

**CITY COUNCIL  
ATLANTA, GEORGIA**

13-O-1219

**U-87-11/TR13-05/ -AN ORDINANCE BY ZONING COMMITTEE TO AMEND ORDINANCE U-87-11 ADOPTED BY THE CITY COUNCIL ON AUGUST 3, 1987 AND APPROVED BY THE MAYOR ON AUGUST 10, 1987 FOR PROPERTY LOCATED AT 2520 OLD HAPEVILLE ROAD, S.E. TO APPROVE A TRANSFER OF SPECIAL USE PERMIT FOR A DAY CARE CENTER.**

Application File Date	July 15, 2013
Zoning Number	U-87-11/TR-13-005
NPU / CD	12/Z
Staff Recommendation	
NPU Recommendation	Not required
ZRB Recommendation	Not required

**Review List:**

Office of Research and Policy Analysis	Completed	07/26/2013 2:03 PM
Zoning Committee	Completed	08/29/2013 10:28 AM
Atlanta City Council	Completed	09/04/2013 8:02 PM
Zoning Committee	Pending	
Zoning Review Board Staff	Pending	
Office of Research and Policy Analysis	Pending	

**HISTORY:**

08/28/13	Zoning Committee	
09/03/13	Atlanta City Council	REFERRED TO COMMITTEE

<b>RESULT:</b>	<b>REFERRED TO COMMITTEE [UNANIMOUS]</b>
<b>AYES:</b>	Watson, Wan, Martin, Smith, Shook, Winslow, Moore, Willis, Young Jr., Sheperd, Bottoms, Hall, Archibong, Adrean
<b>ABSENT:</b>	Michael Julian Bond

<b>RESULT:</b>	<b>REFERRED TO COMMITTEE [UNANIMOUS]</b>
<b>AYES:</b>	Watson, Wan, Martin, Smith, Shook, Winslow, Moore, Willis, Young Jr., Sheperd, Bottoms, Hall, Archibong, Adrean
<b>ABSENT:</b>	Michael Julian Bond

Certified by Presiding Officer	Certified by Clerk
Mayor's Action <i>See Authentication Page Attachment</i>	

LEGISLATION HISTORY – BLUE BACK



**AN ORDINANCE  
BY ZONING COMMITTEE**

**U-87-11/TR13-05/ -AN ORDINANCE BY ZONING COMMITTEE TO AMEND ORDINANCE U-87-11 ADOPTED BY THE CITY COUNCIL ON AUGUST 3, 1987 AND APPROVED BY THE MAYOR ON AUGUST 10, 1987 FOR PROPERTY LOCATED AT 2520 OLD HAPEVILLE ROAD, S.E. TO APPROVE A TRANSFER OF SPECIAL USE PERMIT FOR A DAY CARE CENTER.**

Application File Date	July 15, 2013
Zoning Number	U-87-11/TR-13-005
NPU / CD	12/Z
Staff Recommendation	
NPU Recommendation	Not required
ZRB Recommendation	Not required

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF ATLANTA, GEORGIA, as follows:

SECTION 1. That the transfer (i.e. change of grantee) of Special Use Permit U-87-11 granting a Special Use Permit for a DAY CARE CENTER , property located at 2520 OLD HAPEVILLE ROAD, S.E. from *Debora Crawford-Simon* to *John Kimbrough, Jr.*, is hereby approved, under the provision of Section 16-25.002 (2), to wit:

SECTION 2. That all ordinances or parts of ordinances in conflict with the terms of this ordinance are hereby repealed.



# CITY OF ATLANTA

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT  
55 TRINITY AVENUE, S.W. SUITE 3350 - ATLANTA, GEORGIA 30303-0908  
404-330-6145 - FAX: 404-658-7491  
[www.atlantaga.gov](http://www.atlantaga.gov)

## APPLICATION TO TRANSFER SPECIAL PERMIT

The undersigned does hereby make application to transfer:

TR-13-005

Special Use Permit  Special Exception Permit  Special Administrative Permit

To be completed by the new owner/operator of Special Permit:

Applicant: John Kimbrough Jr. Phone Number: (4) 767-4177

Email Address: Ms Niecyschildcare@yahoo.com Fax Number: (4) 559-6483

Address: 2520 Old Hapeville Rd. S.E.

City: Atlanta, GA. State: GA. Zip: 30315

New Business/Owner Name: Ms Niecys Home Away from Home Licensing Center LLC

To be completed by the current holder of Special Permit:

Name: Debra Crawford-Simon Phone Number: (404) 451-3141

Email Address: debracraw@col.com Fax Number: (770) 892-5940

Address: 2520 Old Hapeville Road

City: Atlanta State: GA Zip: 30315

### Instructions:

- Special Permit Transfer applications are processed on an "as requested" basis and may take up to 45 (forty-five) business days for review by Staff and/or legislative process.
- Provide a copy of the original ordinance/approval for special permit.
- Complete Transfer Application Form.
- Complete Applicant Affidavit (see page 2).
- Complete previous owner affidavit or submit a letter from previous/current owner authorizing the transfer of Special Use Permit to the new applicant (see page 3).
- Submit completed application with notarized signatures.
- Application fee of \$200 due at the time of application submittal.

### APPLICANT AFFIDAVIT

I swear and affirm that I am the owner/lessee of 2520 Old Hapeville Rd. SE.  
Atlanta, GA 30315  
(indicate address of subject property) which is the subject of the request for a transfer of a special permit for Childcare (permit number). I affirm that I am thoroughly familiar with and will abide by the terms/conditions of the original permit.

Name of applicant John Kimbrough Jr.

Address 1382 Bidmout Ave. SW

Atlanta City GA. State 30310 Zip Code

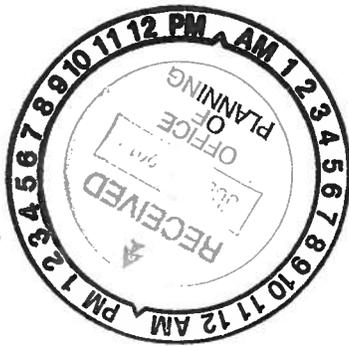
Telephone number 678-558-5085

### NOTARIAL STATEMENT

PERSONALLY APPEARED BEFORE ME PERSON(S) OF THE ABOVE NAME(S), WHO SWEAR THAT THE INFORMATION CONTAINED IN THIS AFFIDAVIT IS TRUE AND CORRECT TO THEIR BEST KNOWLEDGE AND BELIEF.

[Signature]  
Notary

06-26-13  
Date



### OWNER STATEMENT

I swear and affirm that I am/was the owner of the property subject to the proposed special permit transfer. I hereby grant the transfer of special permit located at

2520 Old Hapeville Rd. (Property Address) to John Kimbrough Jr. (New owner/applicant).

Debra Crawford-Simon

Name

210/5163 West Fayetteville Road

Address

College Park Ga. 30349

City

State

Zip Code

(770) 703-8119

Telephone Number



### AUTHORIZATION TO INSPECT PREMISES

With the signature below, I authorize the staff of the City of Atlanta to inspect the premises, which are the subject of this special permit transfer application.

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

*Debra Crawford-Simr*  
\_\_\_\_\_  
Owner or Agent of Owner (Applicant)

### NOTARIAL STATEMENT

PERSONALLY APPEARED BEFORE ME PERSON(S) OF THE ABOVE NAME(S), WHO SWEAR THAT THE INFORMATION CONTAINED IN THIS AFFIDAVIT IS TRUE AND CORRECT TO THEIR BEST KNOWLEDGE AND BELIEF.

*[Signature]*  
\_\_\_\_\_  
Notary

*06-26-13*  
\_\_\_\_\_  
Date

E.1.1

Packet Pg. 11

CLERK OF COUNCIL  
ATLANTA, GEORGIA

*Noted*  
*9-15-87*

AN ORDINANCE  
BY: ZONING COMMITTEE

Date Filed 5/18/87  
U-87-11

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF  
ATLANTA, as follows:

SECTION 1. Under the provisions of Section 16-06.005 Item (1)(b) of the Zoning Ordinance of the City of Atlanta, a Special Use Permit for a Day Care Center to be located at 2520 Old Hapeville Road, S.E. for that tract or parcel of land lying in Land Lot 69 of the 14th District, Fulton County, Georgia being more particularly described as follows:

SEE ATTACHED LEGAL DESCRIPTION

SECTION 2. That this amendment is approved under the provisions of Section 16-25.003 of the Zoning Ordinance of the City of Atlanta entitled "Special Use Permits, Procedural Requirements" and the Building Official shall issue a building permit only in compliance with the applicable provisions of this ordinance. The applicable conditional site plan and any other conditions hereby imposed are enumerated below. NOTE: The Special Use Permit hereby approved does not authorize the violation of any zoning district regulations. District regulations variances can be approved only by application to the City of Atlanta Board of Zoning Adjustment.

Site Plan entitled "Survey for Debra A. Crawford" prepared by Eston Pendley, Registered Land Surveyor dated December 23, 1986 and marked received by the City of Atlanta Zoning Division May 18, 1987.

SECTION 3. That all ordinances or parts thereof in conflict with this ordinance are hereby repealed.

(3/12/84)



A true copy,  
*Jerry C. Beard*  
Deputy Clerk, C.M.C.

ADOPTED by City Council August 3, 1987  
APPROVED by the Mayor August 10, 1987

ALL THAT TRACT OR PARCEL OF LAND LYING AND BEING IN LAND LOT 69, 14TH DISTRICT FULTON, COUNTY, GEORGIA, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE EASTERLY SIDE OF OLD HAPEVILLE ROAD, 96.0 FEET NORTHERLY AS MEASURED ALONG THE EASTERLY SIDE OF OLD HAPEVILLE ROAD FROM THE INTERSECTION OF THE EASTERLY SIDE OF HAPEVILLE ROAD AND THE NORTHERLY SIDE OF OLD HAPEVILLE ROAD AND THE NORTHERLY SIDE OF BREVARD AVENUE AS NOW LOCATED; CONTINUING THENCE NORTHERLY ALONG THE EASTERLY SIDE OF OLD HAPEVILLE ROAD, 100.0 FEET TO A NAIL; RUNNING THENCE EASTERLY 179.5 FEET TO AN IRON PIN FOUND; THENCE SOUTHWESTERLY 90.0 FEET TO AN IRON PIN FOUND; RUNNING THENCE WESTERLY 187.5 FEET TO AN "X" IN CONCRETE ON THE EASTERLY SIDE OF OLD HAPEVILL ROAD AND THE POINT OF BEGINNING; SAID PROPERTY BEING DESCRIBED ACCORDING TO A PLAT SURVEY FOR SHERMAN D. SCOROGGINS AND KATHLEEN M. SCROGGINS BY GEORGIA LAND SURVEYING CO., INC. RLS, DATED 2/28/83 AND BEING KNOWN AS NO. 2520 OLD HEPEVILLE ROAD, ACCORDING TO THE PRESENT SYSTEM OF NUMBERING HOUSES IN THE CITY OF ATLANTA, FULTON COUNTY, GEORGIA.

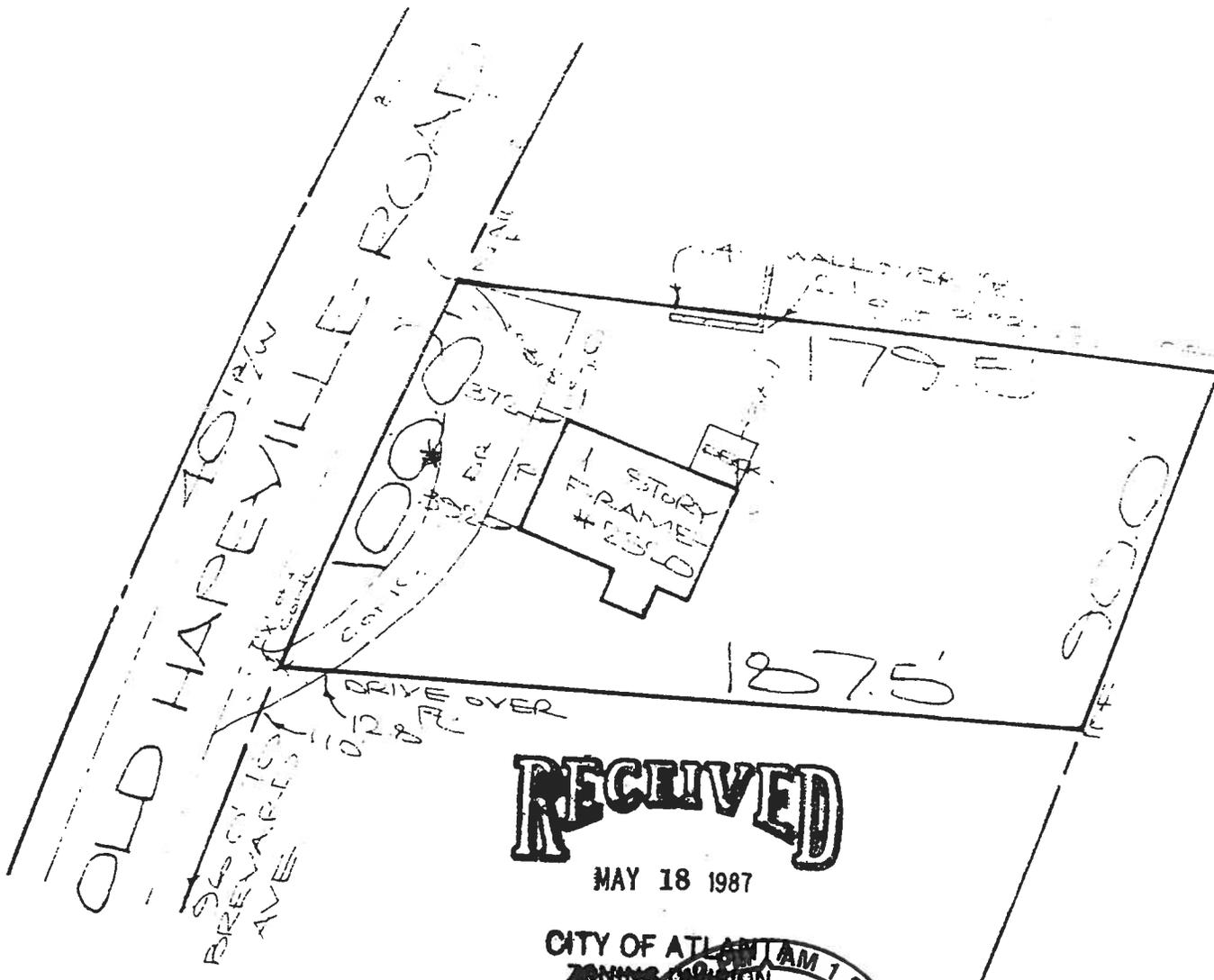
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11-87-11

CITY OF ATLANTA  
1987

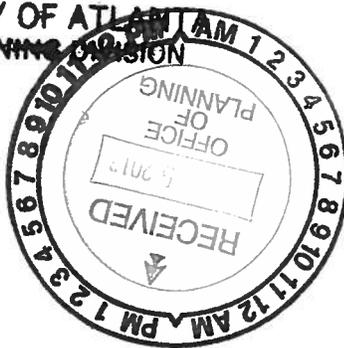
287-11



RECEIVED

MAY 18 1987

CITY OF ATLANTA  
ZONING DEPARTMENT



Survey for

And

Of property at

Lot

Land Lot

Date: 12-22-86 Scale 1" = 100'

THIS PROPERTY (IS) (IS NOT) LOCATED IN A FEDERAL FLOOD AREA AS INDICATED BY "FIA OFFICIAL FLOOD HAZARD MAPS"

BY: ESTON PENDLEY & ASSOC., INC.  
REGISTERED LAND SURVEYORS

In my opinion, this plat is a correct representation of the land plotted and has been prepared in conformity with the minimum standards and requirements of law.

*Eston Pendley*  
Member SAMSOG

E-VERIFY FORM

CITY OF ATLANTA AFFIDAVIT  
O.C.G.A. § 36-60-6(d) E-VERIFY PRIVATE EMPLOYER AFFIDAVIT OF COMPLIANCE  
SUBMITTED TO DEPARTMENT OF FINANCE - OFFICE OF REVENUE



By executing this affidavit under oath, as an applicant for a(n) Occupational Tax Certificate [Occupational Tax Certificate, Alcohol License or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from the City of Atlanta, Georgia, the undersigned applicant representing the private employer known as \_\_\_\_\_ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

- 1) Fill out this section between January 1, 2012, and June 30, 2012.
  - (a) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed more than five hundred (500) employees.
  - (b) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed less than five hundred (500) employees.

*If the employer selected 1(a) please fill out Section 4 below.*

- 2) Fill out this section between July 1, 2012, and June 30, 2013.
  - (a) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed more than one hundred (100) employees.
  - (b)  On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

*If the employer selected 2(a) please fill out Section 4 below.*

- 3) Fill out this section on or after July 1, 2013.
  - (a) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
  - (b) \_\_\_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

*If the employer selected 3(a) please fill out Section 4 below.*

- 4) The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

_____	_____
Federal Work Authorization User Identification Number	BUSINESS ACCOUNT NO.
_____	_____
Date of Authorization	SALES TAX ID NO. (Only if Applicable)

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON  
THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC/SEAL

My Commission Expires: \_\_\_\_\_

SAVE FORM

CITY OF ATLANTA AFFIDAVIT
O.C.G.A. § 50-36-1(E)(2) AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT
SUBMITTED TO DEPARTMENT OF FINANCE -OFFICE OF REVENUE

By executing this affidavit under oath, as an applicant for a(n) Occupational Tax Certificate [type of public benefit], as referenced in O.C.G.A. § 50-36-1, from the City of Atlanta, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) I am a United States citizen. Please see link for acceptable forms of identification: http://law.ga.gov/immigration-reports
2) I am a legal permanent resident of the United States. \*\* Please see link for acceptable forms of identification: http://law.ga.gov/immigration-reports
3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.\*\* Please see link for acceptable forms of identification: http://law.ga.gov/immigration-reports

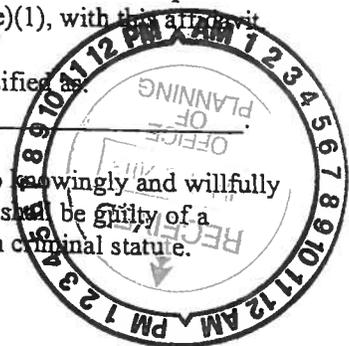
My alien number issued by the Department of Homeland Security or other federal immigration agency is:

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in (City), (State).



Signature of Applicant Date

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF , 20

NAME OF BUSINESS:

BUSINESS LICENSE ACCT NO.:

SALES TAX ID NO.:

(Only if Applicable)

NOTARY PUBLIC /SEAL

My Commission Expires:

# INVOICE

**City of Atlanta**  
**Bureau of Planning**  
55 Trinity Avenue, Suite 3350  
Atlanta, Georgia 30303

DATE: July 15, 2013  
INVOICE #: TR-13-005

FUND #: **1001**  
DEPT #: **000002**  
ACCOUNT #: **3413902**

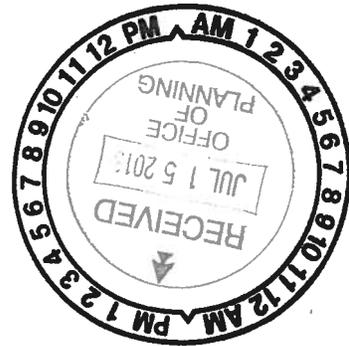
**Bill to:**

John Kimbrough Jr.  
2520 Old Hapeville Road, SE  
Atlanta, GA 30315

PAID *cc # 1010*  
CITY OF ATLANTA  
JUL 15 2013  
*ms*  
EX OFFICIO MUNICIPAL  
REVENUE COLLECTOR

DESCRIPTION	AMOUNT
Application fee for Special Use Permit	200
<b>TOTAL</b>	<b>200</b>

  
Approved by BNC



Please make checks payable to "City of Atlanta."  
No refunds will be issued.

City Council  
Atlanta, Georgia

**U-87-11**  
**(TR13-05)**

AN ORDINANCE  
BY: ZONING COMMITTEE

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF ATLANTA,  
GEORGIA, as follows:

SECTION 1. That the transfer (i.e. change of grantee) of Special Use Permit U-87-11 granting a Special Use Permit for a **DAY CARE CENTER**, property located at **2520 OLD HAPEVILLE ROAD, S.E.** from *Debora Crawford-Simon to John Kimbrough, Jr.*, is hereby approved, under the provision of Section 16-25.002 (2), to wit:

SECTION 2. That all ordinances or parts of ordinances in conflict with the terms of this ordinance are hereby repealed.