26-001369-ZBA

SAVANNAH
savannahga.gov

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

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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): 714 OTT Street

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.): 20034 28010

Total acreage or SF of the subject property: 0.05

Zoning District(s): TR-2 Traditional Residential-2

Existing land use(s) for the subject property (e.g., undeveloped, restaurant, auto repair shop, multi-family): Vacant lot

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:** The zoning for TR-2 requires a 20' rear yard, setback (it complies with the 5'min/10'max front yard) I am requesting a variance for 20' feet rear yard set back.

☐ **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 # 25-12384-BR and associated Staff Report/Decision.

IV. Property Owner Information

Name(s): Timothy Smalls

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

Address: 1319 E. Park Avenue

City, State, Zip: Savannah, GA 31404

Telephone: [redacted]

E-mail addres[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): _____

Registered Agent: _____
(Or Officer or Authorized Signatory, if Petitioner is not an individual)

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

E-mail address: _____

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): _____

Firm or Agency: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

E-mail address: _____

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) _____, I (we) authorize _____(Agent Name) of _____ (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): _____

Registered Agent: _____
(Or Officer or Authorized Signatory, if Property owner is not an individual)

_____ N/A _____
Signature(s) Date

Witness Signature Certificate

State of Georgia

County of _____

Signed or attested before me on _____ by _____,
Date (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

_____
(Name of notary, typed, stamped or printed)
Notary Public State of Georgia

My commission expires: _____

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

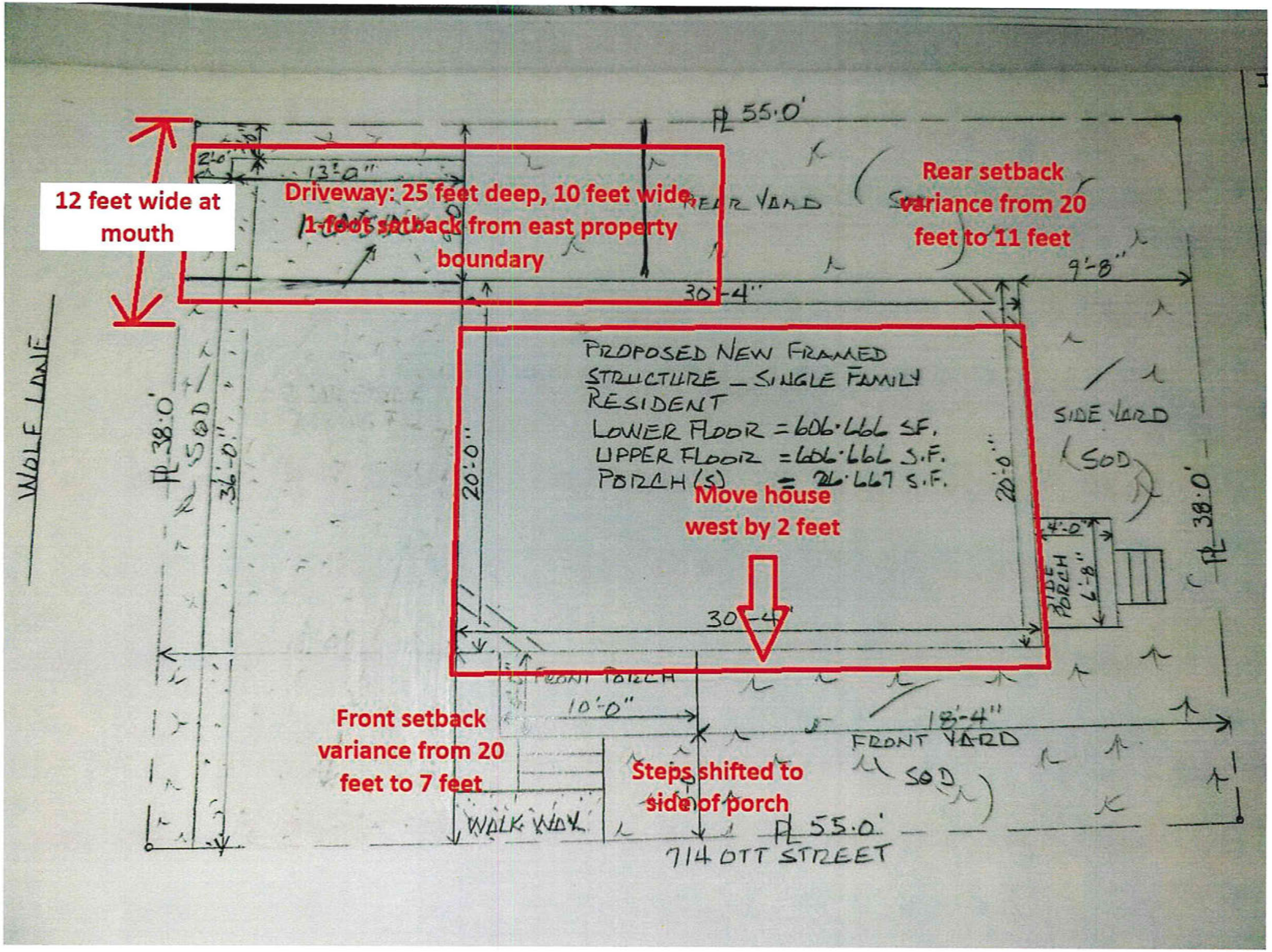
By my signature below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of the application. I acknowledge that I understand and have complied with all of the submittal requirements and procedures, and that this application is a complete 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: Timothy Smalls _____ 3-11-2026
Print Signature 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)


12 feet wide at mouth
Driveway: 25 feet deep, 10 feet wide
1 foot setback from east property boundary
Rear setback variance from 20 feet to 11 feet
PROPOSED NEW FRAMED STRUCTURE – SINGLE FAMILY RESIDENT
LOWER FLOOR = 606.666 S.F.
UPPER FLOOR = 606.666 S.F.
PORCH (S) = 26.667 S.F.
Move house west by 2 feet
Front setback variance from 20 feet to 7 feet
Steps shifted to side of porch
WOLF LANE
714 OTT STREET
FRONT YARD
SIDE YARD
REAR YARD
SOD
WALK WAY