



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: 3-7-25Application # 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 Reserve Leno Group, LLC d/b/a Reserve Pictures Theater, LLC</u> <b>ADDRESS:</b> <u>1515 North Brown Road, Suite 125</u> <b>CITY:</b> <u>Lawrenceville</u> <b>STATE:</b> <u>Georgia</u> <b>Zip:</b> <u>30043</u> <b>PHONE:</b> <u>(770) 232-0000</u>	<b>NAME:</b> <u>CTX Funding SPE, LLC</u> <b>ADDRESS:</b> <u>P.O. Box 72</u> <b>CITY:</b> <u>Good Hope</u> <b>STATE:</b> <u>Georgia</u> <b>Zip:</b> <u>30641</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 Lannan</u> <b>PHONE:</b> <u>(770) 232-0000</u> <b>EMAIL:</b> <u>slannan@mptlawfirm.com</u> <b>FAX:</b> _____	
PROPERTY INFORMATION	
<b>MAP &amp; PARCEL #</b> <u>CC0470003 &amp; CC0470003A00</u> <b>PRESENT ZONING:</b> <u>A1 (Urban Core)</u> <b>REQUESTED ZONING:</b> <u>RM-4</u> <b>ADDRESS:</b> <u>3215 S O 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: 3-7-25FEE 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☐ Referred Back to Planning Commission ☐ Withdrawn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: [Signature]City Clerk: [Signature]Date: 7/25/25