VARIANCE APPLICATION

| Type of Request: | Zoning/Special Exception | Administrative | 🗆 Sign | 🗆 Stream I | Buffer | □ Other | | |
|---|---|--|--|---|------------------------|--|--|--|
| Applicable Zoning/Sign Code Section: 17.90.020 (C)(8) | | | | | | | | |
| Nature of Request: | Natilite of Redulest? I Redulited I Proposed I | | | osed Setback quirements | | | | |
| Setback | | | | | | | | |
| Sign | | | | | | | | |
| = # Parking Spaces | | | _ | | | | | |
| | | | | | | | | |
| Name of Project/Sub | | | | Present Ze | | R-100 | | |
| | cation: 24 Autry Rd, A | uburn, GA | | Tax Parce | I ID: A | U11 013 | | |
| for the past approxim human services provid developmental disabil challenges. The Appli | is zoned R-100 and is imp ately 17 years. The Appli der, offering services and ities and other complex c leant seeks to continue op | cant, Georgia MENTOR innovative programs to y hallenges, as well as yout | , is a leading youth and ac h with emo | ; home- and c dults with inte tional, behavio | ommuni ellectual | ity-based and | | |
| Owner Name: Scio | oto Properties, LLC | | | | | | | |
| Address: 4245 Pov | vell Road, Powell, Ohio 4 | 3065 | | | | | | |
| Phone: | | Email: | | | | | | |
| Applicant Name (if d | ifferent from above): | National Mentor Health | care, LLC dl | oa Georgia MI | ENTOR | | | |
| Address: 185 Ben Bu | irton Circle, Bogart, GA | 30622 | | | | | | |
| Phone: 706-425-181 | 4 | Email: | 141.54MA - 3177- | | | | | |
| To the best of my knowledge, this variance application form is correct and complete. If additional materials are determined to be necessary, I understand that I am responsible for filing additional materials as specified by the City of Auburn Zoning Ordinance. I understand that failure to supply all required information (per the relevant Applicant Checklists and Requirements of the Auburn Zoning Ordinance) will result in the rejection of this application. I have read the provisions of the Georgia Code Section 36-67A-3 as required regarding Campaign Disclosures. My Signed Campaign Disclosure Statement is included. | | | | | | | | |
| Owner/Applicant Sig | nature: And ulla | Jog Trade GAN | Usnto-D |)ate: 4/ | 14/2 | -21 | | |
| Sworn to and subscr | ibed before me this | day of Hpr | -11 | , 20 | <u> 41</u> | | | |
| Notary Public: | eadle | Damo | D | ate: 4// | 14/2 | 021 | | |
| Application Received | l by: | 1 1 A | Case Nu | mber: | / | | | |
| Application Fee: S | 450 | THE COL | | | | | | |
| ZBOA Public Hearing | Date: | | | 0000 | | 1 | | |
| Updated: 05/08/2020 | DEK. | WILLIAM STONE | City of A | 13 | 69 4 th Ave | opment Departmen Auburn, GA 3001 cityofauburn-ga orç | | |

WINNIN W

CERTIFICATIONS

In the event an owner's agent or contract purchaser is filing this application, the certifications below must be completed. If the owner is filing the application, only the owner's certification must be completed.

AGENT'S CERTIFICATION

The undersigned below, or as attached, is hereby authorized to make this application by the property owner for the property listed below and located at

24 Autry Road, Auburn, Georgia

as shown in the records of Barrow or Gwinnett County, GA.

Joc Tuble 6+ Mg-to nature

1/14/2021

14th 20_21 day of Appeared before me personally this _ Date Signature of Notary Public



CONFLICT OF INTEREST DISCLOSURE

The undersigned below, making application for Rezoning, Special Exception, Special Use Permit, Variance, etc., has complied with the Official Code of Georgia Section 36-67A-1, et. sec., Conflict of Interest in Zoning Actions, and has submitted or attached the required information on the forms provided.

| ha lalles Ja | Tuble bAparta | |
|--|--|---|
| Signature of Applicant | The Company | Signature of Owner |
| 4/14/2021 | | |
| Date | | Date |
| Appeared before me p | ersonally this | Appeared before me personally this |
| 14th day of | <u>tpril</u> , 20 21. | day of, 20, |
| Notary Public | 1 sams | Notary Public |
| My Commission Expir | es: <u>D8/01/2023</u> | My Commission Expires: |
| | , . | |
| aggregating \$250.00 or | o years immediately preceding th | |
| aggregating \$250.00 or any other government of | o years immediately preceding th more to a member of the City Co officials who may consider this ap | e filing of this application, made contributions uncil, Planning Commission, Zoning Board of Appeals, |
| aggregating \$250.00 or any other government o (Check one) YE | o years immediately preceding th more to a member of the City Co officials who may consider this ap | e filing of this application, made contributions uncil, Planning Commission, Zoning Board of Appeals, uplication? |
| aggregating \$250.00 or any other government of (Check one) YE Name and position of | o years immediately preceding th more to a member of the City Co officials who may consider this ap S NO | e filing of this application, made contributions uncil, Planning Commission, Zoning Board of Appeals, oplication? Your Name: |
| aggregating \$250.00 or any other government of (Check one) YE Name and position of | o years immediately preceding th more to a member of the City Co officials who may consider this ap S NO government official(s): | e filing of this application, made contributions uncil, Planning Commission, Zoning Board of Appeals, oplication? Your Name: |
| aggregating \$250.00 or any other government of (Check one) YE Name and position of | o years immediately preceding th more to a member of the City Co officials who may consider this ap S NO S government official(s): | e filing of this application, made contributions uncil, Planning Commission, Zoning Board of Appeals, oplication? Your Name: |



One Alliance Center, 4th Floor 3500 Lenox Rd Atlanta, Georgia 30326 Telephone: (404) 926-4500 Fax: (404) 926-4600 www.weissman.law

Kasey A. Sturm Direct: (404) 926-4630 Email: kaseys@weissman.law

April 14, 2021

VIA EMAIL

JAY MILLER Community Development Director City of Auburn, GA <u>cityplanner@cityofauburn-ga.org</u>

LETTER OF INTENT

| Applicant: | National Mentor Healthcare, LLC dba Georgia MENTOI | | |
|-------------------|---|--|--|
| | (in partnership with Scioto Properties, LLC) | | |
| Subject Property: | 24 Autry Road, Auburn, Georgia 30011 | | |
| Current Zoning: | R-100 | | |
| Use: | Personal Care Home (Less than 6) | | |
| Application: | Special Exception for Operation of Personal Care Home | | |

This statement is intended to comply with application procedures established by the City of Auburn, Georgia, and is intended to serve as the Letter of Intent on behalf of the Applicant, Georgia MENTOR, for the Subject Property. The Subject Property is zoned R-100 and is improved with an existing home. Based on information and belief, the Subject Property has been operated as a personal care home for the past 17 years, approximately. Applicant, at the urging of the State, is taking over operation of the personal care home from the last service provider and seeks to continue operation of the Subject Property as a personal care home.

The Applicant, Georgia MENTOR, is a leading home- and community-based human services provider, offering services and innovative programs to youth and adults with intellectual and developmental disabilities and other complex challenges, as well as youth with emotional, behavioral and medical challenges. The home will serve four residents with full-time provider care. The Applicant is a licensed provider with the State of Georgia.

As with the prior service provider, the Applicant is the partner lessee of the Subject Property, working with its real estate partner, Scioto Properties, LLC, owner of the Subject Property, to provide necessary care and services. Scioto Properties, LLC and Georgia MENTOR work in partnership to provide necessary care and services with Georgia MENTOR serving as the on the ground care provider. Applicant is not developing the Subject Property.

The Applicant has provided all required information and has submitted the appropriate application fees. The requested Application meets all judicial and statutory requirements for approval.

If you have any questions or require further clarification or information, please do not hesitate to contact the undersigned counsel via telephone at 404.926.4630 or via email at kaseys@weissman.law.

Very truly yours,

WEISSMAN PC

/s/ Kasey Sturm

Kasey A. Sturm

| GEORGIA DEPARTMENT OF COMMUNITY HEALTH | | | | | | | | |
|--|--|----------------------|--|----------------------------------|--|--|--|--|
| | | STAT | E OF GEORG | AIA | | | | |
| | COMMUN | IITY LIVIN | IG ARRANGEN | IENT PERMIT | | | | |
| | | This is to certif | y that a permit is herel | by granted to | | | | |
| | NATIONAL | MENTOR HEA | LTHCARE, LLC | | to maintain and operate a | | | |
| | | (Name of Governing I | Body) | | | | | |
| Community Li | ving Arrangement named as | GEORGIA | MENTOR AUTRY DR (Name of Residence) | | for <u>4</u> residents. (number served) | | | |
| Said residence | e and premises are located at | | 24 | AUTRY DRIVE | | | | |
| | • | | | (Street) | | | | |
| in | | 30011 | County of | BARROW | , Georgia. | | | |
| | (City or Town) | (Zip Code) | | | | | | |
| Permit effective date is Tuesday, December 15, 2020 _ and remains in effect unless revoked or suspended. "This permit is granted pursuant to the authority vested in the Department of Community Health pursuant to O.C.G.A. Secs. 31-7-1 and 37-1-22 and signifies that its facilities and operations comply with the Rules and Regulations of the Department of Community Health on the date this permit was issued." | | | | | | | | |
| THIS PERMIT | IS NOT TRANSFERABLE | | PERM | IT NO. | CLA002180 | | | |
| In Witness Wh | In Witness Whereof, we have hereunto set our hand this <u>12TH</u> day of JANUARY _, <u>2021</u> | | | | | | | |
| GEORGIA DEPARTMENT OF COMMUNITY HEALTH HEALTHCARE FACILITY REGULATION DIVISION | | | | | | | | |
| | | | <u> </u> | elanie Sc mon, Division Chief | mon | | | |



SURVEY NOTES:

1. THE FIELD DATA UPON WHICH THIS PLAT IS BASED HAS A CLOSURE PRECISION OF 1 FOOT IN 10,000 FEET AND WAS NOT ADJUSTED. 2. THIS PLAT HAS BEEN CALCULATED FOR CLOSURE AND IS FOUND TO HAVE AN ACCURACY OF 1 FOOT IN 100,000 FEET.

- 3. LINEAR AND ANGULAR MEASUREMENTS WERE OBTAINED WITH A TRIMBLE S5 ROBOTIC TOTAL STATION.
- 4. ALL IRON PINS SET ARE 1/2" REBARS UNLESS NOTED OTHERWISE. 5. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A CERTIFIED

TITLE PACKAGE. ALL MATTERS OF TITLE ARE EXCEPTED. 6. IT IS HEREBY CERTIFIED THAT ALL MONUMENTS AND IMPROVEMENTS SHOWN HEREON ACTUALLY EXIST EXCEPT AS OTHERWISE NOTED, AND THE

THEIR LOCATION, SIZE, TYPE AND MATERIAL ARE CORRECTLY SHOWN.

ZONING NOTES:

THIS PROPERTY IS ZONED R100 BUILDING SETBACKS FOR THIS ZONING ARE AS FOLLOWS: FRONT: 50' SIDE: 15' REAR: 40'

DEED AND PLAT REFERENCES:

1. WARRANTY DEED FOR NESBITT PROPERTIES MANAGEMENT, LLC RECORDED IN DEED BOOK 2025, PG 41 OF BARROW COUNTY, GEORGIA LAND RECORDS. 2. PLAT FOR GEORGIA DOWNS, RECORDED IN PLAT BOOK 20, PAGE 108 OF BARROW COUNTY, GEORGIA LAND RECORDS.



50'B/L

39.2'

15

BL

N37°01'35'

ד

206.22

1/2" OTP FOUND

Ĺ

EXISTING HOME

BUILDING FOOTPRINT:

<u>40'_B/L</u>

1845 SF

DECK

20' B/L

LOT 11

(PB 20, PG 108)

0.837 ACRES ZONED R-100

S62°39'37"W — 162.07'

36,469 SF

PORCH





DATE

TAX ID:AU11 015 #12 Autry Road N/F MMW Management, Inc. DB 1898, PG 256 ZONED C-1

SURVEYORS CERTIFICATION (iii):

This plat is a retracement of an existing parcel or parcels of land and does not subdivide or create a new parcel or make any changes to any real property boundaries. The recording information of the documents, maps, plats, or other instruments which created the parcel or parcles are stated hereon. RECORDATION OF THIS PLAT DOES NOT IMPLY APPROVAL OF ANY LOCAL JURISDICTION, AVAILABILITY OF PERMITS, COMPLIANCE WITH LOCAL REGULATIONSOR REQUIREMENTS, OR SUITABILITY FOR ANY USE OR PURPOSE OF THIS LAND, Furthermore, the undersigned land surveyorcertifies that this plat complies with the minimum technical standards for property surveys in Georgia as set forth in the rules and regulations of the Georgia Board of Registration for Professional Engineers and Land Surveyors and as set forth in O.C.G.A Section 15-6-67.

R. Hand N 10/08/2020

ZACHARY R. GARRETT GEORGIA REGISTERED LAND SURVEYOR #3169

ORG NO. 3169

| GARRETT LAND SURVEYING, LLC | STATE: GEORGIA | | REVISION INDEX: | |
|-----------------------------|--------------------|------------------|-----------------|-------|
| 604 WARREN WAY | COUNTY: BARROW | GMD: 1740 | | |
| WINDER, GA 30680 | CITY: N/A | TAX ID: AU11 013 | | OWNER |
| 770-883-2609 | | DRAFTED BY: ZRG | | |
| garrettlandsurvey@gmail.com | DATE OF FIELD WORK | ::10/07/2020 | | |



VARIANCE APPLICATION

| Type of Request: | I Zoning/Special Exception | □ Administrative | □ Sign □ Stream Buffer □ Oth | | Other | | | |
|---|---|--|--|---|----------------------|----------------------------|--|--|
| Applicable Zoning/Sign Code Section: 17.90.020 (C)(8) | | | | | | | | |
| Nature of Request: | Nature of Peduaet? | | | | | osed Setback quirements | | |
| Setback | | | | | | | | |
| 🗆 Sign | | | | | | | | |
| = # Parking Spaces | | | | | | | | |
| Other | division: Group Hom | | | December 7 | | D 100 | | |
| Name of Project/Sub | | | | Present Z | | R-100 | | |
| Briefly describe varia | cation: 33 2nd Ave, A | uburn, GA | | Tax Parce | end: A | U11 092 | | |
| for the past approxima human services provid developmental disabili | ately 17 years. The Applia ler, offering services and i ities and other complex cl cant seeks to continue op | proved with an existing ho cant, Georgia MENTOR, i innoyative programs to yo hallenges, as well as youth erating the Subject Prope | is a leading buth and ac with emot | home- and co lults with inte ional, behavio | ommuni Ilectual a | ty-based ind | | |
| | ell Road, Powell, Ohio 430 | 065 | | | | | | |
| Phone: | | Email: | | | | | | |
| Applicant Name (if d | ifferent from above): | National Mentor Healthca | ire, LLC db | a Georgia MF | ENTOR | | | |
| | arton Circle, Bogart, Geor | gia 30622 | | | | | | |
| Phone: 706.425.1814 | | Email: | · | | | | | |
| To the best of my knowledge, this variance application form is correct and complete. If additional materials are determined to be necessary, I understand that I am responsible for filing additional materials as specified by the City of Auburn Zoning Ordinance. I understand that failure to supply all required information (per the relevant Applicant Checklists and Requirements of the Auburn Zoning Ordinance) will result in the rejection of this application. I have read the provisions of the Georgia Code Section 36-67A-3 as required regarding Campaign Disclosures. My Signed Campaign Disclosure Statement is included. | | | | | | | | |
| Owner/Applicant Sig | | 1. Joe Trobbe | 6pm | ate: 4/ | 14/2 | 2021 | | |
| Sworn to and subscr | ibed before me this I | th day of Apr | ~i | , 20 | p <u>2/</u> | | | |
| Notary Public: | eadly | Jams | r | ate: U/ | 14/5 | 2021 | | |
| Application Received | d by: | | Case Nu | mber: | · | | | |
| Application Fee: \$450 | | | | | | | | |
| ZBOA Public Hearing Date: | | | | | | | | |
| Updated: 05/08/2020 | | | | | | | | |

CERTIFICATIONS

In the event an owner's agent or contract purchaser is filing this application, the certifications below must be completed. If the owner is filing the application, only the owner's certification must be completed.

AGENT'S CERTIFICATION

The undersigned below, or as attached, is hereby authorized to make this application by the property owner for the property listed below and located at

33 2nd Avenue, Auburn, Georgia 30011

as shown in the records of Barrow or Gwinnett County, GA.

Jou Trobe GAMINTO ature

14/2021

Date

Appeared before me personally this 20 C day of .

Signature of Notary Public

Date



Updated: 05/08/2020

CONFLICT OF INTEREST DISCLOSURE

The undersigned below, making application for Rezoning, Special Exception, Special Use Permit, Variance, etc., has complied with the Official Code of Georgia Section 36-67A-1, et. sec., Conflict of Interest in Zoning Actions, and has submitted or attached the required information on the forms provided.

| Signature of Applicant 4/14/202/ Date Appeared before me personally this 144 | Signature of Owner Date |
|--|--|
| Appeared before me personally this | |
| Appeared before me personally this | |
| With A it at | Approximately for the province of the state |
| 14th Annil 11 | Appeared before me personally this |
| 14 day of Hpr11 , 20 21. | day of, 20, |
| Head (Dama | |
| Notary Public | Notary Public |
| Ay Commission Expires: <u>D8/D1/2023</u> | My Commission Expires: |
| DISCLOSURE OF (| CAMPAIGN CONTRIBUTIONS |
| ny other government officials who may consider this a Check one) YES NO | application? Your Name: |
| Name and position of government official(s): | |
| Date and amount (which aggregated \$250 or more) o | f the contribution(s): |
| Signature of Applicant | Signature of Applicant's Attorney/Representative |
| signature of Applicant | |
| Date: | Date: |



One Alliance Center, 4th Floor 3500 Lenox Rd Atlanta, Georgia 30326 Telephone: (404) 926-4500 Fax: (404) 926-4600 www.weissman.law

Kasey A. Sturm Direct: (404) 926-4630 Email: kaseys@weissman.law

April 14, 2021

VIA EMAIL

JAY MILLER Community Development Director City of Auburn, GA <u>cityplanner@cityofauburn-ga.org</u>

LETTER OF INTENT

| Applicant: | National Mentor Healthcare, LLC dba Georgia MENTO | |
|-------------------|---|--|
| | (in partnership with Scioto Properties, LLC) | |
| Subject Property: | 33 2 nd Avenue, Auburn, Georgia 30011 | |
| Current Zoning: | R-100 | |
| Use: | Personal Care Home (Less than 6) | |
| Application: | Special Exception for Operation of Personal Care Home | |

This statement is intended to comply with application procedures established by the City of Auburn, Georgia, and is intended to serve as the Letter of Intent on behalf of the Applicant, Georgia MENTOR, for the Subject Property. The Subject Property is zoned R-100 and is improved with an existing home. Based on information and belief, the Subject Property has been operated as a personal care home for the past 17 years, approximately. Applicant, at the urging of the State, is taking over operation of the personal care home from the last service provider and seeks to continue operation of the Subject Property as a personal care home.

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The Applicant has provided all required information and has submitted the appropriate application fees. The requested Application meets all judicial and statutory requirements for approval.

If you have any questions or require further clarification or information, please do not hesitate to contact the undersigned counsel via telephone at 404.926.4630 or via email at kaseys@weissman.law.

Very truly yours,

WEISSMAN PC

/s/ Kasey Sturm

Kasey A. Sturm

| | | | CORGIA DEPART DMMUNITY HE | | | | | |
|----------------|--|---------------------|---------------------------------|------------------------|-----------------|---------------------------|-----------|--|
| | | STAT | E OF GEO | RGIA | | | | |
| | COMMUN | | G ARRANG | EMENT PER | RMIT | | | |
| | | This is to certif | y that a permit is h | ereby granted to | | | | |
| | NATIONAL | MENTOR HEAI | LTHCARE, LLC | | to | maintain and operate | а | |
| | | Name of Governing E | | | | | - | |
| Community Liv | ring Arrangement named as | GEORG | GIA MENTOR 33 2 (Name of Res | | ΛE | for re (number served) | esidents. | |
| Said residence | and premises are located at | | | 33 2ND AVE (Street) | | | | |
| in | AUBURN | 30011 | County of | | RROW | , Georgia. | | |
| | (City or Town) | (Zip Code) | | | | | | |
| | s granted pursuant to the authority that its facilities and operations cor | vested in the De | epartment of Com | | uant to O.C.G.A | A. Secs. 31-7-1 and 37-1 | | |
| THIS PERMIT IS | S NOT TRANSFERABLE | | P | ERMIT NO. | | CLA002181 | | |
| In Witness Whe | ereof, we have hereunto set our han | d this <u>12TH</u> | day of | ANUARY _ | , 2021 | | | |
| GEORGIA DEP | GEORGIA DEPARTMENT OF COMMUNITY HEALTH HEALTHCARE FACILITY REGULATION DIVISION | | | | | | | |
| | | | | lelani | 201-1 (DA-2-2) | 107~ | | |
| | | | Melan | ie Simon, Division Cl | hief | | | |

eFiled & eRecorded DATE: 10/14/2020 TIME: 9:44 AM PLAT BOOK: 00065 PAGE: 00012 RECORDING FEES: \$10.00 PARTICIPANT ID: 5393572803 CLERK: Regina B. McIntyre Barrow County, GA



RESERVED FOR COURT CLERK USE



SURVEY NOTES:

1. THE FIELD DATA UPON WHICH THIS PLAT IS BASED HAS A CLOSURE PRECISION OF 1 FOOT IN 10,000 FEET AND WAS NOT ADJUSTED. 2. THIS PLAT HAS BEEN CALCULATED FOR CLOSURE AND IS FOUND TO HAVE AN ACCURACY OF 1 FOOT IN 100.000 FEET.

3. LINEAR AND ANGULAR MEASUREMENTS WERE OBTAINED WITH A TRIMBLE S5 ROBOTIC TOTAL STATION.

4. ALL IRON PINS SET ARE 1/2" REBARS UNLESS NOTED OTHERWISE. 5. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A CERTIFIED TITLE PACKAGE. ALL MATTERS OF TITLE ARE EXCEPTED.

6. IT IS HEREBY CERTIFIED THAT ALL MONUMENTS AND IMPROVEMENTS SHOWN HEREON ACTUALLY EXIST EXCEPT AS OTHERWISE NOTED, AND THE THEIR LOCATION, SIZE, TYPE AND MATERIAL ARE CORRECTLY SHOWN.

ZONING NOTES:

THIS PROPERTY IS ZONED R100 BUILDING SETBACKS FOR THIS ZONING ARE AS FOLLOWS: FRONT: 50' SIDE: 15' REAR: 40'

DEED AND PLAT REFERENCES:

1. WARRANTY DEED FOR NESBITT PROPERTIES MANAGEMENT, LLC RECORDED IN DEED BOOK 2025, PG 40 OF BARROW COUNTY, GEORGIA LAND RECORDS.

2. PLAT FOR ROBERT REYNOLDS, DATED MAY 22, 1960, , PREPARED BY H.L. DUNAHOO, RECORDED IN PLAT BOOK 4, PAGE 14 OF BARROW COUNTY, GEORGIA LAND RECORDS.



SURVEYORS CERTIFICATION (iii):

This plat is a retracement of an existing parcel or parcels of land and does not subdivide or create a new parcel or make any changes to any real property boundaries. The recording information of the documents, maps, plats, or other instruments which created the parcel or parcles are stated hereon. RECORDATION OF THIS PLAT DOES NOT IMPLY APPROVAL OF ANY LOCAL JURISDICTION, AVAILABILITY OF PERMITS, COMPLIANCE WITH LOCAL REGULATIONSOR REQUIREMENTS, OR SUITABILITY FOR ANY USE OR PURPOSE OF THIS LAND, Furthermore, the undersigned land surveyorcertifies that this plat complies with the minimum technical standards for property surveys in Georgia as set forth in the rules and regulationsof the Georgia Board of Registration for Professional Engineers and Land Surveyors and as set forth in O.C.G.A Section 15-6-67.

muc/// 10/07/2020 ZACHARY R. GARRETT GEORGIA REGISTERED LAND SURVEYOR #3169 DATE



| GARRETT LAND SURVEYING, LLC | STATE: GEORGIA | | REVISION INDEX: | (|
|-----------------------------|--------------------|------------------|-----------------|-----------|
| 604 WARREN WAY | COUNTY: BARROW | GMD: 1740 | | I |
| WINDER, GA 30680 | CITY: AUBURN | TAX ID: AU11 092 | | <u>ow</u> |
| 770-883-2609 | | DRAFTED BY: ZRG | | l |
| garrettlandsurvey@gmail.com | DATE OF FIELD WORK | :10/07/2020 | | |

| | L | EGEND | • |
|--|--|---|---|
| R/W P/L B/L CTP OTP IPF∕℗ IPS/ O O | RIGHT-OF-WAY PROPERTY LINE BUILDING LINE CRIMPED TOP PIPE OPEN TOP PIPE IRON PIN FOUND IRON PIN SET COMPUTED CORNER | CMF/X DB PB FFE EOP BC RB | CONCRETE MONUMENT FOUND CENTER LINE DEED BOOK PLAT BOOK FINISHED FLOOR ELEVATION EDGE OF PAVEMENT BACK OF CURB REBAR |