



Community Development Department

110 Academy Street, Canton, Georgia 30114

770-704-1500

VAR 2412-002

Public Hearing Application

Project # _____

1. Please check all information supplied on the following pages to ensure that all spaces are filled out completely and accurately before signing this form. State N/A, where Not Applicable
2. Please make your check payable to "City of Canton."
3. If you have questions regarding this form please contact the Department of Planning and Zoning by calling (770) 704-1530.

This form is to be executed under oath. I, Aldo Velez, do solemnly swear and attest, subject to criminal penalties for false swearing, that the information provided in the Application for Public Hearing is true and correct and contains no misleading information. I, Aldo Velez, have received and thoroughly read the Public Hearing Procedures.

This 22ND day of DECEMBER, 20 2024

Applicant: ALDO VELEZ

Print Name: ALDO VELEZ

Applicant Information:

Name: Aldo Velez
Address: 104 HOSPITAL DR
City: CANTON
State: GEORGIA Zip Code: 30114
Telephone: 404-784-2150
Fax Number: _____
Email Address: ALDO H VELEZ @ GMAIL.COM

Owner Information:

Name: ALDO VELEZ
Address: 104 HOSPITAL DR
City: CANTON
State: GEORGIA Zip Code: 30114
Telephone: 404-784-2150
Fax Number: _____
Email Address: ALDO H VELEZ @ GMAIL.COM

This Application For (Check Only One):

- | | |
|--|--|
| ☐ A Annexation | ☐ I Temporary Use Permit |
| ☐ B Rezoning | ☐ J Zoning Ordinance Text Amendment |
| ☐ C Master Plans | ☐ K Variance : Pre-Construction |
| ☐ D Master Plan Revisions | ☒ K Variance : Post-Construction |
| ☐ E Conditional Use Permit | ☐ Appeal |
| ☐ F Land Use Modification | |
| ☐ G Zoning Condition Amendment | ☐ Adjustment |
| ☐ H Density Transfer within Master Plan | ☐ Special Exception |

Fee Schedule:

Application Type _____
Base Fee _____ + (#Acres _____ x \$25.00 = _____) = _____
Advertising Fee _____ + (#Acres _____ x \$50.00 = _____) = _____

Staff Use Only

Amount Due: _____
Amount Due: _____
Total Fee: _____

Received By: _____

Date: _____

Amount Paid: _____

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Authorization Of Applicant

This form is to be executed under oath. I, Aldo Velez, do solemnly swear and attest, subject to criminal penalties for false swearing, that I am the owner of the property, which is the subject matter of the attached application, as is shown in the records of Cherokee County, Georgia. I hereby authorize the City of Canton and its representatives to inspect the property, which is the subject of this application, and post any notices required thereon.

This 22 day of December, 20 24.

Owner Signature: [Signature] Print Name: ALDO VELEZ

I, the above signed legal owner of the subject property, do hereby authorize the person named below to act as applicant in the pursuit of a request for:

- | | |
|---|--|
| ☐ A Annexation | ☐ G Zoning Condition Amendment |
| ☐ B Rezoning | ☐ H Density Transfer within Master Plan |
| ☐ C Master Plans | ☐ I Temporary Use Permit |
| ☐ D Master Plan Revisions | ☐ J Zoning Ordinance Text Amendment |
| ☐ E Conditional Use Permit | ☒ K Variance |
| ☐ F Land Use Modification | |

Name of Authorized Applicant: Carlos Velez

Signature: [Signature]

Mailing Address: 104 HOSPITAL DR

City: CANTON

State: GEORGIA Zip Code: 30114

Telephone: 404-847-0526

Fax Number: _____

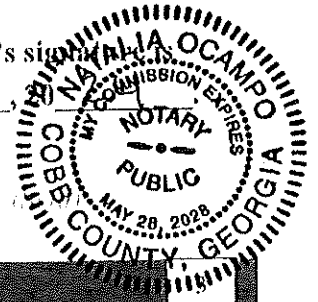
E-mail: cvelez87@comcast.net

Applicant Status:

- ☐ Owner
☐ Option to Purchase
☐ Leasee
☐ Area Resident
☒ Other (Explain): AUTHORIZED REPRESENTATIVE

This Authorization of Applicant Form has been completed and the property owner's signature is on file.
Sworn To and Subscribed Before Me This 22 Day Of December

Notary Signature: Natalia Ocampo





Community Development Department

110 Academy Street, Canton, Georgia 30114

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Authorization Of Property Owner

This form is to be executed under oath. I, Aldo Velez, do solemnly swear and attest, subject to criminal penalties for false swearing, that I am the owner of the property, which is the subject matter of the attached application, as is shown in the records of Cherokee County, Georgia. I hereby authorize the City of Canton and its representatives to inspect the property, which is the subject of this application, and post any notices required thereon.

This 22ND day of DECEMBER, 20 24.

Owner Signature: [Signature] Print Name: ALDO VELEZ

I, the above signed legal owner of the subject property, do hereby authorize the following application to be submitted to the City of Canton:

- | | |
|---|--|
| ☐ A Annexation | ☐ G Zoning Condition Amendment |
| ☐ B Rezoning | ☐ H Density Transfer within Master Plan |
| ☐ C Master Plans | ☐ I Temporary Use Permit |
| ☐ D Master Plan Revisions | ☐ J Zoning Ordinance Text Amendment |
| ☐ E Conditional Use Permit | ☒ K Variance |
| ☐ F Land Use Modification | |

Sworn To and Subscribed Before Me This 22nd Day of December, 20 24.

Notary Signature: Natalia Ocampo





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Disclosure Form

O.C.G.A. § 36-67A-2 / O.C.G.A. § 36-67A-3 requires disclosure of campaign contributions to government officials by an applicant or opponent of a public hearing petition. Applicants must file this form with the Department of Community Development.

1. Name of Applicant/Opponent: Aldo Velez Please Type Or Print All Responses

Section 1

If the answer to any of the following questions is "Yes," complete Section 2.

- A) Are you, or anyone else with a property interest in the subject property, a member of the City of Canton Planning Commission or the City of Canton Mayor and Council?
☐ YES ☒ NO
- B) Does an official of such public bodies have any financial interest in any business entity which has a property interest in the subject property?
☐ YES ☒ NO
- C) Does a member of the family of such officials have an interest in the subject property as described in (A) and (B)?
☐ YES ☒ NO
- D) Within Two (2) years of immediately preceding this application have you made campaign contributions(s) or given gifts to such public officials aggregating \$250 or more?
☐ YES ☒ NO

Section 2

1. Name and the official position of the Canton Official to whom the campaign contribution was made *(Please use a separate form for each official to whom a contribution has been made in the past (2) years):*

2. List the dollar amount/value and description of each campaign contribution made over the past two (2) years by the Applicant/Opponent to the named Canton Official:

Description

\$	
\$	
\$	

Note: Complete a separate form for each authorized applicant.



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Property Information:

Address: 104 Hospital Dr. Canton Ga 30114

Land Lot(s): 0168 District: 14 Section: 2ND Map #: 91 No 2 Parcel #: F905 A

Existing Zoning Of Property: R-10 ☒ City ☐ County Total Acreage Of Property: _____
Proposed Zoning Of Property: R-10 Existing Use(s) Of Property: Single family

Directions to property from Main Street in downtown Canton:

From main street go towards Riverstone Parkway make a right, go to the next light and turn to the left into Hospital Dr. The house will be on the Right.

Adjacent Property/Owner Information: Please provide the following information for all adjacent properties, including property connected by public rights-of-way. Attach additional sheets as necessary.

	OWNER NAME/ADDRESS	CURRENT ZONING	CURRENT LAND USE
NORTH	<u>Trinidad Juarez 108 Hospital</u>	<u>R-10</u>	<u>Single Family</u>
SOUTH	<u>Carlos Velez 100 Hospital DR</u>	<u>R-10</u>	<u>Single Family</u>
EAST	<u>Accent Atlanta LP</u>	<u>PD-MU</u>	<u>Apartments comp</u>
WEST	<u>Janice Kennedy 117 Lakewood St.</u>	<u>R-10</u>	<u>Single Family</u>
OTHER	_____		

UTILITY INFORMATION

How is sewage from this development to be managed? City of Canton

Proposed managing jurisdiction: City of Canton

How will water be provided to the site? City of Canton

Proposed managing jurisdiction: City of Canton Size Limit: _____



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Canton Board of Appeals Review Criteria

Article H, Section 8-8-II-195 empowers the Board of Appeals to authorize variances from provisions of the Zoning Code pursuant to a finding based in the criteria listed below. Please respond to the following.

(Applications Type K : ONLY)

Are there any extraordinary and exceptional conditions pertaining to the subject property because of its size, shape or topography? Yes

Would the application of the Zoning Code standards as they relate to the subject property create an unnecessary hardship? Yes

Has the condition from which relief or variance is sought been a result from action by the applicant? Yes.

Are there conditions peculiar to the subject property? Due to the lot size there was not enough parking space due to heavy street parking

Would relief, if granted, cause substantial detriment to the public good or impair the purpose and intent of the Zoning Code? Specifically, would the variance impair an adequate supply of light and air to adjacent property or unreasonably increase the congestion in public streets or increase the danger of fire or imperil the public safety or unreasonably diminish or impair established property values within the surrounding areas, or in any other respect impair the health, safety, comfort, morals or general welfare or the inhabitants or the City? No

Provide a Letter of Intent, which provides the necessary information to support your application for Variance.

City of Canton Planning and Zoning Department Canton, Georgia 12/20/2024

Subject: Request for Variance Approval

Dear Members of the Planning and Zoning Department,

I am Aldo Velez, the owner of the property at 104 Hospital Drive. I am submitting this letter to formally seek a variance for my property to address an issue that unexpectedly arose during its development.

I bought this property due to its generous size and layout, which seemed to suit my requirements perfectly. However, as the house construction progressed, it became apparent that the house's position and dimensions left insufficient space for parking, creating significant challenges for vehicle accommodation on the lot.

To address this matter, my father, Carlos Velez, consulted with a city engineer regarding the plan to pour concrete in the front yard to create additional parking. During their discussion, he was informed that the project would be acceptable provided there was no water runoff down the driveway. Based on this guidance, we proceeded with the modifications.

Regrettably, after the project was completed, I was informed during the final inspection that the driveway adjustments did not comply with city regulations. This appears to have resulted from a misunderstanding during the earlier consultation. I deeply regret any confusion and want to assure you that I have always intended to adhere to the city's rules and standards.

The location of my property, directly in front of a busy street, exacerbates the difficulties caused by limited parking. As someone with frequent visitors and a boat, I require ample parking space to ensure convenience and safety for everyone.

The lack of sufficient parking forces vehicles to be parked dangerously close to traffic, posing risks to both my family and passing motorists. Therefore, I am requesting this variance to retain the driveway modifications, allowing my property to provide safe and functional parking. I believe this proposal addresses the unique challenges posed by the property's layout and location while aligning with community expectations.

I am also open to making further modifications to address any concerns the city may raise. For instance, I would be willing to remove portions of the concrete to add greenery or a tree, enhancing both the property's appearance.

Thank you for considering my request. Please feel free to reach out to me at 404-784-2150 or aldohvelez@gmail.com if you require additional details or wish to discuss this further.

Sincerely,

Aldo Velez
104 Hospital Drive
Canton, Georgia 30114
404-784-2150