



City of Stone Mountain
875 Main Street
Stone Mountain, GA 30083

STAFF ANALYSIS AND REPORT

OWNER/APPLICANT: Meta Capital, LLC c/o Elisabeth Richmond

LOCATION: 1103 Forrest Avenue
(Parcel ID: 18 090 01 001)

CURRENT ZONING/USE: GC: Single-Family Residential

PROPOSED ZONING/USE: GC: Vacation Home Facility

REQUEST: Special Use Permit for Vacation Home Facility.

ZONING/ADJACENT LAND USE:

North	R-2: Traditional Residential – Single-Family
South	GC: General Commercial– Single-Family
West	R-2: Traditional Residential – Single-Family
East	GC: General Commercial– Single-Family

MEETING INFORMATION:

Planning & Zoning Commission:	05/20/2024 – 6:30 P.M
Mayor & City Council 1 st Read:	06/18/2024 – 6:30 P.M.
Mayor & City Council Public Hearing:	07/02/2024 – 6:30 P.M.

RECOMMENDATION:

Staff recommends approval with conditions.

BACKGROUND:

June 18, 2024

To: City of Stone Mountain Planning Commission

From: Sarah McQuade, Planner

Subject: The applicant is requesting a Special Use Permit to allow for a Vacation Home Facility.

Background:

Article XVI of Appendix A – Zoning defines a vacation home facility as “a residential type development with commercial enterprise, offering whole house rental with no more than four lodging rooms for temporary occupancy for a fee that does not offer food to guests.” The applicant requests a vacation home facility with four bedrooms.

The existing residential structure on the property was constructed in 1930 with two bedrooms and two bathrooms. According to the DeKalb County Tax Assessor’s website, the home has 1,067 square feet of living area. The property owner has received permit approvals for the exterior renovations of the home, a storage shed, and a gazebo that are currently on the property.

The property owners are residents of DeKalb County and the property manager is a resident of the City of Stone Mountain.

Analysis: Pursuant to Article II of the City of Stone Mountain Zoning Ordinance, Staff has reviewed the variance request in accordance with the required review criteria.

A. Whether or not there will be a significant adverse effect on the neighborhood or area in which the proposed use will be located.

There are not any anticipated adverse impacts on the neighborhood or area. The existing building is within the Single-Residential future land use category and the Five Points (Gateway) Character Area. These categories call for a variety of residential uses including condominium residential, multi-family residential, single-family residential, and townhome/duplex residential with the Five Points (Gateway) commercial and office/professional uses.

B. Whether or not the use is compatible with the neighborhood.

The proposed use appears to be compatible with the surrounding uses. The proposed staff conditions would limit the number of guests allowed on the property to help ensure the single-family nature of the property is preserved.

C. Whether or not the proposed use will constitute a nuisance as defined by state law.

It is not anticipated that the proposed use will constitute a nuisance.

- D. Whether or not property values of surrounding property will be adversely affected.**
Adjacent property values are not anticipated to be adversely affected through the establishment of the requested use.
- E. Whether or not adequate provisions are made for parking and traffic considerations.**
It is not anticipated that the proposed use will cause a burden on traffic. This is an existing residential unit with a long driveway to easily accommodate two to three vehicles.
- F. Whether or not the site or intensity of the use is appropriate.**
The proposed vacation home facility use does appear to be of an appropriate site and intensity.
- G. The location or proximity of other similar uses (whether conforming or non-conforming).**
Staff is not aware of any legally operating vacation home facilities on this block. However, there is an owner-occupied short-term rental in the vicinity along Poplar Springs Road.
- H. Whether or not adequate controls and limits are placed upon commercial deliveries.**
It is not anticipated that there would be any commercial deliveries to the site.
- I. Whether or not adequate landscaping plans are incorporated to ensure appropriate transition.**
The proposed use is within an existing development that has existing landscaping.
- J. Whether or not the public health, safety and welfare of the surrounding neighborhoods will be adversely affected.**
The subject property is located within a residential neighborhood and will not produce adverse impacts on the public health, safety, and welfare of surrounding neighborhoods. There will not be an undue strain on resources (i.e.: schools, transportation, water) based on the characteristics of the proposed use.
- K. Whether it is consistent with the Comprehensive Plan.**
The existing building is within the Single-Family Residential Future Land Use Category and the Five Points (Gateway) Character Area. These categories call for a variety of residential uses including condominium residential, multi-family residential, single-family residential, and townhome/duplex residential.

Recommendation:

Pursuant to Article II of the City of Stone Mountain Zoning Ordinance, Staff recommends that the special use permit be **APPROVED** with the following conditions:

1. A property manager shall be designated and filed with the City Clerk during the occupational tax process. Contact information for a 24-hour representative shall be provided.
2. The following contacts shall be displayed in a conspicuous location in the vacation home facility:

- a. Property Manager/24-hour contact
 - b. Fire
 - c. Police (emergency and non-emergency numbers)
3. Occupancy shall be limited to no more than 2 persons per bedroom or a total of 4 people occupying the property at any one time.
4. Occupancy by guest(s) shall not exceed 14 consecutive days during any 90-day period.
5. The unit shall be required to have a smoke alarm in each lodging room (guest room) and a fire extinguisher visible and accessible to guests.
6. The facilities are subject to at least one annual inspection at the time of initial licensing and during renewal of the same. The facility may be subject to other inspections, if complaints are filed with the City.
7. There shall be no on-street parking allowed by occupants.

On May 20th, 2024, the Planning Commission recommended **APPROVAL** with staff's conditions for a special use permit for a vacation home facility at 1103 Forrest Avenue.

Attachments:

1. Application
2. Floor Plans
3. Applicant's Letter of Intent
4. Zoning Verification Form
5. Property Manager Form
6. Article XVI of Appendix A - Vacation Home Facilities



APPLICATION FOR USE PERMIT

City of Stone Mountain
875 Main Street
Stone Mountain, GA 30083

Date Received: 05/10/24

USE PERMIT#: _____
(Office Use Only)

APPLICANT INFORMATION

Applicant Name:	<u>Elisabeth Richmond/Migdalia Martinez</u>		
Address:	<u>701 Mountain Oaks Pkwy,</u>		
Phone:	<u>(949) 315-6099</u>	Cell:	<u>Stone Mtn</u>
Email Address:	<u>Mic4108@aol.com</u>		

OWNER INFORMATION (If different from Applicant)

Owner Name:	_____		
Address:	_____		
Phone:	_____	Cell:	_____
Email Address:	_____		

PROPERTY INFORMATION

Address:	<u>1103 Forrest Ave, Stone Mtn. GA 30083</u>		
Parcel ID#:	_____	Land Lot:	_____
District:	_____		

CURRENT ZONING: R2

USE PERMIT REQUEST: short term rental

Name (print) Elisabeth Richmond

Signature: [Signature] Date: 5/10/24

SECTION II

OWNER/PETITIONER

NOTICE: Part 1 and/or Part 2 below must be signed and notarized when the petition is submitted. Please complete Section IV as follows:

- a) If you are the sole owner of the property and not the petitioner complete Part 1.
- b) If you are the petitioner and not the sole owner of the property complete Part 2.
- c) If you are the sole owner and petitioner complete Part 1.
- d) If there are multiple owners each must complete a separate Part 1 and include it in the application.

Part 1. Owner states under oath that he/she is the owner of the property described in the attached legal description, which is made part of this application.

 TYPE OR PRINT OWNER'S NAME

 ADDRESS

 CITY & STATE ZIP CODE

 OWNER'S SIGNATURE

 EMAIL ADDRESS

see attached

Sworn to and subscribed before me this the
 _____ Day of _____ 20____

 NOTARY PUBLIC

 PHONE NUMBER

PART 2. Petitioner states under oath that: (1) he/she is the executor or Attorney-in-fact under a Power-of-Attorney for the owner (attach a copy of the Power-of-Attorney letter and type name above as "Owner"); (2) he/she has an option to purchase said property (attach a copy of the contract and type name of owner above as "Owner"); or (3) he/she has an estate for years which permits the petitioner to apply (attach a copy of lease and type name of owner above as "Owner").

 TYPE OR PRINT PETITIONER'S NAME

 ADDRESS

 CITY & STATE ZIP CODE

 PETITIONER'S SIGNATURE

 EMAIL ADDRESS

Sworn to and subscribed before me this the
 _____ Day of _____ 20____

 NOTARY PUBLIC

 PHONE NUMBER

SECTION V

ATTORNEY / AGENT

Check One: Attorney Agent

Elisabeth Richmond
 TYPE OR PRINT ATTORNEY / AGENT NAME

[Signature]
 SIGNATURE OF ATTORNEY / AGENT

5163 Poplar Springs Rd
 ADDRESS

Stone Mtn, GA 30083
 CITY & STATE ZIP CODE

MptaCapitalLLCMgmt@gmail.com
 EMAIL ADDRESS

(803)524-4699
 PHONE NUMBER

 PETITIONER'S SIGNATURE



USE PERMIT CONSIDERATIONS

Applicant: Elisabeth Richmond / Migdalia Martinez

Analyze the impact of the proposed use permit with the following questions:

1. Compatibility with land uses and zoning districts in the vicinity of the property for which the use permit is proposed? yes
2. What is the extent to which property values are diminished by their particular zoning restrictions? none
3. What is the extent to which the possible reduction of property values of the subject property promotes health, safety, morals or general welfare of the public? none
4. What is the relative harm to the public as compared to the hardship imposed upon the individual property owner? none
5. What is the suitability of the subject property for the zoning proposed? suitable
6. What is the length of time the property has been vacant as zoned, considered in the context of land development in the area in the vicinity of the property? N/A
7. Will the zoning proposal will permit a use that is suitable in view of the use and development of adjacent and nearby property? no

8. Will the zoning proposal adversely affect the existing use or usability of adjacent or nearby property?

no

9. Does the property affected by the zoning proposal have a reasonable economic use as currently zoned?

no

10. Does the zoning proposal result in a use which will or could cause an excessive or burdensome use of existing streets, transportation facilities, utilities, or schools?

11. Is the zoning proposal in conformity with the policy and intent of the comprehensive plan and future development map?

yes

12. Are there any other existing or changing conditions affecting the use and development of the property which gives supporting grounds for either approval or disapproval of the zoning proposal?

no

13. What is the impact upon the appearance of the city?

none

14. What is the anticipated impact upon the provision of water, sewage, transportation and other urban services?

none

15. What is the anticipated impact upon population density and the potential for overcrowding and urban sprawl?

none

16. What is the anticipated impact upon thoroughfare congestion and traffic safety?

none

17. What measures are being taken to protect the property against blight and depreciation?

all - will be maintained for 5-star reviews



DISCLOSURE REPORT

Office use only:

USE PERMIT PETITION #: _____ CITY COUNCIL MEETING DATE: _____

Within the (2) years immediately preceding the filing of this zoning petition have you, as the applicant, owner and/or opponent for the use permit petition, or an attorney or agent of the applicant or opponent for the use permit petition, made any campaign contributions aggregating \$250.00 or more or made gifts having an aggregate value of \$250.00 to a member of City Council.

CHECK ONE: YES NO

If the answer is YES, proceed to sections 1 through 4.
If the answer is NO, complete only section 4.

1. CHECK ONE: Party to Petition In Opposition to Petition

If party to petition, complete sections 2, 3, and 4 below.
If in opposition, proceed to sections 3 and 4 below.

2. List all individuals or business entities which have an ownership interest in the property which is the subject of this use permit petition: Meta-Capital, LLC & Migdalia Martinez

3. CAMPAIGN CONTRIBUTIONS:

Name of Government Official	Total Dollar Amount	Date of Contribution	Enumeration and Description of Gift Valued at \$250.00 or more

4. The undersigned acknowledges that this disclosure is made in accordance with the Official Code of Georgia, Section 36-67A-1 et. seq. Conflict of interest in zoning actions, and that the information set forth herein is true to the undersigned's best knowledge, information and belief.

Name (print) Elisabeth Richmond

Signature: [Handwritten Signature] Date: 5/10/24

200'

E Central Dr



North
South

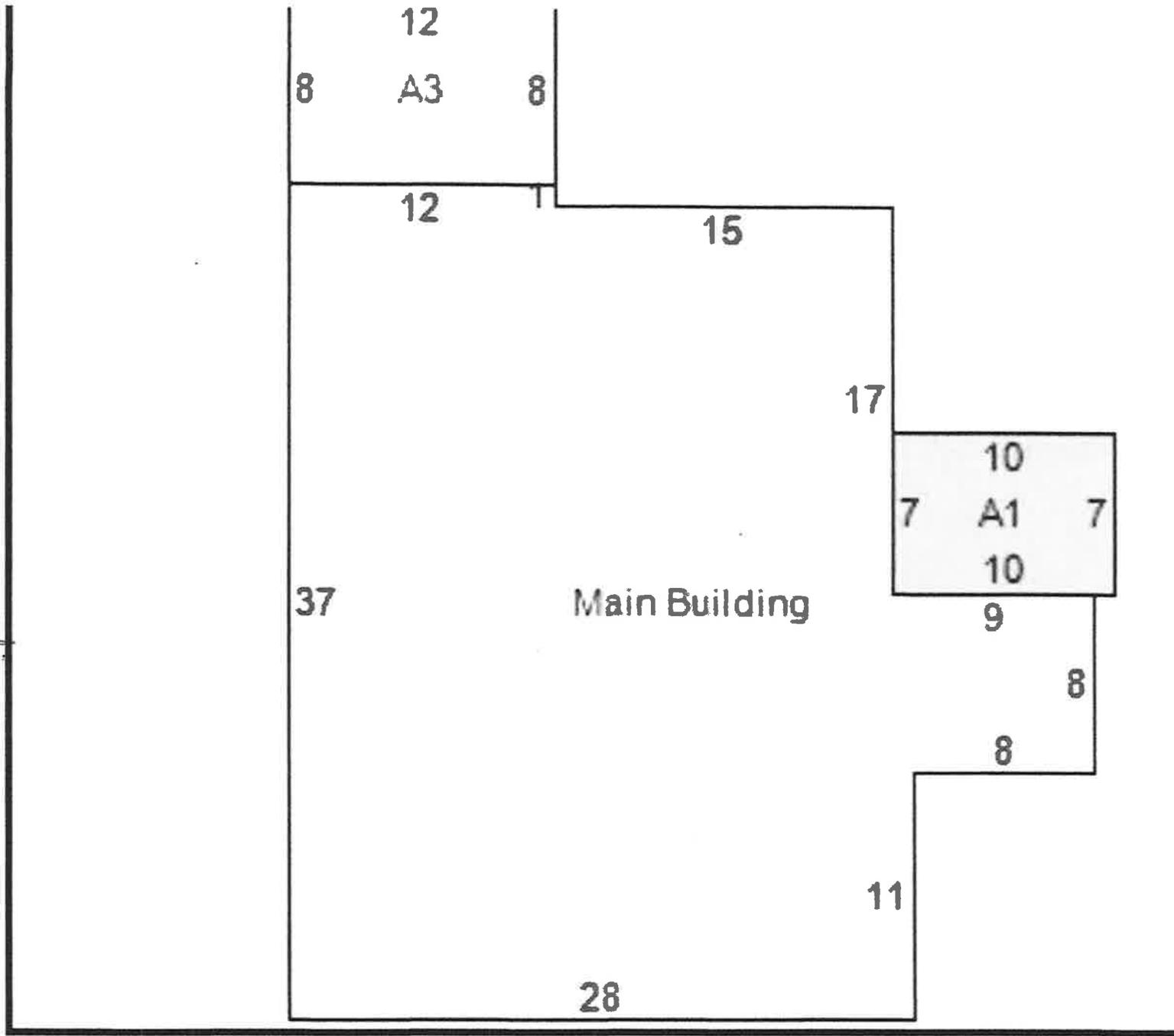
Forrest Ave



18 090 02 001

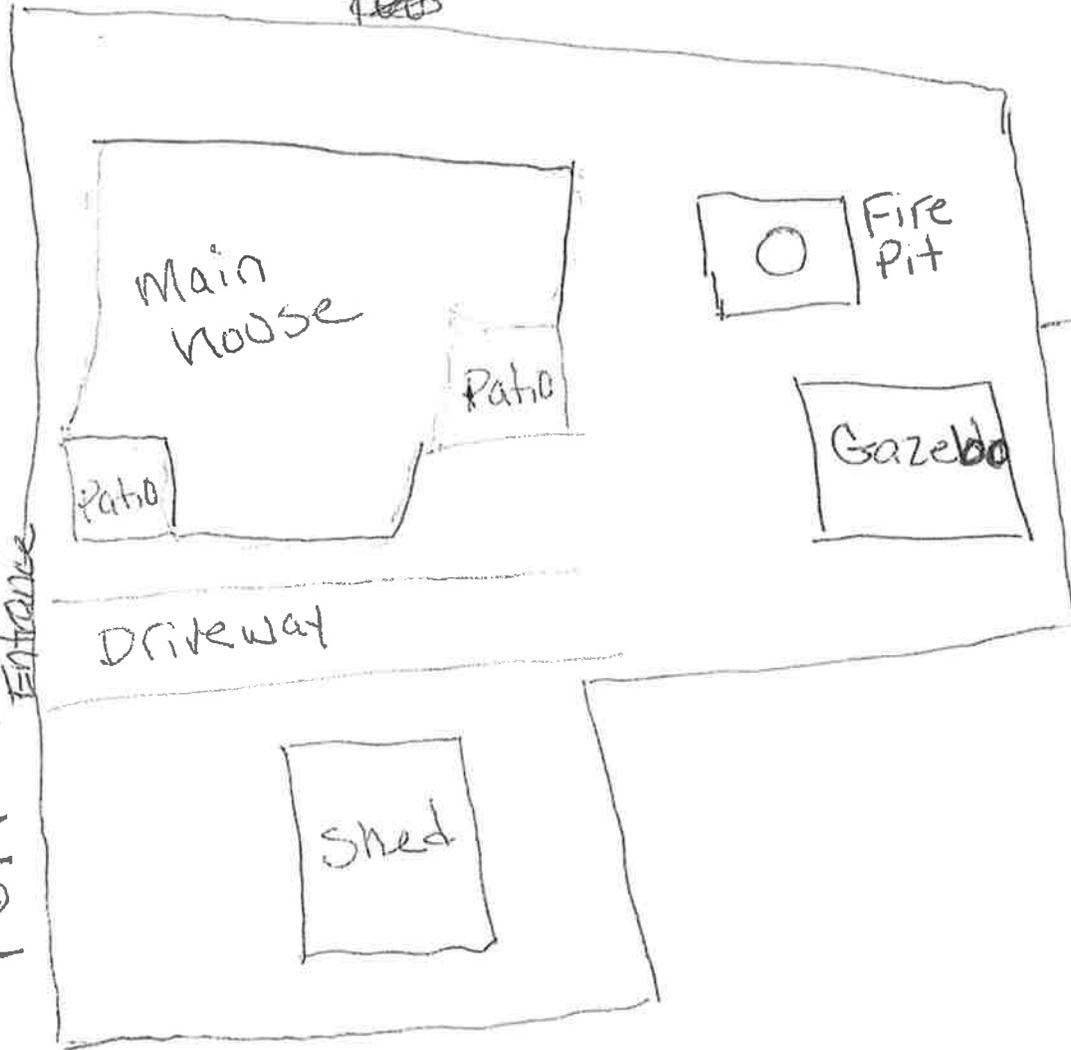


22 surroundings



E Central Dr

~~1000~~



Forrest Ave

Entrance

Driveway

Main house

Patio

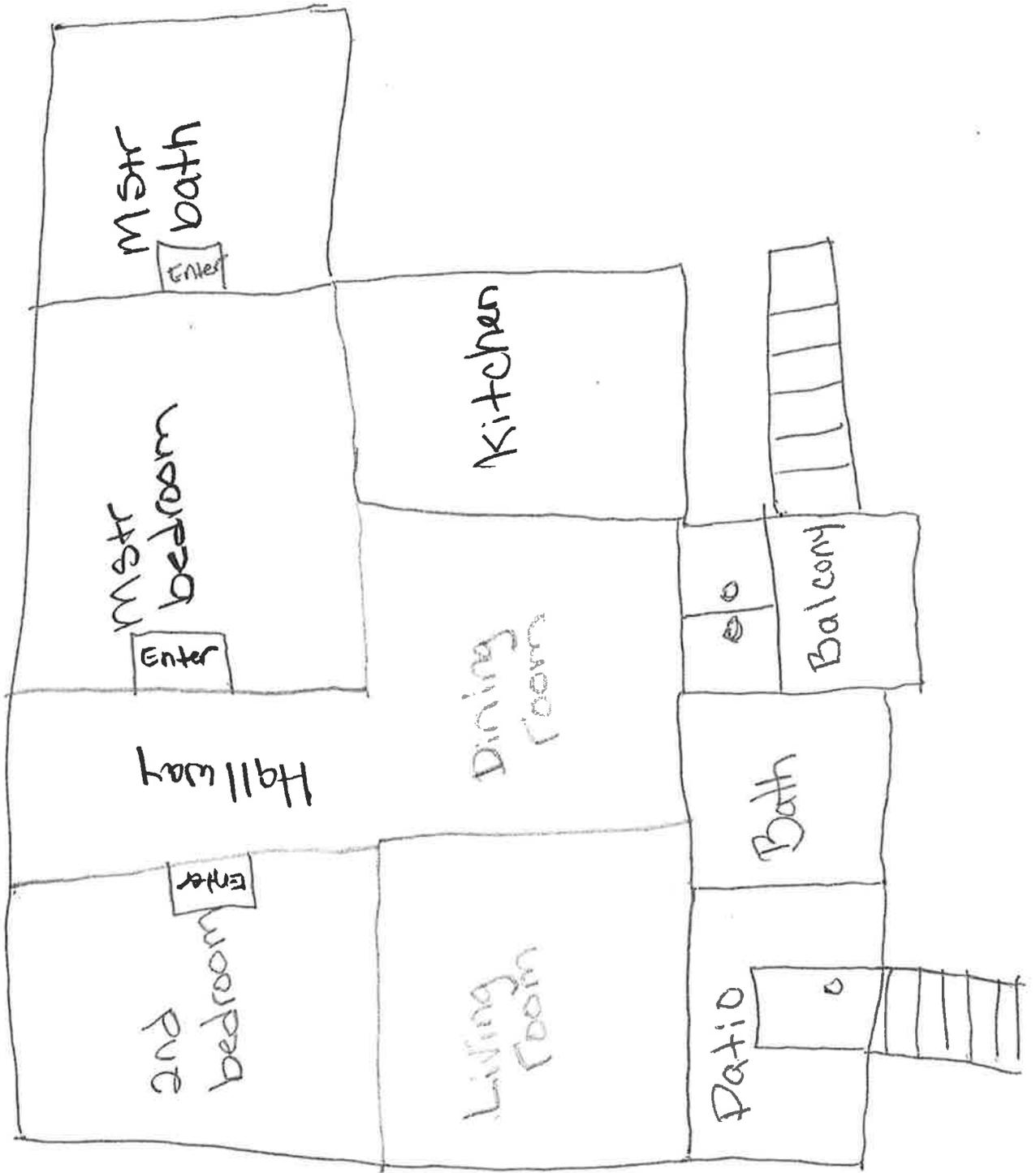
Patio

Fire pit

Gazebo

shed

Fence Line



CITY OF STONE MOUNTAIN

Owner/Applicant Information

I, hereby, affirm that I am either the owner or legal lessee of the aforementioned business property and that I will be occupying an existing commercial development with the same use or similar use as determined by the City of Stone Mountain Office of Building Administration.

The existing tenant space is 5,000 square feet or less and the proposed use is Business or Mercantile. I have made no changes in any way (i.e., any gas, mechanical, plumbing and/or electrical work, load bearing, non-load bearing walls, exits, etc.) apart from paint or other finishes.

I understand that if I wish to make structural or other types of changes, I (or my contractor) is to submit plans/or apply for building and/or trade service permits with the Office of Building Administration. I also understand that if I wish to change the type of business, I am to submit a Zoning Certification Request to the Administrative Office.

I understand that a life safety inspection will be conducted of my business. The inspector may discover safety violations that will need to be corrected and re-inspected prior to any certificate of occupancy being issued. I also understand that the inspector may find violations such that I will be required to submit plans and obtain an additional permit to correct the violations. If it is determined that the actual use is not consistent with the information provided, this application shall be considered null and void.

I hereby affirm that the information provided is true and accurate. I, hereby, affirm that approval of this application does not constitute approval for any other permit that may be required by the City or other agency having jurisdiction.

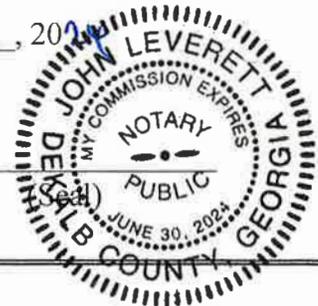
M. Martinez
Signature

Migdalia Martinez
Printed Name of Tenant/Owner

Sworn to and subscribed before me this 20 day of April, 2024

[Signature]
Notary Signature

8-30-24
My Commission Expires



Official Office Use Only

Zoning _____ Construction Type _____ Occupancy Load _____

Comments _____

City Clerk Signature

Date



ZONING VERIFICATION REQUEST FORM

Please submit your completed form electronically, saved in .pdf format with a maximum 25 MB file size, to redwards@stonemountaincity.org. No hard copies are required to be submitted. Fees can be paid at City Hall or via a credit card authorization form. The review time is 3 business days. There is a \$40 fee for all zoning verification letters.

This form is to request zoning information, such as the parcels zoning description and zoning cases on the property. You can find the parcel number of the City's GIS website: [WebAppViewer](#).

Check Applicable Type: Zoning Letter Business License Verification

APPLICANT INFORMATION:

Name: Migdalia Martinez

Company: _____

Mailing Address: 701 Mountain Oaks Pkwy, St. Mt. GA 30087

Primary Phone Number: (949) 365-6099 Email Address: mic468@aol.com

PROPERTY INFORMATION:

Property Address: 1103 Forrest Ave. St. Mt. GA 30083

Parcel ID: _____

Name of Owner: Migdalia Martinez

Current Use of Property: Family use

Proposed Use of Property: Air BNB / short term rental

APPLICANT SIGNATURE: M. Martinez DATE: 4-3-2024

Methods of payment: Cash, Money Order and Credit Cards can be taken at City Hall or via a credit card authorization form.

(MAKE CHECKS PAYABLE TO THE CITY OF STONE MOUNTAIN)



City of Stone Mountain Property Manager Application

Section 1: Applicant Information

1. Name of Applicant: Migdalia Martinez / Elisabeth Richmond
2. Business Name (if applicable): Meta-Capital, LLC
3. Contact Information:
 - o Address: 5163 Poplar Springs Rd, 30083
 - o Phone Number: (803) 524-4699
 - o Email: MetaCapitalLLC Mgmt@gmail.com
4. Property Manager License Number (if applicable): _____

Section 2: Property Details

1. Address of Property: 1103 Forrest Ave, Stone Mtn GA 30083
2. Type of Property (e.g., single-family home, apartment, etc.): SF
3. Number of Units: 1
4. Brief Description of Property: single family home
5. Additional Comments/Notes: _____

Section 3: Emergency Contacts

1. Emergency Contact Name: Elisabeth Richmond
 - o Relationship to Property Owner/Manager: business manager
 - o Phone Number: (803) 524-4699
 - o Address: 5163 Poplar Springs Rd, 30083
2. Emergency Contact Name: Migdalia Martinez
 - o Relationship to Property Owner/Manager: self
 - o Phone Number: (949) 365-6099
 - o Address: 701 Mountain Dales Pkwy, Stone Mtn 30083
3. Emergency Services Contact Information:
 - o Police: 911
 - o Fire Department: 911
 - o Medical Services/Hospital: 911

Section 4: Declaration

I, Migdalia Martinez, hereby declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that any false statements may result in the rejection of this application.

Signature: M. Martinez Date: 4/20/24

Section 5: Submission

Please submit this application to the City Clerk's Office at the following address:

City Clerk's Office
 City of Stone Mountain
 875 Main Street
 Stone Mountain, Georgia 30083

ARTICLE XVI: VACATION HOME FACILITIES

Section 16-1. Purpose, definitions, licenses.

16-1.1 Purpose.

- A. The purpose of this article is the establishment of land use regulations within the scope of the zoning powers of the municipal authority to govern vacation home facilities in the city. The intent of this article is to promote economic development in the vacation rental industry without harming existing residential properties.

16-1.2 Definitions.

- A. A lodging room is defined as a room that is used for temporary occupancy for a fee.
- B. An owner is defined as an individual, partner, or officer of a corporation who is an officer registered with the Corporations Division of the Georgia Secretary of State with title to real property.
- C. A vacation home facility is defined as a residential type establishment, with commercial enterprise, offering whole house rental with no more than four lodging rooms for temporary occupancy for a fee and that does not offer food to guests.

16-1.3 Licenses.

- A. A vacation home facility shall obtain a home occupational tax certificate from the city.
- B. Fees for lodging in a vacation home facility are subject to local and state taxation ordinances.

(Ord. No. 2017-07, pt. I, 8-1-17)

Section 16-2. Occupancy and parking restrictions.

16-2.1 Occupancy restrictions.

- A. A vacation home facility must meet the following occupancy restrictions:
 - 1. Provide no more than four lodging (guest) rooms with a minimum of 70 square feet per room.
 - 2. Occupancy of a lodging room shall require at least 40 square feet per individual.
 - 3. Occupancy by guest(s) shall not exceed 14 consecutive days during any 90 day period.
 - 4. The owner of a vacation home facility shall live within the corporate boundaries of DeKalb County, Georgia.
 - 5. Vacation home facilities shall be available for occupancy on a continuous basis except for repairs, renovations, or the absence of the owner.
 - 6. Vacation home facilities shall be required to have a smoke alarm in each lodging room (guest room) and a fire extinguisher visible and accessible to guests. The facilities are subject to at least one annual inspection at the time of initial licensing and during renewal of the same.

16-2.2 Parking restrictions.

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- A. Except where permitted by law, no parking shall be allowed on the street or in the front yard of a vacation home facility.
 - B. Parking regulations relative to the zoning district in which the vacation home facility is located shall apply.

(Ord. No. 2017-07, pt. I, 8-1-17)

Section 16-3. Signage.

16-3.1 Signage.

- A. No business and advertising signs shall be permitted.

(Ord. No. 2017-07, pt. I, 8-1-17)