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**SPECIAL LAND USE PERMIT ANALYSIS**

**Prepared By:** Ellis Still, Deputy Director of Planning & Zoning

**Petition Number:** SLUP 25-007

**Applicant:** Michael Stewart  
1695 Spring Hill Cove  
Lithonia, GA 30058  
[stewartmichaelz@yahoo.com](mailto:stewartmichaelz@yahoo.com)

**Property Owner:** Michael Stewart  
1695 Spring Hill Cove  
Lithonia, GA 30058  
[stewartmichaelz@yahoo.com](mailto:stewartmichaelz@yahoo.com)

**Project Location:** 1695 Spring Hill Cove (Parcel ID 16 131 01 157)

**District:** 1 – Councilwoman Tara Graves

**Acreage:** +/- 0.27 acres

**Existing Zoning:** RSM (Small Lot Residential Mix) District

**Overlay:** N/A

**Future Land Use:** Suburban (SUB)

**Proposed Development/Request:** The applicant is seeking to operate a personal care home.

**CPIM:** February 12, 2026

**Planning Commission:** March 3, 2026

**Mayor & City Council:** March 23, 2026

**Sign Posted/ Legal Ad(s) submitted:** January 27, 2026

**Staff Recommendations:** **Denial**

**Planning Commission:** **Deferral to April 7, 2026 (PC) meeting**

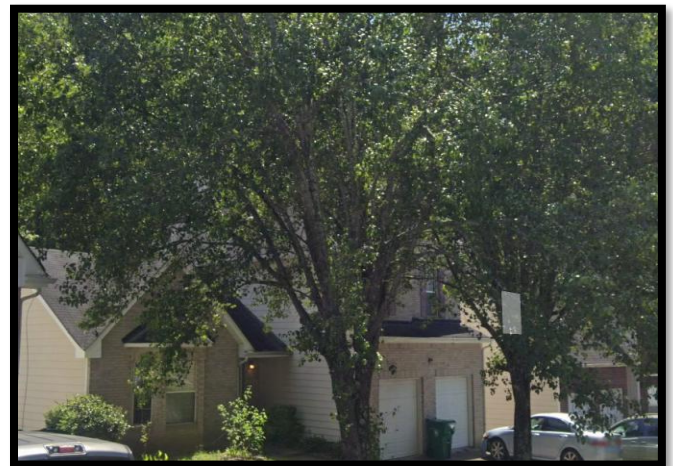
**PROJECT OVERVIEW**

**Location** The subject property is located at 1695 Spring Hill Cove, Lithonia, GA 30058 in the Rogers Crossing Subdivision off of Rogers Lake Road. Rogers Lake Road is classified as a Collector.

The property zoned RSM (Small Lot Residential Mix) zoning district and most of the surrounding properties are zoned RSM (Small Lot Residential Mix).



Adjacent & Surrounding Properties	Zoning (Petition Number)	Land Use
Adjacent: North	RSM- (Small Lot Residential Mix) District	Residential (Single Family Home)
Adjacent: West	RSM- (Small Lot Residential Mix) District	Residential (Single Family Home)
Adjacent: East	RSM- (Small Lot Residential Mix) District	Residential (Single Family Home)
Adjacent: South	RSM- (Small Lot Residential Mix) District	Residential (Single Family Home)



**Background** The zoning classification is RSM- Small Lot Residential Mix.

The property is developed as a single-family home in the Rogers Crossing Subdivision. The property has been used as a residence since it was built in 2002. There is another application for a personal care home in the neighborhood that was applied for in March of 2025. The home consists of 2,162 square feet and sits on 0.27 acre.

According to [Division 12, Section 2.12.1](#) The purpose and intent of the City Council in establishing the RSM (Small Lot Residential Mix) District is as follows: A. To provide for the creation of For Sale residential neighborhoods that allow a mix of single-family attached and detached housing options; B. To provide flexibility in design and product on the interior of new development while protecting surrounding neighborhoods;



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## DIVISION 2. - SUPPLEMENTAL USE REGULATIONS

### Sec. 4.2.41. - Personal care homes and child caring institutions.

#### A. Personal care homes, general requirements.

1. If owned by a corporation, partnership, Limited Liability Company or any entity other than a natural person, the administrator identified in the state license application must reside in the personal care home. If owned by an individual, the individual owner must reside in the group personal care home.
2. Each personal care home must obtain a city license as well as all license(s) and/or permit(s) required by the State of Georgia before beginning to operate. Each personal care home licensed and/or permitted by the State of Georgia must display its state-issued and city-issued license(s) and/or permit(s) in plain view, visible from the front doorway of the facility.
3. No personal care home may display any exterior signage that violates the sign ordinance in chapter 21 of the Code or the sign provisions in the zoning regulations for the underlying zoning district where the personal care home is located.
4. Personal care homes may apply for an FHA Accommodation Variance as provided for in section 7.5.9 of this chapter.
5. No city permit for the operation of the personal care home shall be transferable.

#### B. Personal care home, group (up to six persons).

1. Two copies of complete architectural plans for the subject group personal care home, signed or sealed by a registered architect, shall be submitted to the director of planning prior to issuance of a building permit or business license.
2. Each group personal care home must provide at least four parking spaces within a driveway, garage or carport and must comply with any applicable requirements in article 6.
3. The home must be at least 1,800 sq. ft in size.
4. In order to prevent institutionalizing residential neighborhoods, no group personal care home located in a residential zoning district may be operated within 1,000 feet of any other group personal care home. The 1,000-foot distance requirement is measured by a straight line which is the shortest distance (i.e., "as the crow flies") between the property lines of the two tracts of land on which the group personal care homes are located.

#### C. Personal care home, (seven or more persons).

1. Two copies of complete architectural plans for the subject community personal care home, signed or sealed by a registered architect, shall be submitted to the director of planning prior to issuance of a building permit or business license.
2. Each community personal care home must provide at least one-half parking spaces for each employee and resident and must comply with any applicable requirements in article 6.



Caption: An example Suburban Neighborhood Land Use in Stonecrest, GA

**Suburban Neighborhood (SN):** The Suburban Neighborhood area recognizes those areas of the city that have developed in traditional suburban land use patterns while encouraging new development to have increased connectivity and accessibility. These areas include those already developed and those under development pressures. Suburban Neighborhood areas are characterized by low-pedestrian orientation, limited transit access, scattered civic buildings, and curvilinear street patterns. The desired density for areas of this type is from 4 to 8 dwelling units per acre.

**Use Descriptions:** SF detached; Townhomes; Assisted Living facilities; Neighborhood Retail; Schools; Libraries; Parks and Related; Health Care, Civic

**Maximum Density, Units/Acre:** 4 to 8 du/ac

**Permitted Districts:** OI, OIT, NS, RSM, R100, R85, R75, R60, RNC

## Zoning Classifications Legend

C-1: Local Commercial

C-2 General Commercial

HR-1: High-density Residential 1

HR-1: High-density Residential 2

HR-1: High-density Residential 3

M: Light Industrial

M-2 Heavy Industrial

MR-1: Medium-density Residential 1

MR-2: Medium-density Residential 2

MU-1: Mixed-use Low Density

MU-2: Mixed-use Low-Medium Density

MU-3: Mixed-use Medium Density

MU-4: Mixed-use High Density

MU-5: Mixed-use Very High Density

NS: Neighborhood Shopping

OD: Office-distribution

OI: Office-Institutional

OIT: Office-Institutional Transitional

R-60: Residential Medium Lot-60

R-75: Residential Medium Lot-85

R-85: Residential Medium Lot-85

R-100: Residential Medium Lot-100

RE: Residential Estate

RLG: Residential Large Lot

RNC: Residential Neighborhood Conservation

RSM: Small Lot Residential Mix



## SLUP 25-007

ADDRESS: 1695 Spring Hill Cove

CURRENT ZONING: RSM- (Small Lot Residential Mix) District

OVERLAY: None

FUTURE LAND USE: Suburban (SUB)

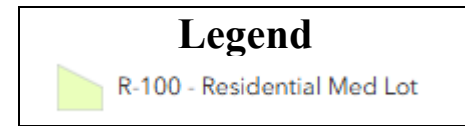
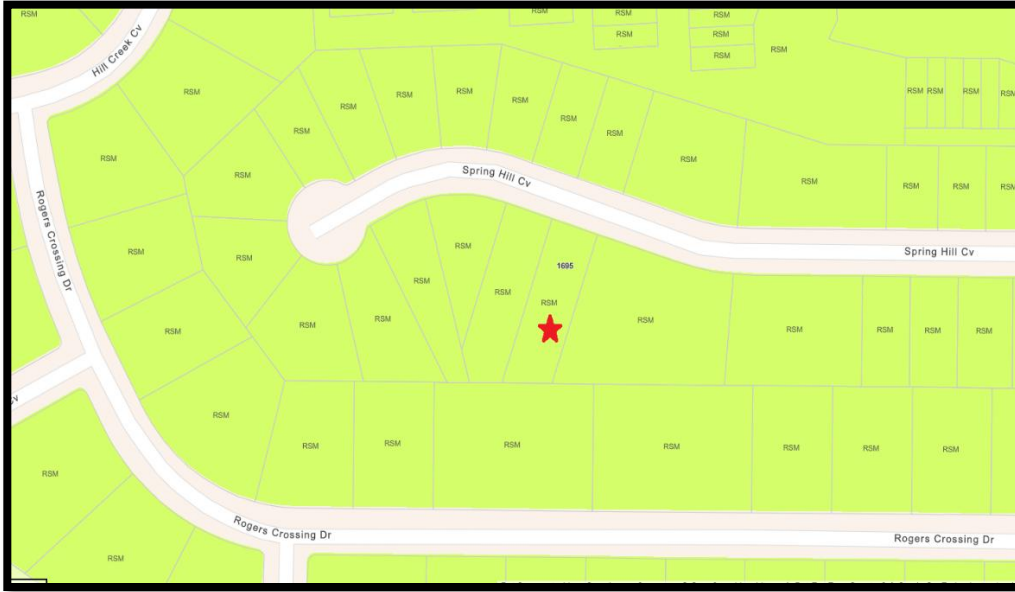


Subject Property

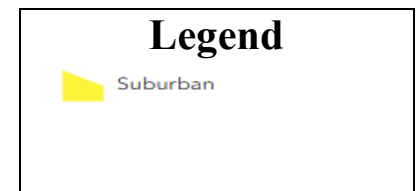
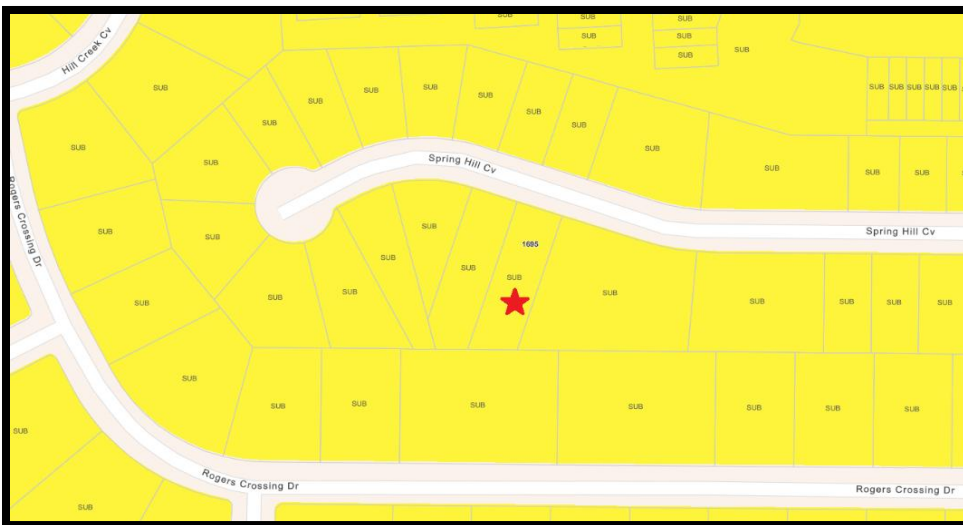
### Aerial Map



**Zoning Map**



**Future Land Use Map**





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## **STANDARDS OF REZONING REVIEW**

*Section 7.4.6 of the Stonecrest Zoning Ordinance list nineteen factors to be evaluated in consideration of granting a special land use permit. No application for a special land use permit shall be granted unless satisfactory provisions and arrangements have been made concerning each factor by the Community Development Department, Planning Commission and City Council. Each factor is listed with staff analysis.*

- A. Adequacy of the size of the site for the use contemplated and whether or not adequate land area is available for the proposed use including provision of all required yards, open space, off-street parking, and all other applicable requirements of the zoning district in which the use is proposed to be located.**

The property was developed in the early 2000's as part of a single-family home subdivision. The subject property consists of approximately +/- 0.27 acres of residential zone land. The lot is narrow and the home is tightly placed on the lot. The setbacks appear to be met. The lot has appropriate parking for four vehicle spaces. There is enough lot area in the rear of the property to accommodate the required open space.

- B. Compatibility of the proposed use with adjacent properties and land uses and with other properties and land uses in the district.**

The proposal is consistently compatible with the residential zone district and the existing residential developed properties. The site has a single-family dwelling on the land. The proposal for a personal care home is allowed, per Section 2.12.2, Permitted and Special Land Uses that governs the site. There is another personal care home within the neighborhood. It is permitted because it meets the required 1,000 feet distance requirement.

- C. Adequacy of public services, public facilities, and utilities to serve the proposed use.**

The property is located off Rogers Lake Road, which is a collector road and has access to existing developed public facilities and utilities.

- D. Adequacy of the public street on which the use is proposed to be located and whether or not there is sufficient traffic-carrying capacity for the use proposed so as not to unduly increase traffic and create congestion in the area.**

Rogers Lake Road is an existing roadway with a varied public right-of-way width. There is adequate traffic-carrying capacity along the roadway.

- E. Whether or not existing land uses located along access routes to the site will be adversely affected by the character of the vehicles or the volume of traffic generated by the proposed use.**

The proposed personal care home would not adversely affect the character of the vehicles or volume of traffic generated. The standard traffic volume for the site would likely be a very modest increase. The possible need for medical assistance would not likely be more than what currently exists.



**F. Adequacy of ingress and egress to the subject property and to all proposed buildings, structures, and uses thereon, with particular reference to pedestrian and automotive safety and convenience, traffic flow and control, and access in the event of fire or other emergency.**

Adequate ingress and egress are provided from Spring Hill Cove. There are no sidewalks available for pedestrian walkability along the frontage of the subject property or throughout the subdivision. The subject property is near a cul-de-sac and should accommodate the requirements of Fire and Emergency Services as far as access.

**G. Whether the proposed use will create adverse impacts upon any adjoining land use by reason of noise, smoke, odor, dust, or vibration generated by the proposed use.**

The proposed use should not adversely impact adjoining land uses by reason of noise, smoke, odor, dust, or vibration generated from a personal care home.

**H. Whether the proposed use will create adverse impacts upon any adjoining land use by reason of the hours of operation of the proposed use.**

The proposed use hours of operations should not create adverse impacts upon the adjoining land use. The applicant Letter of Intent indicate that there would be 24 hours can for 7 days a week from 9am – 5pm.

**I. Whether the proposed use will create adverse impacts upon any adjoining land use by reason of the manner of operation of the proposed use.**

The applicant stated that his brother would be staying at the home. There has been no communication from the brother regarding this business in his residence. There has been no consent given that he agrees with the requirements of the special land use permit. These issues and the fact that the applicant does not live on the site of the business are cause for concern.

**J. Whether the proposed use is otherwise consistent with the requirements of the zoning district classification in which the use is proposed to be located.**

The proposed use is otherwise consistent with the requirements of the zoning district in accordance with Article 2 – District Regulations Table 4.1 – Division 12, Section 2.12.2 (C).

**K. Whether the proposed use is consistent with the policies of the comprehensive plan.**

The use is consistent with the policies of the comprehensive plan and is permitted by the zoning ordinance as a special land use permit. The comprehensive list “*Assisted Living Facilities*” as a one of the use descriptions.

**L. Whether the proposed use provides for all required buffer zones and transitional buffer zones where required by the regulations of the zoning district in which the use is proposed to be located.**

The proposed use would be in an existing neighborhood and have adequate space required for the proposed use. The uses in the surrounding neighborhood are all similar in nature.



**M. Whether there is adequate provision of refuse and service areas.**

There are currently refuse and services provided at the property. The use would not change any of the current services.

**N. Whether the length of time for which the special land use permit is granted should be limited in duration.**

The Special Land Use Permit will be granted to the applicant for the requested use and is not transferable. If the use is discontinued, the permit will expire.

**O. Whether the size, scale and massing of proposed buildings are appropriate in relation to the size of the subject property and in relation to the size, scale and massing of adjacent and nearby lots and buildings.**

The size, scale and mass of the proposed development are appropriate in relation to the size of the subject property and in relation to the size and scale of the adjacent and nearby lots and buildings. However, it should be noted that according to the applicant's presentation, the garage area has been enclosed and converted to a living area. The City of Stonecrest does not show any permits in the system for building or inspections for any alterations to the structure.

**P. Whether the proposed use will adversely affect historic buildings, sites, districts, or archaeological resources.**

There are no historical buildings or archeological resources that staff are aware of in the area.

**Q. Whether the proposed use satisfies the requirements contained within the supplemental regulations for such special land use permit.**

The proposed use does not meet the requirements of the supplemental regulations. The supplemental regulations states "*If owned by an individual, the individual owner must reside in the group personal care home.*" The applicant has stated that his brother will be residing at the property.

**R. Whether the proposed use will create a negative shadow impact on any adjoining lot or building as a result of the proposed building height.**

The proposed use will not create a negative shadow impact on any adjoining lot or building as a result of building height. The building height is not proposing to change with this request.

**S. Whether the proposed use would be consistent with the needs of the neighborhood or the community as a whole, be compatible with the neighborhood, and would not be in conflict with the overall objective of the comprehensive plan.**

The proposed use would not necessarily benefit to the community as a whole due to an existing personal care home in the same subdivision. The proposed use could lead to over-saturation in the community where there is an existing personal care home.



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### **STAFF RECOMMENDATION**

Based on the review of the application and supporting materials, Staff finds there are several issues that are concerning.

- The structure appears to have been altered without permits or inspections. The garage area appears to have been converted into living space.
- There was a “Quitclaim Deed” that was submitted that does not appear to have been recorded and doesn’t appear to be official.
- The applicant stated that they are proposing to care for 3 individuals and there are 3 bedrooms in the home, however the brother lives at the location as well. Additionally, there will be a nurse at the home too.

Staff have concluded that the required findings for approval have not been adequately addressed for the proposed special land use permit. Additionally, the ordinance requires the owner to live at the personal care home. The brother lives at the home, but has not given consent, attended any of the meetings to give support or any comments. As a result, Staff has concluded that the proposed use does not meet the criteria established by the zoning ordinance. Therefore, Staff recommends **DENIAL** of the requested special land use permit.

### **PLANNING COMMISSION RECOMMENDATION – March 3, 2026**

The application was voted 3-0-0 to be deferred to Mayor and City Council ( March 23, 2026 meeting).



**Attachment(s): SLUP 24-006 Application Materials**

**QUITCLAIM DEED**

THIS INDENTURE, made this 15 day of January, 2024 between Michael Stewart, whose address is 721 Forest Glen Dr McDonough GA 30252, hereinafter called the Grantor, and Linval Morgan, whose address is 1695 Spring Hill Cv Lithonia GA 30058, hereinafter called the Grantee.

WITNESSETH, that the Grantor, for and in consideration of the sum of Ten Dollars (\$10.00) and other

good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, has

remised, released, and quitclaimed, and by these presents does remise, release, and quitclaim unto

the Grantee all right, title, interest, and claim which the Grantor has in and to the following described property:

All that tract or parcel of land lying and being in Dekalb County, Georgia, and being more particularly described as follows:

**LEGAL**  
THE LAND REFERRED TO IN THIS REPORT IS SITUATED IN THE CITY OF LITHONIA, COUNTY OF DEKALB AND STATE OF GEORGIA, AND DESCRIBED AS FOLLOWS:

ALL THAT TRACT OF PARCEL OF LAND LYING AND BEING IN LAND LOT 131 OF THE 16<sup>TH</sup> DISTRICT, DEKALB COUNTY GEORGIA, BEING LOT 54, BLOCK AMROGERS CROSSING, PHASE ONE AS PER PLAT RECORDED IN PLAT BOOK 122, PAGES 42-43, AND RE-RECORDED IN NAT BOOK 123, PAGE 107, DEKALB COUNTY, GEORGIA RECORDS, WHICH PLAT IS INCORPORATED HEREIN BY REFERENCE AND MADE A PART OF THIS DESCRIPTION.

THE IMPROVEMENT THEREON BEING KNOWN AS 1695 SPRING HILL COVE, LITHONIA, GA.

ALSO KNOWN AS: 1695 SPRING HILL COVE, LITHONIA, GEORGIA 30058

TO HAVE AND TO HOLD the said property unto the Grantee, so that neither the Grantor nor the

Grantor's heirs or assigns shall have, claim, or demand any right or title to the aforesaid property.

## SLUP (ANSWERS) APPLICATION

- A. RESIDENTIAL PROPERTY 3-BED, 2 1/2 BATH, WITH DEWEENY FRONT AND REAR YARD.
- B. PROPERTY IS COMPLIANT WITH OTHER PROPERTIES AND WILL NOT CREATE A HARDSHIP.
- C. PROPERTY HAS WATER, SEWER, ELECTRICITY AND COMBUSTIBLE SERVICE WILL BE PROVIDED BY LOCAL COMPANY.
- D. TRAFFIC WILL NOT BE UNDELY AFFECTED. ALL CLIENTS WILL USE TRANSPORTATION PROVIDED TO THEM. CAR OR VAN. NO TRUCKS OR BUSES.
- E. NO! VEHICLES VISITING THE RESIDENCE ARE AUTOMOBILES.
- F. NO! ALL ACCESS IS THROUGH FRONT AND REAR DOORS. WITH WINDOWS TO ALLOW FIRST RESPONDERS EMERGENCY ACCESS.
- G. NO! NO ACTIVITIES CONDUCTED THAT WILL CREATE ANY NOISE, SMOKE, ODDOR OR DUST.
- H. NO! HOURS OF OPERATION ARE 9AM TO 5PM

①

- I. NO! THERE ARE NO ADVERSE IMPACTS ON ADJOINING PROPERTIES.
- J. YES! ZONING CLASSIFICATIONS, WILL ALLOW A (3) BED RESIDENTIAL HOME IN THIS AREA.
- K. YES! THE PLAN CALLS FOR PROVIDING CURBS FOR (3) INDIVIDUALS.
- L. YES! NO BUFFER ZONES NEEDED, NO NOISE, CHURNINGS, ETC.
- M. YES! TRASH WILL BE PLACED IN CANS, AND PICKED UP BY LOCAL COMPANY.
- N. NO! SPECIAL USE PERMIT, SHALL BE FOR DURATION OF LIFE OF FACILITY.
- O. YES! RESIDENTIAL AREA, ALL PROPERTIES ARE SIMILAR.
- P. NO! USE WILL NOT AFFECT NO OTHER PROPERTIES OR ENTITIES.
- Q. YES! PROPOSED USE SATISFIES ALL REQUIREMENTS.
- R. NO! ALL BUILDINGS ARE IN PLACE, NO HEIGHT WILL BE ADDED TO THE STRUCTURE.

②

5. Yes! THE PROPERTY DOES NOT AFFECT FUTURE DEVELOPMENT PERMS.  
IT'S COMPATIBLE WITH OTHER PROPERTIES IN THE AREA.  
DOES NOT AFFECT TRAFFIC, HAS NO OPERATIONAL IMPACT.  
AND SERVES THE COMMUNITY BY PROVIDING A SERVICE FOR  
THOSE IN NEED.

(3)



PARID: 16 131 01 157  
Tax Dist: 80-STONECREST  
STEWART MICHAEL ST JOHN

1695 SPRING HILL CV

**Residential Structure**

Building #	1
Land Class	R3 - RESIDENTIAL LOT
Stories	1
Construction	7 - FRAME/BRICK
Style	05 - SPLIT-LEVEL
Living Area	2,162
Quality Grade	020
Condition	AV
Year Built	2002
Remodeled Year	
Effective Year	
Bedrooms	3
Full Baths	2
Half Baths	1
Total Fixtures	12
Fireplaces	1
AC	4 - CENTRAL WITH A/C
Basement	1 - SEE ADDITIONS
Unfinished Area	
Finished Basement Living Area	
Functional Obsolescence	
Economic Obsolescence	
% Complete	100

**Additions**

Addition Number	Description	Area
0	---	1,702
1	-L/L FR FINISH--	460
2	GAR FR BLT-IN---	500
3	-OPEN PORCH--	28
4	-PATIO--	130
5	-GAR FR 1 STORY--	48

## Site Adequacy & Building Suitability

### Adequacy of the Site for the Proposed Use

The selected property provides a structurally appropriate and operationally efficient setting for SM Health Care's administrative functions. The site offers sufficient interior space for offices, training, staff coordination, and secure record maintenance without the need for physical expansion.

### Key Considerations:

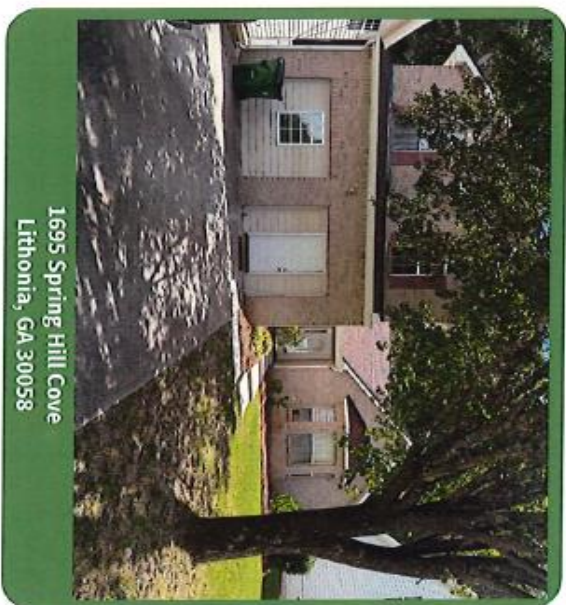
- The existing footprint supports all required business functions with no modification needed.
- Our operations involve low-density occupancy and minimal physical equipment, ensuring ample space for daily activities.
- No specialized medical facilities, treatment rooms, or storage spaces are required on-site.

### Building Size, Scale, and Massing

SM Health-care's use does not alter the existing structure or introduce any visual or physical changes that would affect surrounding properties.

### Highlights:

- No new construction, additions, or external alterations.
- Scale and appearance remain consistent with all other commercial properties in the district.
- Use of the building remains administrative only, maintaining the original architectural intent.



## Amendment Application

All applications and plans must be submitted through the [Citizenserve Online Portal](#)



### Amendment Application

PROPERTY		
Site Address(es):	1695 Spring Hill Cove Lithonia GA 30058	Parcel #: Zip: 30058
Project Name (If applicable):	Stewart Michaels Home Health Care Inc	
Current Zoning		Proposed Zoning
Current Use		Proposed Use

OWNER INFORMATION		
Name:	Michael Stewart	
Address:	1695 Spring Hill Cove	
Email:	stewartmichael2@yahoo.com	Phone: 404 569-1189
APPLICANT		
Name:	Michael Stewart	
Address:	1695 Spring Hill Ave	
Email:	stewartmichael2@yahoo.com	Phone: 404 569 1189



#### AFFIDAVIT

To the best of my knowledge, this application form is correct and complete. If additional information is determined to be necessary, I understand that I am responsible for filing additional materials as specified by the City of Stonecrest's Zoning Ordinance. I understand that failure to supply all required information (per the relevant Applicant Checklists and Requirements of the Stonecrest Zoning Ordinance) will result in the rejection of this application. I have read the provisions of the Georgia Code Section 36-67A-3 as required regarding Campaign Disclosures. My Signed Campaign Disclosure Statement is included.

Applicant's Name:	Michael Stewart	
Applicant's Signature:	Michael Stewart	Date:
NOTARY		
Sworn to and subscribed before me this	October / Day of 6 <sup>th</sup> 20 25	
Notary Public:	Angela Robinson	
Signature:	Angela Robinson	Date: 10/6/25



## Amendment Application


All applications and plans must be submitted through the [Citizenserve Online Portal](#)



### Property Owner(s) Notarized Certification

The owner and petitioner acknowledge that this amendment application form is correct and complete. By completing this form, all owners of the subject property certify authorization of the filing of the application for amendment(s), and authorization of an applicant or agent to act on their behalf in the filing of the application including all subsequent application amendments.

Property Owner			
Name:	Michael Stewart	City, State:	Lithonia GA 30058 Zip: 30054
Address:	1695 Spring Hill Cove	Date:	
Signature:	Michael Stewart		
Sworn to and subscribed before me this _____ day of _____, 20____			
Notary Public:			

Additional Property Owner (if applicable)			
Name:		City, State:	Zip:
Address:		Date:	
Signature:			
Sworn to and subscribed before me this <u>6<sup>th</sup></u> day of <u>October</u> , 20 <u>25</u>			
Notary Public: <u>Angela Robinson</u>			
			

Additional Property Owner (if applicable)			
Name:		City, State:	Zip:
Address:		Date:	
Signature:			

## Amendment Application

All applications and plans must be submitted through the [Citizenserve Online Portal](#)



Sworn to and subscribed before me this 6<sup>th</sup> day of October 2025

Notary Public:

*Angela Robinson*







## Amendment Application

All applications and plans must be submitted through the [Citizenserve Online Portal](#)



### Applicant(s) Notarized Certification

The petitioner acknowledged that this amendment application form is correct and complete. By completing this form, all applicant of the subject property certifies authorization of the filing of the application for amendment(s), and authorization of an applicant or agent to act on their behalf in the filing of the application including all subsequent application amendments.

Applicant			
Name:	Michael Stewart	City, State:	Lithonia Ga
Address:	1695 Spring Hill Cove	Zip:	30054
Signature:	Michael Stewart	Date:	
Sworn to and subscribed before me this <u>6<sup>th</sup></u> day of <u>October</u> , 20 <u>25</u>			
Notary Public:			

Applicant (if applicable)			
Name:		City, State:	Zip:
Address:			
Signature:		Date:	
Sworn to and subscribed before me this _____ day of _____, 20____			
Notary Public:			

Applicant (if applicable)			
Name:		City, State:	Zip:
Address:			
Signature:		Date:	



## Amendment Application

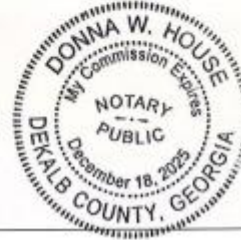
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### Applicant(s) Notarized Certification

The petitioner acknowledged that this amendment application form is correct and complete. By completing this form, all applicant of the subject property certifies authorization of the filing of the application for amendment(s), and authorization of an applicant or agent to act on their behalf in the filing of the application including all subsequent application amendments.

#### Applicant

Name:	Kaareem Waseem		
Address:	3657 Smith Hill Dr. 16408	City, State:	Lithonia GA Zip: 30058
Signature:	Kaareem Waseem	Date:	Spring Hill Cove
Sworn to and subscribed before me this <u>6<sup>th</sup></u> day of <u>November</u> , 20 <u>25</u>			
Notary Public:	Donna L. House		



#### Applicant (if applicable)

Name:			
Address:		City, State:	Zip:
Signature:		Date:	
Sworn to and subscribed before me this _____ day of _____, 20____			
Notary Public:			

#### Applicant (if applicable)

Name:			
Address:		City, State:	Zip:
Signature:		Date:	



## Amendment Application

All applications and plans must be submitted through the [Citizenserve Online Portal](#)



Sworn to and subscribed before me this 6<sup>th</sup> day of October, 2025

Notary Public:

*Angela Robinson*





## Amendment Application

All applications and plans must be submitted through the [Citizenserve Online Portal](#)



### Campaign Disclosure Statement

Have you, within the two years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more to a member of the City of Stonecrest City Council or a member of the City of Stonecrest Planning Commission?

Yes

No

<b>Applicant/Property Owner</b>			
<b>Name:</b>	Kareem Waseem		
<b>Address:</b>	1695 Spring Hill Cove	<b>City, State:</b>	Lithonia 30028
<b>Signature:</b>	Kareem Waseem	<b>Date:</b>	

If the answer above is yes, please complete the following section:

Date	Government Official & Position	Description	Amount



## Amendment Application

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### Campaign Disclosure Statement

Have you, within the two years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more to a member of the City of Stonecrest City Council or a member of the City of Stonecrest Planning Commission?

Yes

No

Applicant/Property Owner			
Name:	Michael Stewart		
Address:	1695 Spring Hill Cove	City, State:	Zip: 30088
Signature:	Michael Stewart	Date:	

If the answer above is yes, please complete the following section:

Date	Government Official & Position	Description	Amount



**Planning Administrative Technician**

Dear Sir or Madam,

My name is **Michael Stewart**, and I am the owner of **Stewart Michael Home Health Care**, located at **1695 Springhill Cove**. I am submitting this letter to formally request zoning approval for the establishment of a **personal care home** at the above address.

The mission of Stewart Michael Home Health Care is to provide compassionate, high-quality care to individuals in need of medical and personal assistance. Our goal is to create a safe, nurturing environment that promotes dignity, comfort, and independence for every resident we serve.

I am committed to operating this home in full compliance with all applicable state and local regulations. This endeavor reflects my dedication to serving our community and fulfilling a calling to help those who require support and care.

Thank you for your time and consideration of this request. I look forward to the opportunity to contribute positively to our community through this important work.

Sincerely,

**Michael Stewart**  
Owner, Stewart Michael Home Health Care  
1695 Springhill Cove



1. A **Trip Generation Report** shall be submitted as a part of zoning applications for all Non-Residential and Mixed Use developments and for Residential Developments with greater than 10 proposed units. Applicants should follow this sample report:

Land Use (ITE Code)	Intensity	Daily		A.M Peak		P.M. Peak		
		Total	In	Out	Total	In	Out	Total
General Office (710)	50,000 Gross Square Feet	782	95	13	108	23	112	135
Townhouse (230)	200 Units	1,157	15	75	90	71	35	106
<b>TOTAL</b>		<b>1,939</b>	<b>110</b>	<b>88</b>	<b>198</b>	<b>94</b>	<b>147</b>	<b>241</b>

2. A **Traffic Impact Study** shall be submitted as part of the zoning application for developments that produce 100 or more peak hour trips or at the discretion of the Public Works Department based on review of the request at the pre-application meeting.
3. The minimum requirements of the Traffic Impact Study shall be as follows:

Land Use	ITE Code	Variable	Rate Trips/ Var	Minimum Size for 100 Peak Hour Trips
<b>Residential</b>				
Single Family Detached	210	Housing Units	1.01	99 Units
Apartment	220	Housing Units	0.62	161 Units
Townhome/Condo	230	Housing Units	0.52	192 Units
<b>Retail</b>				
Shopping Center	820	1000 sf GLA	3.71	26 ksf GLA
Specialty Center	826	1000 sf GLA	5.02	20 ksf GLA
Pharmacy -no drive-thru	880	1000 sf	8.4	11.5 ksf
Pharmacy -w/drive-thru	881	1000 sf	9.91	10 ksf
<b>Services</b>				
Fast Food	934	1000 sf	45.42	2.2 ksf
Sit Down Restaurant	932	1000 sf	10.81	9 ksf
Coffee/Donut Shop	937	1000 sf	100.58	1 ksf
Bank no drive-thru	911	1000 sf	12.13	8 ksf
Bank w/drive-thru	912	1000 sf	24.3	4 ksf
Gas Station	944	Pumps	13.87	7 pumps
<b>Institutional</b>				
Day Care	565	Students	0.81	123 Students
Private School (K-8)	534	Students	0.9	111 Students
Private School (K-12)	536	Students	0.81	123 Students
<b>Office</b>				
General Office	710	1000 sf	1.56	64 ksf
Medical Office	720	1000 sf	3.57	28 ksf
<b>Lodging</b>				
Hotel	310	Rooms	0.6	166 Rooms



**Attachment(s): Community Planning Information Meeting (CPIM) Summary Minutes**



**CITY OF STONECREST, GEORGIA**

*Community Planning Information Meeting (CPIM)*

*Summary Minutes*

February 12, 2026, at 6:00 P.M.

[Planning-zoning@stonecrestga.gov](mailto:Planning-zoning@stonecrestga.gov)

**\*IN-PERSON MEETING**

[Stonecrest's YouTube Broadcast Link](#)

Citizens wishing to actively participate and comment during the public hearing portion of the meeting may comment in person. You may also submit your request, including your full name, address, and position on the agenda item you are commenting on (for or against) via email to [Planning-zoning@stonecrestga.gov](mailto:Planning-zoning@stonecrestga.gov) by 2 p.m. the day before the meeting to be read into the record at the meeting.

- I. CALL TO ORDER AND INTRODUCTIONS: Planning and Zoning Staff – Felisha Blair, Planner
- II. REVIEW OF THE PURPOSE AND INTENT OF THE COMMUNITY PLANNING INFORMATION MEETING AND RULES OF CONDUCT– Felisha Blair, Planner
- III. Item(s) of Discussion:

PETITION: RZ25-013  
PETITIONER: Darrell Johnson of JDM Consultants, LLC  
LOCATION: 3309 Panola Road  
PETITIONER'S REQUEST: The request is for a rezoning and map amendment of the parcel from R-100 (Residential Medium Lot - 100) to RSM (Small Lot Residential Mix) for a proposed residential development.

PETITION: RZ25-014  
PETITIONER: Darrell Johnson of JDM Consultants, LLC  
LOCATION: 3313 Panola Road  
PETITIONER'S REQUEST: The request is for a rezoning and map amendment of the parcel from R-100 (Residential Medium Lot - 100) to RSM (Small Lot Residential Mix) for a proposed residential development.

The applicant for RZ25-013 and RZ25-014 was not present, but constituents were given the opportunity to speak.

Wesley Mitchel, a resident, came up to state his concern about the location of the proposed dog park and run off pool and asked if they could be located near the front of the development. He also stated his concern about the number of homes being proposed and the potential decrease in property values. Lastly, he mentioned noise during construction and stated that he is willing to work with what the city decides to do with the petition.

Anthony Paris, a resident, came up to speak. He stated his concern about the potential decrease in property values. Being a disabled veteran, and wanting to keep the peace.

Ronald Oneil, a resident, came up to speak. He stated his concerns about the pricing proposed for the homes as well as the quality. He also stated his concern about pests during the construction period.

Lewis Anderson, president of the Hilson Head HOA, stated his concern about the deferment of the application as well as the veterans who live in his subdivision. He stated his support for the city as a resident and asked for support.

PETITION: SLUP25-007  
PETITIONER: Michael Stewart of Stewart Michael Home Health Care  
LOCATION: 1695 Spring Hill Cove  
PETITIONER'S REQUEST: The request is for a Special Land Use Permit (SLUP) to operate a personal care home.

Michael Stewart, the applicant, came up to speak and stated that after the passing of his mother, who was not in a senior facility, he decided with his brother that they would like to operate this use. He stated that his brother will be staying in the home and that he lives near it. They will be working with a government-funded program, and the home will operate



## CITY OF STONECREST, GEORGIA

24/7 with a live-in nurse.

Ramona Eversley, senior planner, asked the applicant about the number of bedrooms, the number of patients, the nurses, and the applicant's brother.

Michael Stewart, the applicant, stated that there are four bedrooms in the home, that there will be two to three patients, that the nurse will be in the master bedroom, and that his brother will also be in the home.

Fellisha Blair, planner, asked the applicant if he submitted documents showing co-ownership of the property.

Michael Stewart, the applicant, stated that the documents had been submitted.

Renee Cale, a resident, asked about the level of care of the patients who will be living in the home.

Michael Stewart, the applicant, stated that there will be a live-in nurse and that he will be able to pick his clients, who will be of the same gender.

Renee Cale, a resident, asked if there was a backup plan if a nurse is not available to work.

Michael Stewart, the applicant, stated that there will be other nurses on staff and that the seniors will not be at the home during the day because there are programs that the state offers for them to participate in.

Fellisha Blair, planner, asked about visitation and transportation schedules.

Michael Stewart, the applicant, stated that all of the clients will be picked up and dropped off at the same time. He additionally stated that he is still working on visitation hours.

Fellisha Blair, planner, asked about the drop-off and pick-up times.

Michael Stewart, the applicant, was not able to provide specific times.

Ellis Still, deputy director, asked if the caregivers would be certified.

Michael Stewart, the applicant, stated that the nurses will come through the state's government program.

<b>PETITION:</b>	V26-001
<b>PETITIONER:</b>	Hugh Delaney of D2construction Services
<b>LOCATION:</b>	2955 Klondike Road
<b>PETITIONER'S REQUEST:</b>	The request is for a variance from Section 3.5.7 of the city's code to encroach into the transitional buffer for the installation of a street for a residential development.

Hugh Delaney of D2construction Services the applicant came up to speak. He stated that the property is currently under development for townhomes. They are requesting encroachment into the 50-foot buffer in order to build a road through the property located at 2979 Klondike Road to access the main road for ingress and egress.

Cecil Cody, a resident, stated his concern about the development being built behind his property, the types of people who will move into the townhomes, and the trees on his parcel being cut down. He asked if the applicant could build a fence to border the properties.

Onethia Cody, a resident, stated her concern about her privacy being taken since the project has started development, and rats being in her yard. She also asked for a fence.

Hugh Delaney of D2construction Services stated that if there is trash left on the property, it is removed and that he will take their concerns to the owners.



**CITY OF STONECREST, GEORGIA**

**IV. ADJOURNMENT**

The meeting was adjourned at 6:53 p.m.

Americans with Disabilities Act

*The City of Stonecrest does not discriminate on the basis of disability in its programs, services, activities, and employment practices.*

*If you need auxiliary aids and services for effective communication (such as a sign language interpreter, an assistive listening device, or print material in digital format) or reasonable modification to programs, services, or activities, contact the ADA Coordinator, Sonya Isom, as soon as possible, preferably 2 days before the activity or event.*

APPROVED: <i>Ellis Still</i>	2/24/2026
<hr/> DIRECTOR, PLANNING & ZONING	<hr/> DATE
ATTEST: <i>Cobi Brown</i>	02/24/2026
<hr/> SECRETARY	<hr/> DATE