



OFFICE OF ZONING AND DEVELOPMENT

55 Trinity Avenue S.W., Suite 3350

Atlanta, Georgia 30303

(404) 330-6145

APPLICATION #: **U-24-004**

DATE ACCEPTED **01/29/2024**

NOTICE TO APPLICANT

Address of Property:

1528 Olympian WAY SW

City Council District: **10** Neighborhood Planning Unit (NPU): **T**

Zoning Review Board (ZRB) Hearing Date:

Thursday, March 07 or 14, 2024 at 6:00 p.m.

Council Chambers, 2nd Floor, City Hall
55 Trinity Avenue, S.W.

The contact person for NPU T is:

Luretia Dany Craig
770-310-0532
nputzoningatlanta@gmail.com

Contact info for adjacent NPUs is provided below if necessary:

Additional Contacts:

Please contact the person(s) listed above within five days to find out which meetings you will be required to attend before the next NPU meeting. If you are unable to reach the contact person, please call the city's NPU Coordinator at 404-330-6145.

Signed,

Arianna Blake

AB, for Director, Office of Zoning and
Development

Alicia Encalade

U-24-004





SPECIAL USE PERMIT APPLICATION

DATE FILED _____

APPLICATION NUMBER _____

I hereby request that the property described in this application be granted a special use permit.

SUMMARY OF PROPOSED PROJECT. What kind of special use would you be operating? Select from the list below.

- personal care home, assisted living facility, other: (describe):, rehabilitation center, nursing home, day care center, church

Applicant Name Encalade Alicia Last Name First Name M.I.

Address 1100 Peachtree St Ste 250

City Atlanta State GA Zip Code 30309

Phone 770-312-5425 Email ame_consultinggroup@yahoo.com

Sworn to and subscribed before me this the

18th Day of December 2023 Sworn to and subscribed before me this the



DESCRIPTION OF PROPERTY

Address of Property 1528 Olympian Way Street Name Olympian

Parcel ID Number 14 01500009037

City Atlanta State GA Zip Code 30310

The subject property fronts 50 feet on the north side of olympian

Depth: 120 Area: 6300 Land Lot: 14 Land District: 15C Fulton County, GA.

Property is zoned: R-4 Council District: 10 Neighborhood Planning Unit: T

PROPERTY OWNER

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.

Little Dollar Bill, LLC Daniel Okoye

TYPE OR PRINT OWNER'S NAME

592 Lawton St

ADDRESS

Atlanta GA 30310

CITY & STATE ZIP CODE

Daniel Okoye
OWNER'S SIGNATURE

678-675-2003

PHONE NUMBER



AUTHORIZATION BY PROPERTY OWNER

(Required if person filing application is not the owner of the subject property or Applicant for the proposed rezoning)

I, Daniel Okoye (Owner's Name) swear and affirm that I am the owner of property at 1528 Olympian Way (Property address). As shown in the records of Fulton County, Georgia, which is the subject matter of the attached application. I authorize Alicia Encalade to file this application.

Sworn to and subscribed before me this the

12th Day of December 2023
Levonnie A. Reed
NOTARY PUBLIC

(SEAL)



AUTHORIZATION TO INSPECT PREMISES

With the signature below, I authorize the staff of the Office of Zoning and Development of the City of Atlanta to inspect the premises, which are the subject of this special use permit application.

I swear and affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

Daniel Okoye
Owner or Agent of Owner (Applicant)

Sworn to and subscribed before me this 12th day of December, 2023.

Levonne A. Reed
Notary Public

August 24, 2027
Commission Expires



U-24-004

City of Atlanta | Department of City Planning
**OFFICE OF ZONING
& DEVELOPMENT**

RECEIVED

DATE: 2/2/2024



Project Summary:

The purpose of this application is to request a Special Use Permit for a personal care home in a residential zoning of R-4 at 1528 Olympian Way Atlanta GA 30310. We are planning to service 6 adults of the age of 55 and older, serving 3 meals a day.

Impact Analysis:

1. Ingress and Egress:

a. How will employee and client vehicles enter and leave the property?

There is a driveway on the property and also street parking available.

b. How will emergency vehicles (fire, police, and ambulance) gain access to the property? c. Will the way in which vehicles enter and leave the property cause traffic congestion? Why or why not? Emergency vehicles can easily access the property via street parking or driveway.

2. Off-street parking and loading:

a. How will the operator of the facility dispose of refuse and garbage? There is a city provided garbage cans that get picked up weekly. What kind of containers would be used? Garbage cans given by the city. Will the City or a private garbage disposal service be used? City garbage services operate once a week. How often will the service pick up garbage? This is done once a week.

b. How will products and supplies be delivered to the facility? Supplies can be delivered through the front door.

c. Where and how will service personnel (such as electric and gas maintenance personnel) park their vehicles and gain access to the property for routine maintenance? Their vehicles can be parked on either the street or the driveway and can access the property through the front or back.

d. How will employees and clients park their vehicles and gain access to the property. They can park on the driveway or the street.

3. Buffering and Screening:

a. How will adjoining properties be buffered or screened from any noise or glare from the lights that might be generated from the facility? There are blinds in every room that will prevent light from escaping. The home is well insulated and the space buffer between adjoining is sufficient enough to prevent noise from the property.

b. How many vehicles will travel to and from the facility every day? Are you planning to make any road improvements to accommodate heavy traffic to and from the facility? Two vehicles are all that is expected on the most on the property at any given time. Now, there is not a need from improvements needed on the property

4. Hours and Manner of Operation:

a. Proposed use of site? Please state exactly and in detail what is intended to be done on, or with the property. The intended use of the property is to care for older citizens who need home care. This will serve as a personal care home.

- b. What will be the hours and the days of the week during which the facility will be open? **The facility will house senior citizens around the clock but will be open to visitors from 9am to 5pm Monday through Friday.**
- c. How many employees will be employed at the facility? **One employee per shift and there will be two shifts a day.** Include the number of shifts and number of employees per shift.
- d. How many clients will be served by the facility, and what will be their ages? **I will be serving 6 clients from the age of 55 and older.**
- e. Will you offer meals; and if so, when will they be offered? **I will offer 3 meals a day for breakfast, lunch, and dinner.**
- f. Will there be any other special programs offered at the facility; and if so, will they cause vehicles to park at or on the site? **There will be no special programs.**
5. Duration of Special Use Permit?
- a. How long would you like the special use permit to last (for example: 3 years, 5 years, indefinitely, etc.)? **40 years**
6. Tree Preservation and Replacement:
- a. Will any trees be damaged or cut down to accommodate renovation or new construction at the facility? **There will be no tree damage.** If so, how will recompense for the trees be furnished? (Please consult with the City Arborist, (404) 330-6874.
7. Required Yards and Open Spaces:
- a. Will there be any additions to the existing facility structure, and if so, would they encroach into any required yard setbacks or required open space? (Please consult with the Office of Zoning and Development staff to find out the yard setback requirements or open space requirements for the property.) **None of the above will occur.**

U-24-004



RECEIPT

CITY OF ATLANTA
DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
55 TRINITY AVE SW, ATLANTA GA 30303
404-330-6070

Application: U-24-004
Application Type: Planning/ZRB/Special use/NA
Address: 1528 OLYMPIAN WAY SW, ATLANTA, GA 30310
Owner Name:
Owner Address:
Application Name:

Receipt No.	Ref Number	Amount Paid	Payment Date	Cashier ID	Received	Comments
906079		\$400.00	01/30/2024	PUBLICUSER0		

Work Description: The purpose of this application is to request a Special Use Permit for a personal care home in a residential zoning of R-4 at 1528 Olympian Way Atlanta GA 30310. We are planning to service 6 adults of the age of 55 and older, serving 3 meals a day.

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