

Rezoning Request Additional Information

Petitions to the Town of Tyrone Planning Commission and Town Council requesting a revision to the official Zoning Map must be filed by the property owner(s) or by the authorized agent of the property owner(s). Rezoning requests require a total of two (2) public hearings: one by the Planning Commission (4th Thursday of each month) and another public hearing by the Town Council (1st Thursday of the following month). Public Hearings are held at the Tyrone Town Hall Council Chambers at 7:00 p.m.

Application Fees

Fees	Acreage
0-5 Acres	\$500.00
5-10 Acres	\$1,000.00
10-20 Acres	\$1,500.00
20-100 Acres	\$2,000.00
Over 100 Acres	\$2,500.00

Application filing fees may be refunded ONLY when an application request is withdrawn in writing by the applicant PRIOR to placement of the legal advertisement for said public hearing request (at least 15 days before the scheduled Planning Commission public hearing)

Quality Growth District Overlay

The Quality Growth Development District requirements are applicable of any structure or portion thereof within 870' feet off the right of way of SR 74. Every application for the construction of a new building or structure and alterations or additions to existing structures shall be accompanied by drawings signed by the engineer, architect, or appropriate professional which clearly shows the following:

- Exterior elevations drawn to scale with color rendering.
- Proposed colors, materials, and textures for structures.
- Location of all exterior utility facilities including any roof units.
- · Proposed sign and location including size, color, and material.
- Line of sight study from State Route 74

The Quality Growth and Development District requirements can be found in the Town of Tyrone's Zoning Ordinance Under Section 7-2.

Links

Town Zoning Ordinance:

https://www.municode.com/library/ga/tyrone/codes/code_of_ordinances

Town of Tyrone Planning & Zoning:

http://tyrone.org/departments/planning-and-zoning/

Contact

Phillip Trocquet (Planning & Zoning Coordinator)

Phone: (770) 487-4038 Extension 108

Fax: (770) 487-4529

Email: ptrocquet@tyrone.org



Pet	11	#:		

Applicant & Property Own	ner Information
Applicant Name: Randall A. Wright	Email: _randy@islandinv.com
Applicant Address: 350 Allison Dr NE, Atlanta, GA 30342	
Company Name: Island Investors LLC	
Property Powers Court Medical Park LLC, by TPB ASSI Owner Name: attn: Chris Elsevier	ET RECOVERY, LLC, Its Sole Member Email: Chris.Elsevier@piedmont.bank
Property Owner Address: 5100 Peachtree Parkway, Peachtree Corners C	GA 30092 Phone:(<u>770</u>) 709-5206
Property Det	ails
Property 1400 Senoia Rd. Tyrone, GA, 30290	Lot#
Reason Requesting Rezoning:	
To build a commercial business park in accordance with the Co Land Use Plan.	ommercial Corridor designation of the Future
Current Zoning of Property: O-I Propose	d Zoning of Property: <u>C-2</u>
Parcel #: 07-260-4010 (6.32 ac); 07-260-4009 (2.57 ab)tal Number	of Acres to be Rezoned: 8.89
07-260-4013 (pad) Present Use of Subject Property:	
Proposed Use of Subject Property: Office/warehouse com	nmercial business park
Land Use Plan Designation: Commercial Corridor	
Name & Type of Access Road: Senoia Rd, two-lane county h	nighway
Location of Nearest Water Line:	
(This Area to be Complete	
Application Insufficient due to lack of:	
O Application & all required supporting documentation	
By Staff Date	·····
Received from a check in the	
Date of Planning Commission Hearing: Date	se of Town Council Hearing



Property Owner Consent & Agent Authorization Form (Application requires authorization by ALL property owners of a subject property)

Name(s) of All Property Owners of Record found on the latest recorded Warranty Deed for the subject property:

Powers Court Medical Park LLC, by TPB ASSET RECOVERY, LLC, Its Sole Member (Please Print Names)

Property Tax Identification Number(s) of Subject Property:	07-260-4013 (pad)	(2.57 ac);
(I am) (We are) the sole owner(s) of the above-referenced p located in the Land Lot(s) see description of the district) Land Lot(s) District, and said property corresponding to most recent recorded plat for the subject	roperty requested to be rezoned. District, and (if applicable to my consists of a total of acres (legal	ore than one land
(I) (We) hereby delegate authority to <u>Randy Wright, Blake B</u> rezoning. As Agent, they have the authority to agree to any the Board.		
(I) (We) certify that all of the information filed with this app in an paper or plans submitted herewith are true and correctly (We) understand that any knowingly false information gives administrative withdrawal of the application or permit. (I may be required by Fayette County in order to process this	ct to the best of (my) (our) knowle ven herein by me/us will result in I) (We) further acknowledge that	edge and belief. Further, n the denial, revocation
Signature of Property Owner 1	Signature of Notary Public	GWING PUBLIC OF A
5100 Peachtree Parkway, Peachtree Corners, GA 30092	11/22/21	COUNTY
Address	Date	
Signature of Property Owner 2	Signature of Notary Public	
Address	Date	<u>-</u>
Signature of Property Owner 3	Signature of Notary Public	
Address	 Date	



Petition#	

Name: _Randall A. Wright	Email:	randy@island	inv.com		
Petition Number:					
Address: 350 Allison Dr NE, Atlanta, GA 30	342	Phor	e#:_404-316-11	01	
PETITION FOR REZONING		I PROPER' DNE, GEO		INCORPORATE	ED AREA
Randall Wright/Christopher Blake Barnett agent of the property described below He/She respectfully petitions the Tow the sum of \$_\$1,000.00 to change its classification to _C-2	. Said property n to rezone th over all expen	y is located in ne property fr nses of the pul	a(n) <u>O-1</u> om its present	Zoning D classification and ten	istrict. ders herewith
This property includes (Check one of th	ıe following):				
See attached legal description on re	corded Warra	nty Deed for s	ubject property)	
) Legal Description for subject prope	rty is as follou	98:			ŧ
				·	
		Ву:	Randall Wrig	ght 	
			Owner/Agent		
SWORN TO AND SUBSCRIBED BEFORE	E ME THIS		DAY OF	20	
PUBLIC HEARING to be held by the To			nmission on the	2	day of
PUBLIC HEARING to be held by the Ty	rone Town Co	uncil on the		day o	of
			-	PAN	
NOTARY PUBLIC		-	APPLICANT'S S	IGNATURE	SSEM PIL



Agreement to Dedicate Property for Future Right-of-Way (ROW)

Petition#:		

I/We, _Powers Court Medical Park LLC		said
property owner(s) of subject property requested the Town of Tyrone, feet o	to be rezoned, hereby agree to	dedicate, at no cost to
as measured from the centerline of the road. Base Town of Tyrone require a minimum street width		Plan Map streets in the
 Local Street (Minor Thoroughfare) 60 foot R Collector Street (Major Thoroughfare) 80 foo Arterial Street (Major Thoroughfare) 100 foo 	ot ROW (40' measured from ea	ch side of centerline)
, , , , , , , , , , , , , , , , , , ,		,
Sworn and subscribed before me this	day of	, 20
Signature of Property Owner 1	Signature of Notary Pu	blic
Address	Date	
Signature of Property Owner 2	Signature of Notary Pu	blic
Address	Date	
Signature of Property Owner 3	Signature of Notary Pu	blic
Address	<u>Date</u>	



Conflict of Interest in Zoning Actions Application Form

Application Form
(Please Complete for each Property Owner)

Petition#:	

The undersigned, making application for rezoning, variance, or special exception, has compiled with the Official Code of Georgia Section 36-64 A01, et seq., Conflict of Interest in Zoning Actions and has submitted or attached the required information on the forms provided.

Signature of Property Owner	Christopher S. Elsevier, Authorized Signatory Type or Print Name and Title
Signature of Owner's Attorney or Representative	Type or Print Name and Title
Signature of Notary Public	Date
DISCLOSURE	OF CAMPAIGN CONTRIBUTIONS
	eceding the filing of this application, made campaign
contributions aggregating \$250.00 or more	to a member of the Tyrone Planning Commission or
member of the Tyrone Town Council?	TAIN
YES X NO	Signature of Applicant

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

Name and Official Position of Government Official	Contributions (List all which aggregate to \$250.00 or more)	Date Contribution was
Government Official	aggregate to \$250.00 or more)	made (Within last 2 years)
		·

Attach additional sheets if necessary to disclose or describe all contributions

Petition#:

Map amendment application. A map amendment (rezoning) application shall include the following:

\bigcirc	A legal description of the tract to be rezoned.
0	Three (3) copies of a plat, drawn to scale, showing north arrow, land lot and district, dimensions, acreage and location of the tract prepared by an architect, engineer, landscape architect, or land surveyor whose state registration is current and valid. The preparer's seal shall be affixed to the plat.
\bigcirc	The present and proposed zoning district for the tract.
\bigcirc	Existing and intermediate regional flood plain and structures.
0	The names and addresses of the owners of the land and their agents, if any, and abutting land owners.
0	A written, documented analysis of the impact of the proposed rezoning with respect to each of the following matters:
	a. Whether the zoning proposal will permit a use that is suitable in view of the use and development of adjacent and nearby properties;
	b. Whether the zoning proposal would adversely affect the existing use or usability of adjacent or nearby properties;
	c. Whether the property to be affected by the zoning proposal has a reasonable economic use as currently zoned;
	d. Whether the zoning proposal will result in a use which will or could cause excessive or burdensome use of existing streets, transportation facilities, utilities or schools;
	e. Whether the zoning proposal is in conformity with the policy and intent of the Comprehensive Land Use Plan; and
	f. Whether there are other existing or changing conditions affecting the use and development of the property which give supporting grounds for either approval or disapproval of the zoning proposal.
0	Disclosures. The applicant shall file all disclosures required by the Conflict of Interest in Zoning Actions Act, O.C.G.A. Title 36, Chapter 67 A.
\bigcirc	One (1) original and eight (8) copies of completed application form.