



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 # V 25 013

### APPLICATION FOR MAJOR VARIANCE

APPLICANT INFORMATION	PROPERTY OWNER INFORMATION*
NAME: <u>The Revue Land Group, LLC d/b/a Mahanley Prokers Master, LLP</u>	NAME: <u>CTX Funding SPE, LLC</u>
ADDRESS: <u>1550 North Brown Road, Suite 125</u>	ADDRESS: <u>P.O. Box 72</u>
CITY: <u>Lawrenceville</u>	CITY: <u>Good Hope</u>
STATE: <u>Georgia</u> Zip: <u>30043</u>	STATE: <u>Georgia</u> Zip: <u>30641</u>
PHONE: <u>(770) 232-0000</u>	PHONE: _____
(*attach additional pages if necessary to list all owners)	
Applicant is: <input type="checkbox"/> Property Owner <input checked="" type="checkbox"/> Contract Purchaser <input type="checkbox"/> Agent <input type="checkbox"/> Attorney	
CONTACT PERSON: <u>Shane M. Lammert, Attorney for Applicant</u> PHONE: <u>(770) 232-0000</u>	
EMAIL: <u>slammert@mpplawfirm.com</u> FAX: _____	
PROPERTY INFORMATION	
MAP & PARCEL # <u>C0470003 &amp; C0470003A00</u> PRESENT ZONING: <u>A1 (Walton Co.)</u> ACREAGE: <u>41.26.683</u>	
ADDRESS: <u>3215 &amp; 0 Tg Knight Road, Loganville, GA</u> COUNTY: <u>Walton</u>	
Ordinance and Section from Which Relief is Sought: <u>Sec 118-211(b)(2)</u>	
Description of Request: <u>Request for variance to allow single-family detached units in RM-4 zoning on parcel more than 2.640 feet from the center line of Main Street and Covington Street</u>	

You must attach: ☐ Application Fee ☒ Legal Description ☒ Plat of Property ☒ Letter of Intent  
☒ Site Plan ☒ Names/Addresses of Abutting Property Owners ☒ Justification 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: 4/24/25

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☐ Referred Back to Planning Commission ☒ Withdrawn

[Signature]  
Mayor

[Signature]  
City Clerk

7/25/25  
Date