

**Walton County Planning and Development Department
Board of Appeals Case Summary**

Case Number: V26-0006

Board of Appeals Meeting Date: February 17, 2026

Applicant:

Michelle Wheeler
4383 Shiloh Road
Loganville, Georgia 30052

Owner:

Dorothy Boyd
4385 Shiloh Road
Loganville, Georgia 30052

Property Information:

- **Address:** 4383 Shiloh Road
- **Map Number:** C0390017A00
- **Site Area:** 4.38 acres
- **Current Zoning:** A1
- **Character Area:** Suburban
- **Future Land Use Map Designation:** Suburban
- **Watershed Protection Area:** Alcovy River

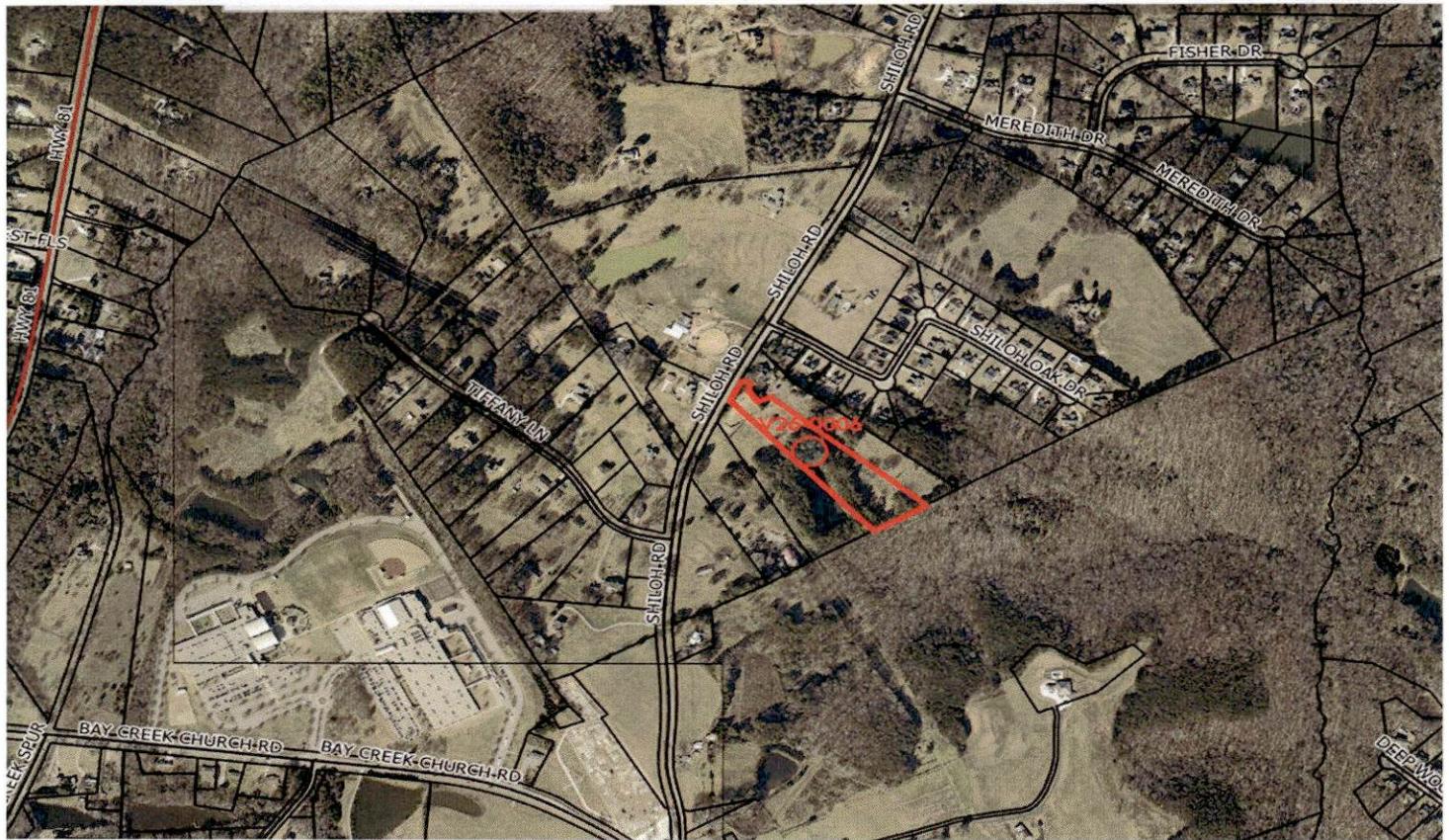
District Representation:

- **Commissioner (District 1):** Amarie Warren
- **Board of Appeals Member:** Jim Cleveland

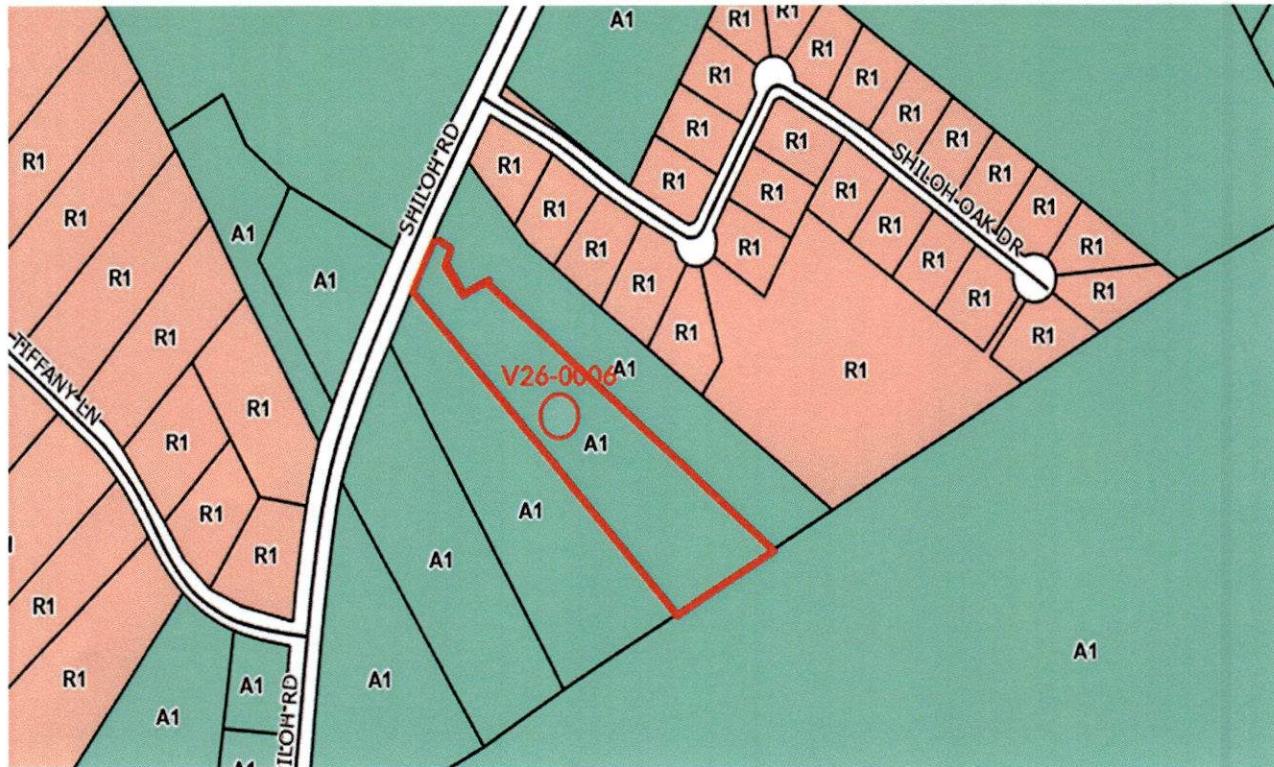
Request: Variance requesting reduction of the required roof pitch of 5:12 and allow vinyl/aluminum siding on a Manufactured Home.

Existing Site Conditions: The property currently is vacant. The surrounding properties are A1.

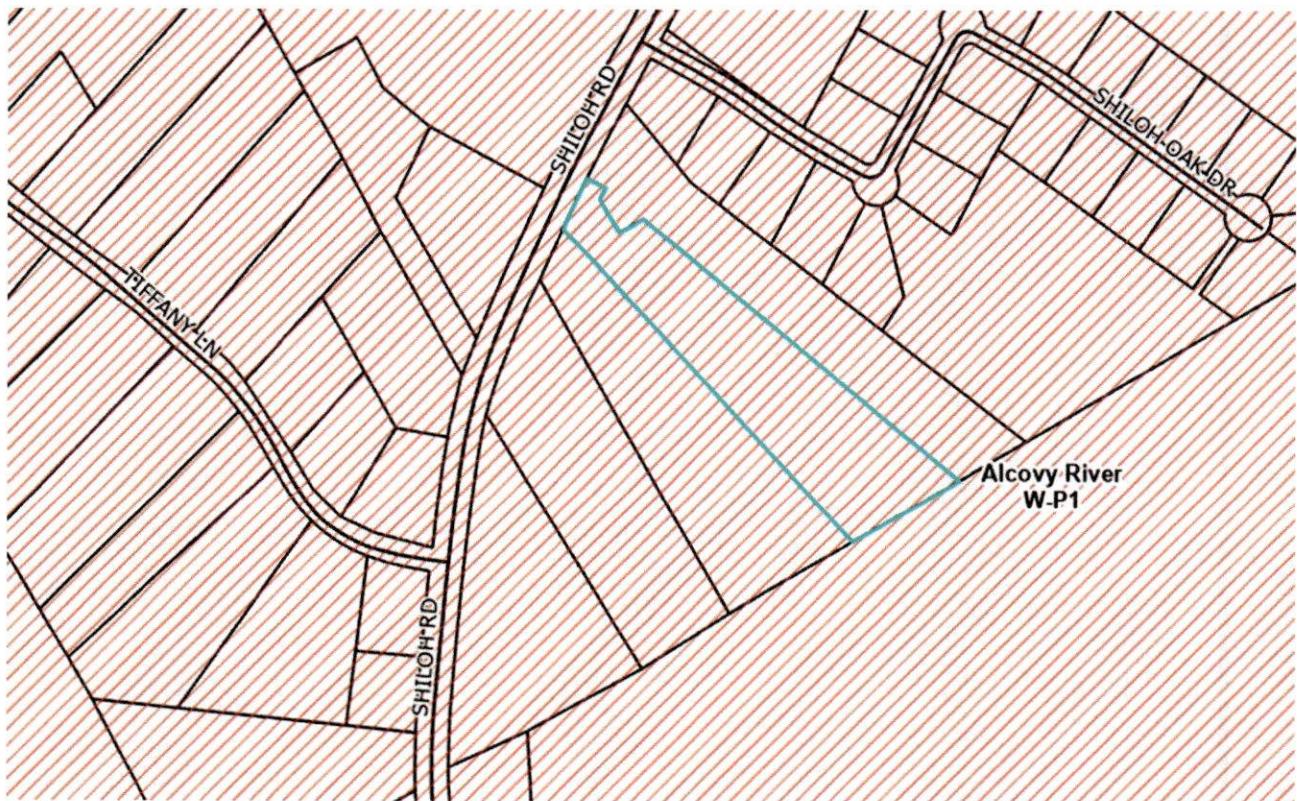
Property History: No History



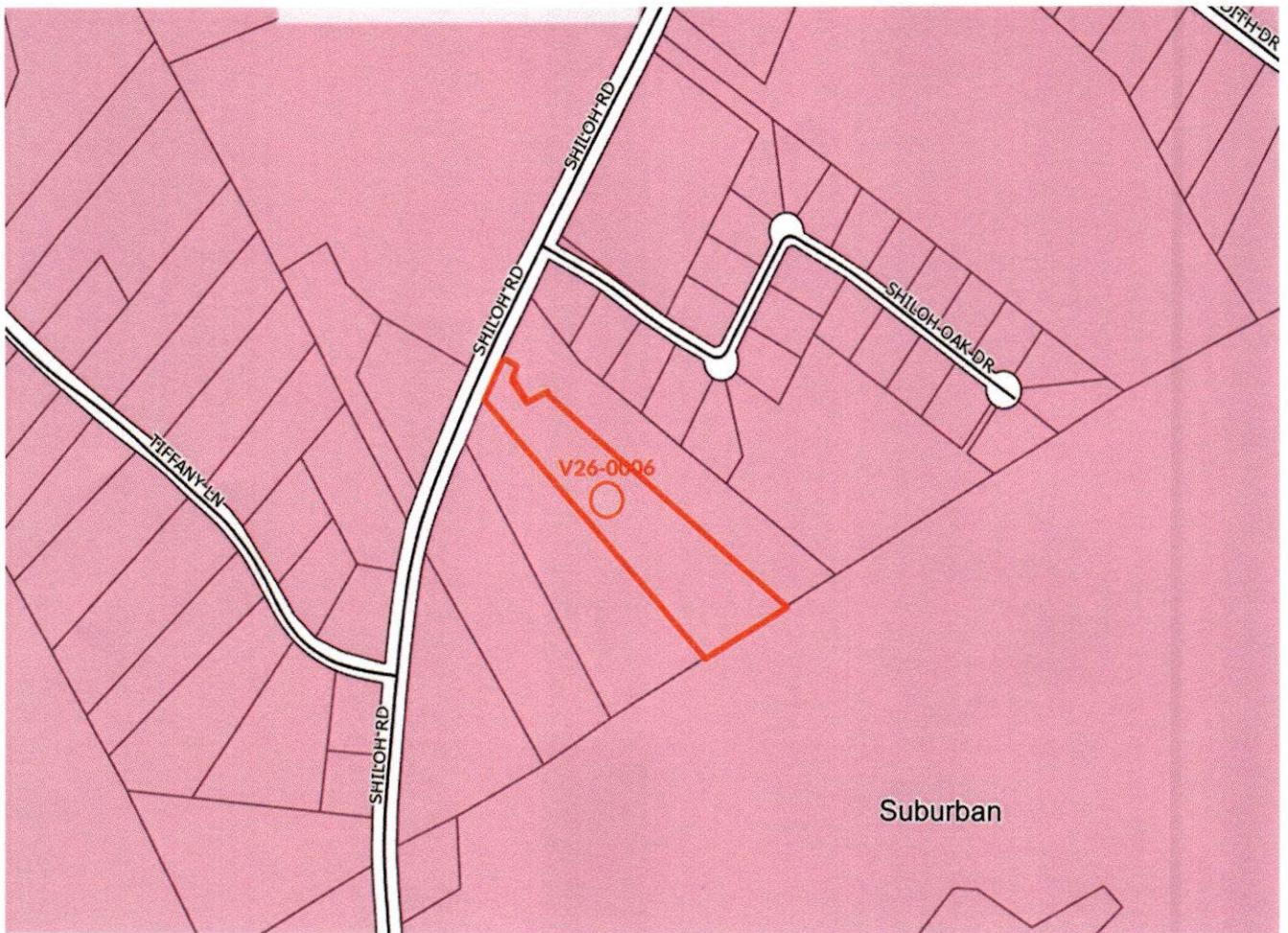
The surrounding properties are zoned A1.



The property is in the Alcovy River Watershed.



The Future Land Use Map for this property is Suburban.



Staff Comments:

Sec. 14-104. Appeals and variances.

(a) *Procedure upon denial.* Upon denial of the application for a sign permit, the applicant shall be given written notice stating the reason(s) for the denial within 15 days of the decision to deny the permit. The aggrieved party may appeal any decision as provided in board of zoning appeals procedure.

(b) *Variances.*

- (1) Variances may be granted from the provisions of this ordinance in compliance with powers of board of zoning appeals.
- (2) Variance procedures shall apply both to signs which are nonconforming as of the effective date of this ordinance and to new signs erected thereafter.

(Ord. of 8-6-2002, § 24)

Walton County Board of Appeals Application
Please Type or Print Legibly

Variance/Special Exception/Appeal # V 26-0006

Board of Appeals Meeting Date 2-17-2026 at 6:00PM held at the Walton County Historic Courthouse, 111 S Broad Street, Monroe, Georgia (2nd Floor)

DOCUMENTS TO BE SUBMITTED WITH APPLICATION

Recorded Deed Survey Plat Site Plan Proof of Paid Property
Taxes _____

**Drawn by Design Professional

Map/Parcel CD390017A00 Zoning District: A1 Commission District: 1-Annie Warren

Applicant Name/Address/Phone #

Michelle Wheeler
4383 Shiloh Rd
Loganville, GA 30052
219-455-3619

Property Owner Name/Address/Phone

Dorothy Boyd
4385 Shiloh Rd
Loganville, GA 30052
352-207-6268

Type Request: VARIANCE SPECIAL EXCEPTION APPEAL

Property Location 4383 Shiloh Rd Loganville, GA Acreage 4.38

Describe Variance/Special Exception/Appeal: Variance for roof pitch and siding. to order modular home

State Reason for request and how these reasons satisfy Article 14 Standards of Review:

Letter attached. Ordering Modular with roof pitch is difficult, expensive and takes a long time to build and set up. Time is of the essence

Public Water: yes Well: _____ Public Sewer: _____ Septic Tank: yes

The above statements and accompanying materials are complete and accurate. Applicant hereby grants permission for Planning and Development personnel to enter upon and inspect the property for all purposes allowed and required by the Comprehensive Land Development Ordinance.

Signature Dorothy Boyd

Date _____

Fee Paid: \$ 500.00

PUBLIC NOTICE SIGN WILL BE PLACED AND REMOVED BY P & D OFFICE

I HEREBY WITHDRAW THE ABOVE APPLICATION _____ Date _____

**AUTHORIZATION
BY PROPERTY OWNER**

I SWEAR THAT I AM THE PROPERTY OWNER OF THE PROPERTY WHICH IS THE SUBJECT MATTER OF THE ATTACHED PETITION FOR VARIANCE/APPEAL APPLICATION, AS IS SHOWN IN THE RECORDS OF WALTON COUNTY, GEORGIA.

I authorize the named below to act as Applicant in the pursuit of a Petition for Variance/Appeal Application.

Name of Applicant: Michelle Wheeler

Address: 4383 Shiloh Rd Loganville, GA 30052

Location of Property: 4383 Shiloh Rd Loganville, GA 30052

Map/Parcel Number: _____



Property Owner Signature

Print Name: Dorothy Boyd

Address: 4383 Shiloh

Property Owner Signature

Print Name: _____

Address: _____

Personally appeared before me and who swears
that the information contained in this authorization
is true and correct to the best of his/her knowledge.



Notary Public

11/12/24
Date



My name is Michelle Wheeler. I have 5 children; three biological children born in the 90's and adopted twin boys who blessed me through the Indiana foster care system. My parents, daughter and I moved to Loganville in July of 2025. The children attend Loganville Elementary and Loganville Middle Schools. I work at Ingles in Loganville while they are in school. We have strong ties to the community even though we haven't been here that long. Unfortunately my house in Marietta has not sold and has been on the market since July so my family of four is experiencing hardship and living in the house at 4409 Shiloh Road with my daughter and her family. We had planned to build a house on the property at 4383 Shiloh Road but due to our house not selling we can not start to build. My parents, Clarence and Dorothy Boyd plan to put a modular home next to us at 4385 Shiloh Road. The reason for us buying the property is so that we could all live next to each other. Eight years ago on January 24, 2018 I was diagnosed with terminal brain cancer and given 2 days with a maximum of 3 months to live. It affected my parents and my daughter a lot. We decided then that we would get a property and live separately in our own houses, together. I am trying so hard to make this happen. It has been a way bigger task than I ever thought it would be. My parents at 77; 78 in 2026 are living at our campground 3 hours away and traveling to see me every week. If my variance is approved we will be putting in for their variance we just want to be together and live a peaceful life full of community and family. We have volunteered at the Cofer Horse ranch across the street from our house. The children love it. To get a modular home that meets the standard roof pitch and the siding guidelines takes longer to order, longer to transport, longer to set up and more expensive on all of those items. If granted the variance we could potentially have our home ordered and delivered before spring. A variance would be both be a blessing and a dream come true for our family of 10; my parents, my daughters family and my little family of four. Thank you for your time and consideration.

WALTON COUNTY WATER DEPARTMENT

P O BOX 880
LOGANVILLE, GEORGIA 30052
770/466-4887 (Telephone) 770/466-6129 (Fax)
770/466-0267 (AUTOPHONE AT YOUR SERVICE)

APPLICATION FOR NEW WATER SERVICE

APPLICATION DATE: **12/18/2025**

ACCOUNT #: **19461-TW**

APPLICATION NUMBER: **058386 / 2025**

OFFICE USE: **BOYD, DOROTHY L.**

CUSTOMER NAME: **DOROTHY L. BOYD**

SERVICE ADDRESS: **4383 SHILOH ROAD**

MAILING ADDRESS: **4383 SHILOH RD
LOGANVILLE, GA 30052**

SUBDIVISION:

LOT & BLOCK:

TELEPHONE #: **(219) 455-3619**

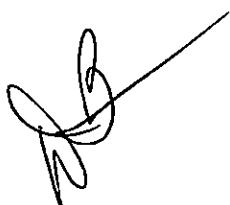
SOCIAL SECURITY #:

EMPLOYER INFORMATION:

APPLICATION TYPE: **OWNER-ACTIVE**

Refundable Deposit:	\$ 0.00
3/4" Meter System Connect Fee:	\$2,950.00

The above information is correct, and I have received a copy of the Walton County Water & Sewerage Authority's "Water Service Accounts Policy and Procedures".



Applicants' Signature

12/18/2025

Date

For Office Use:

Date Installed: _____

Taken by: _____

Work Order #: _____

Date: _____

Route: _____

Flag: _____

Meter #: _____



**Georgia Department of Public Health
Construction Permit and Site Approval
For On-Site Sewage Management System**

COUNTY: Walton	SUBDIVISION:	LOT NUMBER: TRACT #2/(-4.381 acres)	BLOCK:
PROPERTY ADDRESS: SHILOH RD LOGANVILLE, GA 30052 <i>4383</i>		DIRECTIONS:	

I hereby receive this construction permit to install an On-Site Sewage Management System and agree that the system will be installed to conform to the requirements of the rules of the Georgia Department of Public Health, Chapter 511-3-1 and this permit. By my signature, I understand that final inspection is required and will notify the County Health Department upon completion of construction and before applying final cover material to the system.

PROPERTY OWNER'S/AUTHORIZED AGENT'S SIGNATURE:	DATE COMPLETED APPLICATION RECEIVED: 10/23/2025
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PROPERTY OWNER'S NAME: Kenneth Wheeler	PHONE NUMBER: (678) 477-1707	PROPERTY OWNER'S ADDRESS: SHILOH RD LOGANVILLE, GA 30052
AUTHORIZED AGENT'S NAME:	PHONE NUMBER:	RELATIONSHIP TO OWNER:

Section A - General Information

CAN REQUIRED SETBACKS BE MET: YES		TYPE OF STRUCTURE: Single-Family Residence	SOIL SERIES: Pacolet (Cut/Eroded)
DRINKING WATER SUPPLY: Public	WELL ON THE SITE: NO	WATER USAGE BY: Bedroom Numbers	PERCOLATION RATE / HYDRAULIC LOADING RATE: 45
SYSTEM TYPE: New		NO. OF BEDROOMS / GPD: 4	RESTRICTIVE SOIL HORIZON DEPTH (inches): 72
LOT SIZE (SQ FT/Acres): 4.3		LEVEL OF PLUMBING OUTLET: Ground Level	SOIL TEST PERFORMED BY: Phillipie, Ryan

Section B - Primary / Pretreatment

PRETREATMENT: Septic Tank	GARBAGE DISPOSAL: NO	SEPTIC TANK CAPACITY (gallons): 1500	MIN. ATU CAPACITY (gallons): 0	DOSING TANK CAPACITY (gallons):	GREASE TRAP CAPACITY (gallons):
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Section C - Secondary Treatment

ABSORPTION FIELD DESIGN: Serial		NUMBER OF TRENCHES:	TOTAL ABSORPTION FIELD LINEAR FT REQUIRED: 260
ABSORPTION FIELD PRODUCT: Quick 4 Plus High Capacity - 14		DEPTH OF TRENCHES (range in inches): 24 to 36	TOTAL ABSORPTION FIELD SQ FT REQUIRED: 780

Issued permits expire twelve (12) months from approval date and are not valid unless signed below by authorized representative of the Georgia Department of Public Health or County Board of Health.

Any grading, filling, or other landscaping after issuance of a permit may render permit void. Failure to follow site plan may render permit void. Any grading, filling, or other landscaping after final inspection by county health department, which adversely affects the function of the on-site sewage management system, may render approval void. Installation contractor is responsible for ensuring all required setbacks are met.

Issuance of a construction permit for an on-site sewage management system and subsequent approval of same by representative of the Georgia Department of Public Health or County Board of Health shall not be construed as a guarantee that such systems will function satisfactorily for a given period of time; furthermore, said representative(s) do not, by any action taken in effecting compliance with these rules, assume any liability for damages which are caused, or which may be caused, by the malfunction of such system.

INSPECTOR & INSPECTOR TITLE: Levi Rabun Environmental Health Specialist II	INSPECTOR SIGNATURE: 	DATE: 11/06/2025	CONSTRUCTION PERMIT #: OSC14705188	STATUS: Approved
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RSP Environmental, LLC
 8475 Lanierland Farms Drive
 Gainesville, GA 30506
 470-590-1967
 ryan@rspenv.com

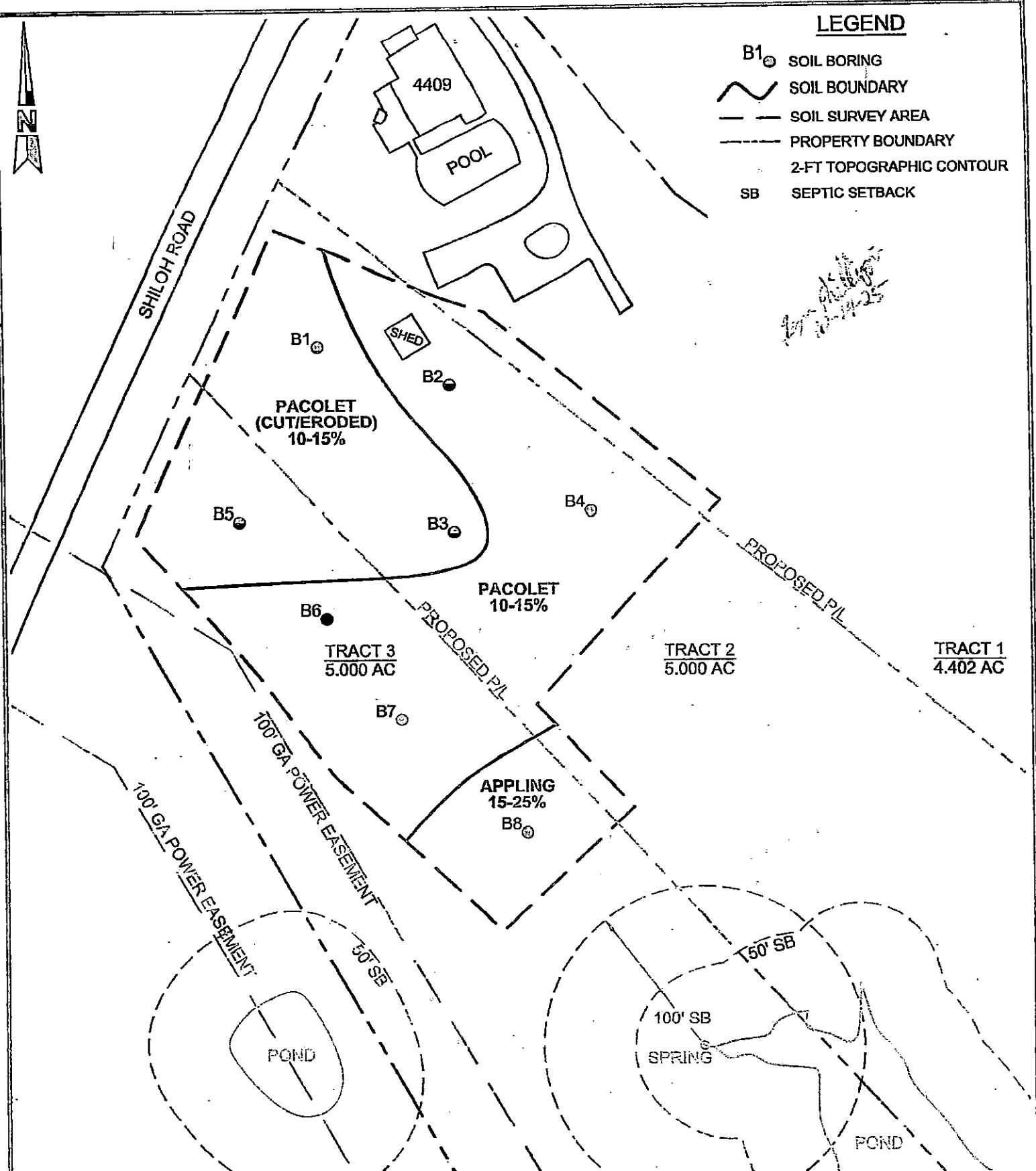
LEVEL 3 SOIL REPORT

Property Information	
Address: 4409 Shiloh Road	Report Date: 10/6/2025
Parcel ID: C0390017	Job No.: SS-25130-1
City, County: Loganville, Walton	Map Scale: 1:80

Map Unit Properties						
SOIL SERIES	SLOPE %	DEPTH TO RESTRICTIVE HORIZON OR BEDROCK (INCHES)	DEPTH TO SEASONAL HIGH OR PERCHED WATER TABLE (INCHES)	ESTIMATED ABSORPTION RATE AT RECOMMENDED TRENCH DEPTH (MIN/IN)	RECOMMENDED TRENCH DEPTH (INCHES)	SUITABILITY CODE
Appling	15-25	>72	>72	65	30-42	A
Pacolet	10-15	>72	>72	45	30-42	A
Pacolet (Cut/Eroded)	10-15	>72	>72	45	24-36	A

Map Unit Suitability Codes	
A	These soils are suitable for installation of on-site systems with proper system design, installation, and maintenance. Position of the site or other soil and landscape considerations may require the drainfield area to be greater than the minimum and/or the drainfield design to require equal distribution or level field installation.

Notes	
<ul style="list-style-type: none"> Disturbance of soil by cutting or filling prior to drainfield installation may void the suitability of the soil. Soil borehole locations, soil boundaries, and site features are shown on the attached Level 3 Soil Map. Property boundaries were obtained from a minor lot plan by Land Development Surveyors, Inc. Topographic contours were generated from a USGS 1m digital elevation model (2018). Soil boreholes were located with a ublox ZED-F9P GNSS. Wells require a 100-ft setback. RSP will attempt to identify wells visible from the subject property and public right-of-ways, but it is the responsibility of the owner/buyer/agent to ensure there are no wells on the subject property or adjoining properties that would impact the suitability of the site for a septic system. 	



LEVEL 3 SOIL MAP

REPORT DATE: 10/6/2025

4409 SHILOH ROAD

PARCEL ID: C0390017

LOGANVILLE, WALTON COUNTY, GA

SOIL SURVEY AREA: ~2 AC

SCALE: 0 40 80 160
1 IN = 80 FT



RSP ENVIRONMENTAL, LLC

8475 LANIERLAND FARMS DRIVE

GAINESVILLE, GA 30506

470-590-1967

ryan@rspenv.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

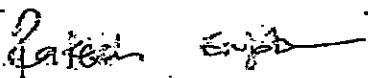
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER bIBERK P.O. Box 113247 Stamford, CT 06911	CONTACT NAME: PHONE (A/C. No. Ext): 844-472-0967	FAX (A/C. No.): 203-654-3613
	E-MAIL ADDRESS: customerservice@biBERK.com	INSURER(S) AFFORDING COVERAGE
INSURED RSP Environmental 8475 Lanierland Farms Dr Gainesville, GA 30506	INSURER A: Berkshire Hathaway Direct Insurance Company	10391
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGEs **CERTIFICATE NUMBER:** **REVISION NUMBER:**
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUB INSP. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	A Professional Liability (Errors & Omissions): Claims-Made		N9PL743415	04/13/2025	04/13/2026	Per Occurrence/ Aggregate \$1,000,000/ \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Georgia Department of Public Health Two Peachtree Street NW 13th Floor Atlanta, GA 30303	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 



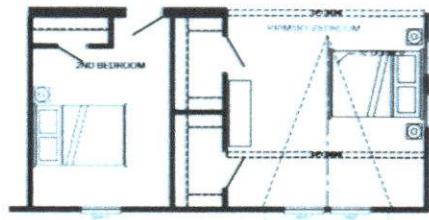
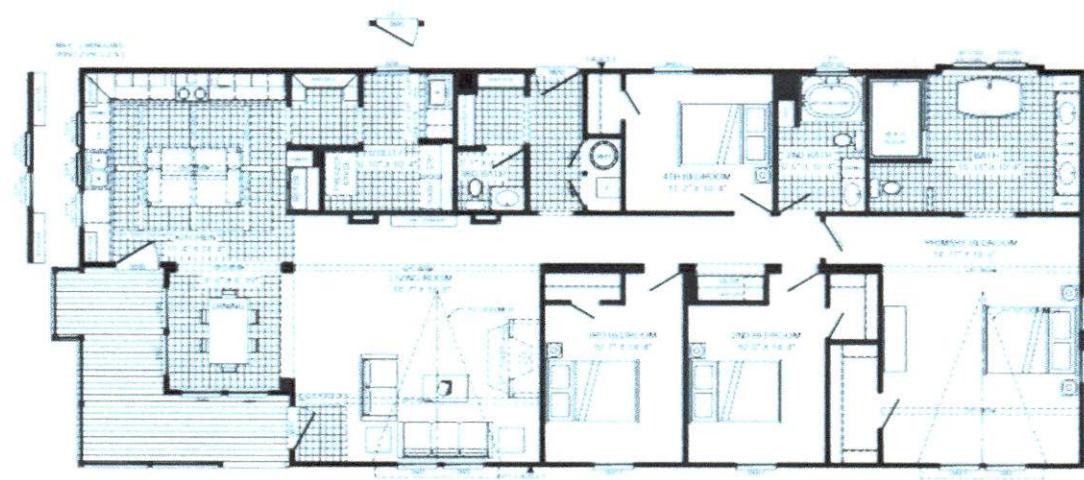
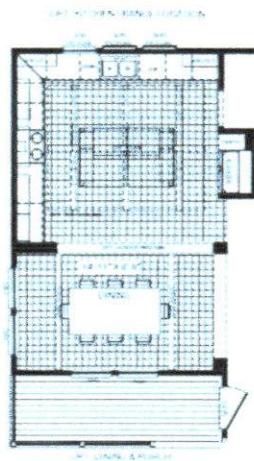
BUCCANEER
HOMES



The Lulabelle

4 beds / 2.5 baths / 2,132 sq. ft. / 32x80(76)

AMERICAN
FARM HOUSE
SERIES



The home series, floor plans, photos, renderings, specifications, features, pricing, materials and availability shown will vary by retailer and state, and are subject to change without notice.