approve ☐ Approve w/conditions ☒ Deny ☐ No Recommendation

Commission Chairman: [Signature]

DATE: 6/24/25

CITY COUNCIL ACTION: ☐ Approved ☐ Approved w/conditions ☒ Denied ☐ Tabled to \_\_\_\_\_  
☐ Referred Back to Planning Commission ☐ Withdrawn

Mayor \_\_\_\_\_

City Clerk \_\_\_\_\_

Date \_\_\_\_\_