CITY OF ATLANTA

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
55 TRINITY AVENUE, S.W. SUITE 3350 – ATLANTA, GEORGIA 30303-0308
404-330-6145 – FAX: 404-658-7491
www.atlantaga.gov

APPLICATION TO TRANSFER SPECIAL PERMIT

TR - 13 - 03

The undersigned does hereby make application to transfer:

Special Use Permit ☑ Special Exception Permit ☐ Special Administrative Permit ☐

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

Applicant: Patrick Sams Phone Number: 404-394-8738

Email Address: SesameSeedacademy@comcast.net Fax Number: 404-344-6187

Address: 2605 Campbellton Rd

City: Atlanta State: GA Zip: 30311

New Business/Owner Name: Sesame Seed Academy, Inc

To be completed by the current holder of Special Permit:

Name: Gloria Harrell Phone Number: 404-344-2670

Email Address: gharr89247@aol.com Fax Number: —

Address: 2800 Kingston Terr

City: East Point State: GA Zip: 30344

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 Patrick Sams *(indicate address of subject property)* **which is the subject of the request for a transfer of a special permit for** U-78-19 *(permit number).* **I affirm that I am thoroughly familiar with and will abide by the terms/conditions of the original permit.**

Name of applicant Patrick Sams

Address 2605 Campbellton Rd

Atlanta GA 30311

City **State** **Zip Code**

Telephone number 404-344-8738

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.

Ethel J Hunt

Notary

12-1-2013

Date

Ethel J Hunt
NOTARY PUBLIC
Fulton County, GEORGIA
My Commission Expires
6/09/2015

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 2605 Campbellton Rd *(Property Address)* **to** Patrick Sams *(New owner/applicant).*

Gloria Harrell Gloria Harrell
Name

2800 Kingston Terr
Address

East Point GA 30344
City **State** **Zip Code**

404-344-2670
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.

Patrick Sams Patrick Sams

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.

Ethel J Hunt

Notary

12-1 2013

Date

Ethel J Hunt
NOTARY PUBLIC
Fulton County, GEORGIA
My Commission Expires
6/09/2015

CLERK OF COUNCIL
City of Atlanta

AN ORDINANCE
BY: ZONING COMMITTEE

Case Number: U-78-19
Date Introduced: 9/26/88

AN ORDINANCE TO AMEND ORDINANCE U-78-19 ADOPTED BY CITY COUNCIL JULY 17, 1978 AND APPROVED BY THE MAYOR JULY 25, 1978 FOR PROPERTY LOCATED AT 2605 CAMPBELLTON ROAD, S.W. TO APPROVE A TRANSFER OF A SPECIAL USE PERMIT FOR A DAY CARE CENTER.

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

SECTION 1. That the transfer (i.e. change of grantee) of Special Use Permit U-78-19 for a day care center located at 2605 Campbellton Road, S.W. from Lewis and Barbara Anderson to Gloria Harrell is hereby approved under the provision of the 1982 City of Atlanta Zoning Ordinance, Section 16-25.002 (2) (a), as amended.

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

OFFICE OF CLERK OF COUNCIL
ATLANTA, GA.

A SUBSTITUTE

AN ORDINANCE

U- 78-19
Date Filed 4-24-78

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF ATLANTA:

SECTION 1. Under the provisions of Chapter 25, Section 16-25001, Item M, of the Zoning Ordinance of the City of Atlanta, a Special Use Permit for Day Care Center, to be located at 2605 Campbellton Road, S. W., is granted to Lewis and Barbara Anderson, for that tract or parcel of land lying and being in Land Lot 199 of the 14th District, Fulton County, Georgia, being more particularly described as follows:

BEGINNING: at a point marked by an iron pin on the northerly side of Campbellton Road 590 feet easterly as measured along the northerly side of Campbellton Road and following the curvature thereof from the intersection formed by the northerly side of Campbellton Road and the easterly side of Dodson Drive; running thence easterly along the northerly side of Campbellton Road 179.3 feet to an iron pin (which iron pin is also located at the southwest corner of Lot 88, Unit 2 of Windsor Forest Subdivision); thence northerly along the westerly side of said Lot 88, 300.6 feet to an iron pin; thence westerly along a line forming an interior angle of 95 degrees 58 minutes with the preceding course 180 feet to an iron pin; thence southerly 300.2 feet to an iron pin on the northerly side of Campbellton Road and the point of beginning; all as shown on plat of survey by Bracewell, Shirey and Nelson dated June 4, 1956; and being improved property known as 2605 Campbellton Road, S. W., Atlanta, Georgia.

Attachment: TR-13-03 (14-O-1036 : U-78-19 (TR-13-03) An Ordinance to Transfer a Special Use Permit)

FLOOR PLAN

OFFICIAL PLANNING OF DOCUMENTS
ATLANTA, GA.

CITY OF ATLANTA
55 TRINITY AVE SW STE 1350
ATLANTA, GA. 30303-3534
404-330-6270

Merchant ID: 550138523
Term ID: 00105400055013852300 4

Sale

xxxxxxxxxxx3790
VISA
Entry Method: Swiped

Total: $ 200.00

12/02/13 12:29:30
Inv #: 000006 Appr Code: 640277
Apprvd: Online

Customer Copy

THANK YOU!

Customer Copy

te 3350
3

INVOICE

DATE: December 2, 2013
INVOICE #: 120220130860

FUND #: **1001**
DEPT #: **250201**
ACCOUNT #: **3419301**
Activity: **7210000**

DESCRIPTION	AMOUNT
Use Permit	$200.00
TOTAL	**$200.00**

Prepared by: Nina Gentry
Extension: x6145

PLEASE PAY AMOUNT DUE AT THE OFFICE OF REVENUE, DEPARTMENT OF FINANCE CASH COLLECTION WINDOW.

YOU MUST OBTAIN A STAMPED PAID INVOICE TO RECEIVE YOUR COPIES.

This form to be used for sale of maps, photo copies and record requests.

PAID
CITY OF ATLANTA
DEC 02 2013
EX OFFICIO MUNICIPAL
REVENUE COLLECTOR

Visa
SJ