SAVANNAH
savannahga.gov

26-002535-ZBA

RECEIVED
MAY 15 2026

Planning & Urban Design
20 Interchange Drive, Administration Bldg.
Savannah, GA, 31415
Phone: 912.525.2783/Fax: 912.525.1562
www.savannahga.gov/planning

Zoning Board of Appeals Application

110 E State St, Savannah, GA, 31401
P.O. Box 8246, Savannah, GA, 31412-8246
Phone: 912.651.1440 / Fax: 912.651.1480
www.thempc.org

Please type or print legibly. Attach additional sheets, if necessary, to fully answer any of the following sections. Incomplete applications shall not be scheduled by the Metropolitan Planning Commission (MPC) until deficiencies are corrected. Additional instructions and information regarding the amendment process are attached. **SUBMIT AN ELECTRONIC COMPLETED APPLICATION AND SUPPLEMENTAL DOCUMENTATION TO PLANNING@SAVANNAHGA.GOV. Applicants shall contact the MPC staff at 912.651.1440 prior to submitting an application.**

I. Subject Property

Street Address(es): 307 WEST PARK AVE

Property Identification Number(s) (PINs) (Note: Attach a boundary survey, recorded or proposed plat, tax map or scaled plot plan to identify the property boundary lines.): 20052 17007, 20052 17016

Total acreage or SF of the subject property: .022 AC.

Zoning District(s): TN-1, ~~R-3~~ RESIDENTIAL (Victorian Hist. Dist.

Existing land use(s) for the subject property (e.g., undeveloped, restaurant, auto repair shop, multi-family): MULTI UNIT RESIDENTIAL, CONDOS

II. Reason for Variance (Check all that apply and attach a response and supporting documentation for each item checked).

☒ **A. Request a Variance (Sec. 3.21).** The application must be submitted to provide an opportunity for the ZBA to grant variances only from the building standards for permitted uses in the base zoning districts (not to include density or vehicular access) in Article 5.0, Base Zoning Districts; variable standards in Article 9.0, General Site Standards; and variable standards in Article 10.0, Natural Resource Standards. Refer to Page 6 for plot plan criteria and explain specifics of request (e.g., To request a 5 foot reduction of the 25 foot rear yard setback). **Describe the variance requested:** Owner is requesting a variance on the allowable SF for a new ADU. Currently per the guidelines, 40% of Main House SF = +/- 400 sf. The owneris requesting to increase this to 600 - 625 sf, to build a 1-Bedroom ADU, with a 2-Car parking garage below. We feel that this size proposed, would match the character and scale of the existing structures of the surrounding neighborhood.

☐ **B. Appeals (Sec. 3.23).** An appeal by any aggrieved party may be taken to the ZBA when an alleged error in a final written decision of any administrator, commission or board authorized to make a final written decision occurs. An application must be filed within thirty (30) working days of a final written decision. It will be considered filed when a complete notice of appeal is submitted to planning@savannahga.gov. **Provide an explanation specifying the grounds for the appeal with the ZBA and the administrator, commission or board whose decision is being appealed:** _____

☐ **C. Relief for Nonconforming Uses and Structures (Sec. 3.24).** An application must be submitted to request a re-establishment, expansion, or reconstruction of a nonconforming use. **Indicate the type of non-conformity and relief sought.** _____

☐ **D. Request an Extension of a ZBA Approval.** If a ZBA decision needs to be extended, an application must be submitted. Date of ZBA Approval: _____ File No.: _____

III. Application History.

- Have any previous applications been made regarding the subject property?
  ☐ Yes ■ No If yes, please provide the file number(s): _____
- Is this request related to another review, such as a Certificate of Appropriateness (COA), Subdivision, Site Development Permit or Plan, Master Plan, Business Location Approval, Rezoning, or Text Amendment? If so, please provide the Plan/Permit # _____ and associated Staff Report/Decision.

IV. Property Owner Information

Name(s): JTH HOLDINGS LLC , John Hafemann

Registered Agent: VICTOR PLUZNYK JR.
(Or Officer or Authorized Signatory, if Property Owner is not an individual. Provide GA Annual Registration.)

Address: 121 GREENVIEW DR

City, State, Zip: SAVANNAH, GA 31405

Telephone: [redacted] Fax: _____

E-mail address: [redacted]

V. Petitioner Information, if different from Property Owner

(Note: If the property owner(s) will have an agent serve on his or her behalf, the owner(s) must complete the attached Letter of Authorization. If the agent changes after submitting the application and the agent is not the property owner, a new authorization form will be required.)

Name(s): CHRISTOPHER SHELNUTT

Registered Agent: VICTOR PLUZNYK JR.
(Or Officer or Authorized Signatory, if Petitioner is not an individual)

Address: 307 B WEST PARK AVE

City, State, Zip: SAVANNAH, GA 31401

Telephone: [redacted] Fax: _____

E-mail address: [redacted]

VI. Agent, if different from Petitioner or Property Owner

(Note: A signed, notarized Letter of Authorization from the property owner is required and must be attached if this section applies. If the agent changes after submitting the application and the agent is not the property owner, a new authorization form will be required. Please refer to VIII. Letter of Authorization.)

Name(s): VICTOR PLUZNYK JR.

Firm or Agency: VP2Design, LLC

Address: 2225 EAST 39TH STREET

City, State, Zip: SAVANNAH, GA 31404

Telephone: [redacted] Fax: _____

E-mail address: [redacted]

VII. Application Fee:

The non-refundable filing fee is based on the type of use for which relief is requested. Make check payable to City of Savannah.

- ☑ Residential: $620.00
- ☐ Non-residential: $1,300.00

VIII. Letter of Authorization

As fee simple owner of the subject property that is identified as Property Identification Number(s) (PIN) 20052 17007, 20052 17016, I (we) authorize VICTOR PLUZNYK JR (Agent Name) of VP2Design, LLC (Firm or Agency, if applicable) to serve as agent on my (our) behalf for the purpose of making and executing this application for the proposed request. I (we) understand that any representations(s) made on my (our) behalf, by my (our) authorized representative, shall be legally binding upon the subject property.

Property Owner(s)

Name(s): JOHN HAFEMANN (JTH HOLDINGS LLC) Christopher Shelnutt

Registered Agent: ~~VICTOR PLUZNYK JR~~

(Or Officer or Authorized Signatory, if Property owner is not an individual)

Signature(s) 5/14/2026 Date

Witness Signature Certificate

State of Georgia

County of Bryan

Signed or attested before me on 5/14/26 (Date) by John Hafemann + Christopher Shelnutt (Printed name(s) of individual(s) signing document)

who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

✓ Personally Known or ___ Produced Identification Type of ID ___

Signature of Notary Public

Christina M. Ouellette NOTARY PUBLIC Bryan County, Georgia

Christina Ouellette

(Name of notary, typed, stamped or printed)

Notary Public State of Georgia

My commission expires: 5/26/27

IX. Application Checklist

Pursuant to O.C.G.A. § 8-2-26, this checklist must be completed and submitted with each application. Please check every item as either "Y" for items that are included with the application or "N" for items that are not included with the application. Items without an "N" checkbox are minimum requirements initially due with the application if applicable.

Yes	No	
☒		Part I. Subject Property
☒		Part II. Reason for Variance
☒		Part III. Application History
☒		Part IV. Property Owner Information
☒	☐	Part V. Petitioner Information
☒	☐	Part VI. Agent
☒		Part VII. Application Fee
☒	☐	Part VIII. Letter of Authorization
☒		Part IX. Complete Application Checklist
☒		Part X. Certified Application (Signed application)
☒	☐	A scaled dimensioned map, plat or sketch of the subject property referred to in the application
☒	☐	Concept Plan of the proposed development if applicable

Please note: Supplemental information may be required during plan review to address deficiencies.

X. Certified Application

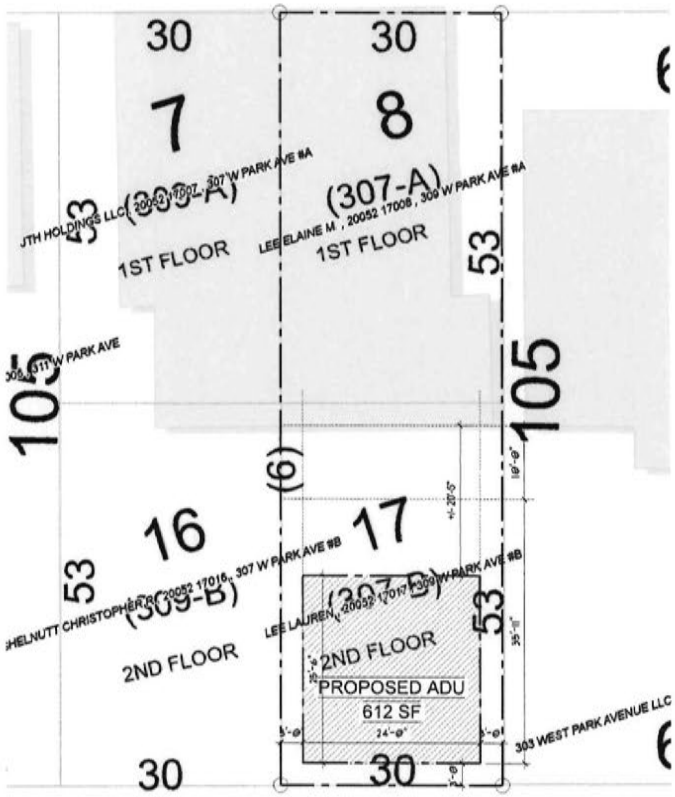
By my signature below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of the application. I acknowledge that I understand and have complied with all of the submittal requirements and procedures, and that this application is a complete application submittal. I further understand that an incomplete application submittal may cause my application to be deferred to the next posted deadline date. I understand that the approval of an application for Special Use Permit by The Mayor and Aldermen does not constitute a waiver from any applicable local, state, or federal regulations.

Applicant Name: **VICTOR PLUZNYK JR.** (Print) _____ (Signature) **05-15-26** (Date)

Contacts

Planning & Urban Design: 20 Interchange Drive, Administration Building
Savannah, GA, 31415
P.O. Box 1027, Savannah, GA, 31402 (Phone: 912.525.2783)

The Planning Commission: 110 E State St, Savannah, GA, 31401 (Located at the State Street Garage)
P.O. Box 8246, Savannah, GA, 31412 (Phone: 912.651.1440)



CONCEPTUAL SITE PLAN

SCALE: 3/16" = 1'-0" @ 11"X17"

VICINITY MAP

NOT TO SCALE

LOT AREA

VARIANCE REQUEST

PIN: 20052 17007, 20052 17016

VARIANCE OF 120 SF TO THE MINIMUM ALLOWABLE LOT SIZE FOR CONSTRUCTION OF AN ADU

ADU MAXIMUM AREA:

1,225 SF (BUILDING FOOTPRINT)
1,225 SF X 40% = 490 SF (MAX.)
612 SF - 490 SF = 120 SF

REQUESTED VARIANCE 120 SF

VP2 DESIGN

VP2 Design, LLC
2220 East 39th Street
Savannah, GA 31404
912.484.1907
VP2Design@outlook.com

A NEW ADU FOR:

SHELNUTT RESIDENCE

307 WEST PARK AVENUE
SAVANNAH, GA 31401

REVISIONS:

SHEET TITLE:
CONCEPTUAL SITE PLAN & NOTES

A0

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

ANNUAL REGISTRATION

Electronically Filed
Secretary of State
Filing Date: 1/13/2026 1:58:53 PM

BUSINESS INFORMATION	
CONTROL NUMBER	18149219
BUSINESS NAME	JTH Holdings LLC
BUSINESS TYPE	Domestic Limited Liability Company
EFFECTIVE DATE	01/13/2026
ANNUAL REGISTRATION PERIOD	2026

PRINCIPAL OFFICE ADDRESS	
ADDRESS	1000 Towne Center Blvd, Suite 804, Pooler, GA, 31322, USA

REGISTERED AGENT		
NAME	**ADDRESS**	**COUNTY**
John Hafemann	1000 Towne Center Blvd, Suite 804, Pooler, GA, 31322, USA	Chatham

AUTHORIZER INFORMATION	
AUTHORIZER SIGNATURE	John Hafemann
AUTHORIZER TITLE	Authorized Person