

**U-14-13-AN ORDINANCE BY ZONING COMMITTEE GRANTING A SPECIAL USE PERMIT FOR PERSONAL CARE HOME PURSUANT TO SECTION 16-06.005 (1) (G) FOR PROPERTY LOCATED AT 929 CASCADE AVENUE, S.W., FRONTING APPROXIMATELY 95 FEET ON THE NORTH SIDE OF CASCADE AVENUE APPROXIMATELY 60 FEET EAST OF THE INTERSECTION OF ALTADENA PLACE AND CASCADE AVENUE. DEPTH VARIES. AREA: APPROXIMATELY 0.45 ACRE. LAND LOT 151, 14TH DISTRICT, FULTON COUNTY, GEORGIA. OWNER: FLORENCE M. DEMOSTHENES APPLICANT: MAURICE SESSOMS NPU S COUNCIL DISTRICT 10**

Application File Date	5-22-14
Zoning Number	U-14-13
NPU / CD	S/10
Staff Recommendation	
NPU Recommendation	
ZRB Recommendation	

**Workflow List:**

Office of Research and Policy Analysis	Completed	06/13/2014 2:50 PM
Zoning Committee	Pending	
Atlanta City Council	Pending	
Zoning Review Board Staff	Pending	
Office of Research and Policy Analysis	Pending	
Mayor's Office	Pending	

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

LEGISLATION HISTORY – BLUE BACK

**U-14-13-AN ORDINANCE BY ZONING COMMITTEE GRANTING A SPECIAL USE PERMIT FOR PERSONAL CARE HOME PURSUANT TO SECTION 16-06.005 (1) (G) FOR PROPERTY LOCATED AT 929 CASCADE AVENUE, S.W., FRONTING APPROXIMATELY 95 FEET ON THE NORTH SIDE OF CASCADE AVENUE APPROXIMATELY 60 FEET EAST OF THE INTERSECTION OF ALTADENA PLACE AND CASCADE AVENUE. DEPTH VARIES. AREA: APPROXIMATELY 0.45 ACRE. LAND LOT 151, 14TH DISTRICT, FULTON COUNTY, GEORGIA. OWNER: FLORENCE M. DEMOSTHENES APPLICANT: MAURICE SESSOMS NPU S COUNCIL DISTRICT 10**

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AN ORDINANCE

U-14-13

BY: ZONING COMMITTEE

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

SECTION 1. Under the provisions of Section 16-06.005 (1) (g), of the Zoning Ordinance of the City of Atlanta, a Special Use Permit for a PERSONAL CARE HOME is hereby approved. Said use is granted to MAURICE SESSOMS and is to be located at 929 Cascade Avenue, S.W., to wit:

ALL THAT TRACT or parcel of land lying and being in Land Lot 151, 14<sup>th</sup> District, Fulton County, Georgia being more particularly described by the attached legal description and/or survey.

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 Director, Bureau of Buildings, shall issue a building permit only in compliance with the applicable provisions of this part. The applicable conditional site plan and any other conditions hereby imposed are enumerated by attachment. The Special Use Permit hereby approved does not authorize the violation of any zoning district regulations. District regulation variances can be approved only by application to the Board of Zoning Adjustment.

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



OFFICE OF PLANNING  
55 Trinity Avenue S.W., Suite 3350  
Atlanta, Georgia 30303  
(404) 330-6145

APPLICATION #: **U-14-013**

DATE ACCEPTED: **05/22/2014**

## NOTICE TO APPLICANT

Address of Property:  
**929 Cascade AVE SW**

City Council District: **10**      Neighborhood Planning Unit (NPU): **S**

Zoning Review Board (ZRB) Hearing Date:

**Thursday, August 7 or 14, 2014 at 6:00 p.m.**

Council Chambers, 2nd Floor, City Hall  
55 Trinity Avenue, S.W.

The contact person for NPU S is:

**Karen Babino**  
**770-912-3922**  
**kbabino@yahoo.com**

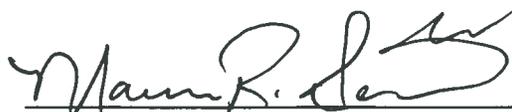
Contact info for adjacent NPUs is provided below if necessary:

**Additional Contacts:**

Please contact the person(s) listed above within two days to find out which meetings you will be required to attend before the next NPU meeting. If you are unable to reach the contact person, please call the city's NPU Coordinator at 404-330-6145.

Signed,

  
LL, for Director, Bureau of Planning

  
Maurice Sessoms

# APPLICATION FOR SPECIAL USE PERMIT

City of Atlanta

Date Filed 05/22/14

Application Number U-14-013

I Hereby Request That The Property Described in this Application be granted a Special Use Permit

Name of Applicant Sessoms Maurice R  
Last Name First Name M.I.

Address 315 Thistlewood Run Street Name

City McDonough State GA Zip Code 30252

Phone (410) 725-1840 <sup>cell</sup> Fax (770) 860-1953

E-mail address sessomsm@gmail.com

Name of Property Owner Demosthenes Florence M  
Last Name First Name M.I.

Address 4012 Street Name MILLER BOTTOM Rd

City LOGANVILLE State GA Zip Code 30052

Daytime Phone 770-903-5393 Fax 770-860-1953

E-mail address DEMOHH@GMAIL.COM

**Description of Property**

Street Address of Property 929 Cascade Ave SW

City Atlanta State GA Zip Code 30311

Property is zoned: R-4 Council District: 14<sup>th</sup> Neighborhood Planning Unit: \_\_\_\_\_

The subject property fronts 35' feet on the Front side of Cascade Ave SW, beginning North 59.88 feet from the corner of \_\_\_\_\_

Depth: \_\_\_\_\_ Area: \_\_\_\_\_ Land Lot: \_\_\_\_\_ Land District: \_\_\_\_\_



INSTRUCTIONS

A. SUMMARY OF PROPOSED PROJECT. What kind of special use would you be operating?

- personal care home                      \_\_\_\_\_ rehabilitation center                      \_\_\_\_\_ day care center
- \_\_\_\_\_ assisted living facility                      \_\_\_\_\_ nursing home                      \_\_\_\_\_ church

~~\*~~ other: (describe): Group Home (MD)

B. IMPACT ANALYSIS. Type or legibly print on a separate piece of paper a complete and descriptive response to each one of the following questions:

1. Ingress and Egress:

- a. How will employee and client vehicles enter and leave the property?
- b. How will emergency vehicles (fire, police, and ambulance) gain access to the property?
- c. Will the way in which vehicles enter and leave the property cause traffic congestion? Why or why not?

2. Off-Street Parking and Loading:

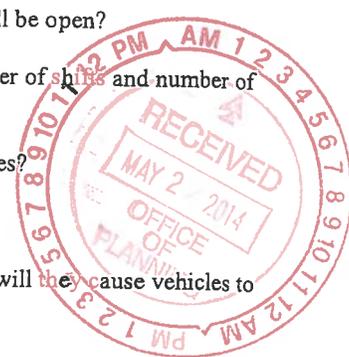
- a. How will the operator of the facility dispose of refuse and garbage? What kind of containers would be used? Will the City or a private garbage disposal service be used? How often will the service pick up the garbage?
- b. How will products and supplies be delivered to the facility?
- c. Where and how will service personnel (such as electric and gas maintenance personnel) park their vehicles and gain access to the property for routine maintenance?
- d. How will employees and clients park their vehicles and gain access to the property.

3. Buffering and Screening:

- a. How will adjoining properties be buffered or screened from any noise or glare from lights that might be generated from the facility?
- b. How many vehicles will travel to and from the facility every day? Are you planning to make any road improvements to accommodate heavy traffic to and from the facility?

4. Hours and Manner of Operation:

- a. Proposed Use of Site? Please state exactly and in detail what is intended to be done on, or with the property.
- b. What will be the hours and days of the week during which the facility will be open?
- c. How many employees will be employed at the facility? Include the number of shifts and number of employees per shift.
- d. How many clients will be served by the facility, and what will be their ages?
- e. Will you offer meals; and if so, when will they be offered?
- f. Will there be any other special programs offered at the facility; and if so, will they cause vehicles to park at or on the site?

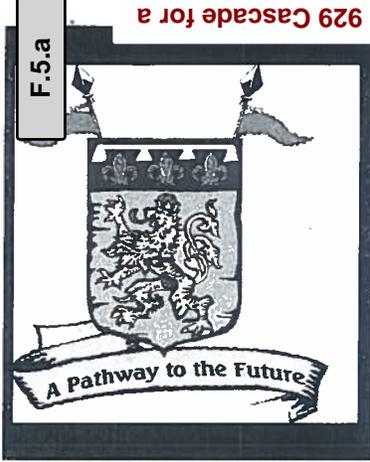


U-14-013

# YOUTH RENAISSANCE SOCIETY OF GEORGIA, INC.

Youth will experience a rebirth in their lives and become new, free positive individuals.

May 12, 2014  
Impact Analysis



1) *Ingress and Egress:*

- a. *How will employee and client vehicles enter and leave the property?*

The employee's vehicles will enter and leave property from the driveway of the facility.

- b. *How will emergency vehicles (fire, police, and ambulance) gain access to the property?*

The property is operated 24/7 days a week with staff at all times. Emergency vehicles can access the property at any time.

- c. *Will the way vehicles enter and leave the property cause traffic congestion? Why or why not?*

The vehicles entering and leaving property will not cause traffic congestion, there will only be 3 vehicles on property at any given time. Based on our nontraditional work schedule staff will be leaving the facility opposite of rush hour traffic.

2) *Off- Street Parking and Loading:*

- a. *How will the operator of the facility dispose of refuse and garbage? What kind of containers would be used? Will the city or private garbage disposal service be used? How often will the service pick up the garbage?*

The facility will use city of Atlanta garbage removal service to dispose of refuse and garbage. The garbage service removes trash once a week and will supply the facility with a Herbie Curbie trash container. Any trash that is refused by the city of Atlanta will be hauled away and recycled or delivered to the local landfilled by a contracted vendor.

- b. *How will products and supplies be delivered to the facility?*

The products and supplies will be delivered by staff. Occasionally, there will be orders delivered by UPS or a delivery service comparable to UPS.

U-14-013



# YOUTH RENAISSANCE SOCIETY OF GEORGIA, INC.

Youth will experience a rebirth in their lives and become new, free positive individuals.

- c. *Where and how will service personnel (such as electric and gas maintenance personnel) park their vehicles and gain access to the property for routine maintenance?*

The facility has a driveway that is capable of holding 6 vehicles. The beginning of the driveway will be open at all times for service personnel. The staff will park towards the rear of the facility.

- d. *How will employees and clients park their vehicles and gain access to the property?*

The employees will park their vehicles towards the rear of the property. The clients are residents and will not have a vehicle. There will be no more than 3 vehicles at a time on property.

### 3) *Buffering and Screening:*

- a. *How would adjoining properties be buffered or screened from any noise or glare from lights that might be generated from the facility?*

The facility has a fencing separating it from other properties. There is basic residential lighting that surrounds the facility. The lighting is near every exit of the facility. There will be low wattage security lights in the rear set on a motion sensor.

- b. *How many vehicles would travel to and from the facility?*

There will be one company vehicle on grounds at all times and two staff vehicles at any given time parked during operational hours.

### 4) *Hours and Manner of Operations:*

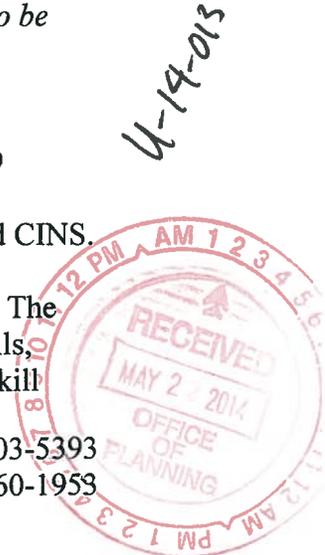
- a. *Proposed Use of Site? Please state exactly and in detail what is intended to be done on, or with the property.*

YOUTH RENAISSANCE SOCIETY of GEORGIA, INC (YRSG) is interested in operating a 9 bed group home in city of Atlanta. The facility will be located at 929 Cascade Ave SW, Atlanta GA 30311. The house consists of 4 bedrooms and 2 bathrooms. The program will serve youth that are homeless, abused, neglected and CINS.

YRSG will provide programmatic services for adolescent males, from ages 15-18. The program will provide each client with the opportunity to acquire the necessary skills, behaviors, and coping strategies for reintegration with their home environment. Skill

929 Cascade Ave SW \* Atlanta \* Georgia \* 30311

Office (770)903-5393  
Fax (770)860-1953



# YOUTH RENAISSANCE SOCIETY OF GEORGIA, INC.

Youth will experience a rebirth in their lives and become new, free positive individuals.

training will be provided in the areas of life skills, social skills, educational skills, and recreational skills. Individual and group therapy will be provided to individuals within the program. Community resources will be available and utilized for educational programs, community recreation, work readiness programs and functional life skills. All staff will be trained in the area of community interactions and how to address complaints and grievances. Training will also be provided for staff so that they can provide ongoing feedbacks and instructions to the clients regarding appropriate interactions with the community. This will include reporting all incidents to the adults in the program, refraining from inappropriate reactions when confronted in the community, going above and beyond the call to respect property and reporting all events that they witness as a good faith gesture to the neighbors. Program staff will be responsible for ongoing training to the residents in how to conduct themselves in the community. The aforementioned instructions will be provided upon client orientation and throughout their stay in the program. The rule will explicitly state that inappropriate interaction with the community will not be tolerated even when it is perceived that someone in the community is the agitator. All incidents must be immediately reported to the staff. The organization will reinforce these behaviors by rewarding pro-social behaviors that can be used to earn additional privileges and rewards via the behavior modification system. Conversely, swift and immediate consequences will be provided when clients violate the rules for community interactions.

YRSG will need 9 youth to allow the business to operate efficiently. The program will have multiple expenses and financial liabilities that must be achieved while youth are living at the home. There are several other financial obligations and services that the youth will need such as;

- Individual therapy
- Group therapy
- Social skills training
- Case management
- Independent living skills training
- Pro-social skill development
- Recreational Activities
- Educational services
- Psychological services
- Community service
- Drug & Alcohol counseling
- Psychiatric services
- Medical and dental service

It would be in the best interest of the program to be permitted to care for 9 youth at the address above.

b. *What will be the hours and days of the week during which the facility will be open?*

The facility will be open 24 hours a day 7 days a week.



# YOUTH RENAISSANCE SOCIETY OF GEORGIA, INC.

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- c. *How many employees will be employed at the facility? Include the number of shifts and number of employees per shift?*

## STAFFING DESCRIPTION

There will be 8 employees and 3 shifts as following:

### FIRST SHIFT (7 A.M. - 3 P.M.)

The first shift will require **Three FTE's** for adequate coverage. During the week, there will be a consistent individual on this shift. This position will have the primary responsibilities of ensuring that all clients are enrolled in school, act as a liaison between the program and the school, attend all educationally related meetings and establish an ongoing working relationship with the pupil personnel counselor and the respective administrators.

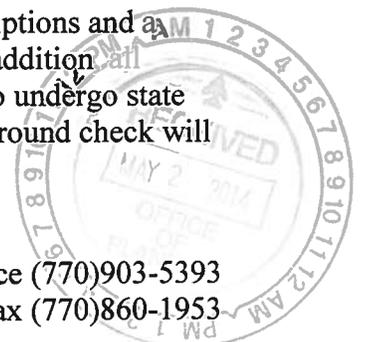
### SECOND SHIFT (3 P.M. - 11 P.M.)

The second shift will require **three FTE's** to provide coverage that exceeds the requirements of RBWO regulation for client to staff ratio, 4:1. These individuals will be required to facilitate the recreational program, transport to and from appointments, conduct community meetings, assist with meal preparation, teach life skills, and administer the behavior modification system.

### THIRD SHIFT (11 P.M. - 7 A.M.)

The third shift will require **Two FTE is** to provide coverage for the overnight shift. Full-time personnel will work five, eight-hour shifts to provide coverage. The shift will begin at 11 P.M. and will end at 7 A.M.

Selection of personnel will be guided by the respective job descriptions and a standardized set of interview questions and writing samples. In addition, all employees will be required to be tested for drugs and will have to undergo state and federal child abuse clearances. In addition, a criminal background check will be completed before hiring.



# YOUTH RENAISSANCE SOCIETY OF GEORGIA, INC.

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Selection of personnel will be guided by the respective job descriptions and a standardized set of interview questions and writing samples. In addition, all employees will be required to be tested for drugs and will have to undergo state and federal child abuse clearances. In addition, a criminal background check will be completed before hiring.

**Staff interactions:** Direct Care personnel will provide ongoing supervision to the clients within the program. This will include but will not be limited to modeling appropriate behaviors, teaching pro-social behaviors, observations and recording findings.

***Base on the aforementioned schedule, at least two employees will be on duty at all times.***

d. *How many clients will be served by the facility, and what will be their ages?*

9 clients will be served by the facility ranging from 15-18 of age.

e. *Will you offer meals; and if so, when will they be offered?*

Meals will be offered onsite during traditional meal time. Breakfast, lunch and dinner will be served to all residents.

f. *Will there be any other special programs offered at the facility: and if so will they cause vehicles to park at or on the site?*

There will be no other special programs offered at the facility. All special events will take place off site.

5) *Duration of Special Use Permit:*

a. *How long would you like a special use permit to last (for example 3 years, 5 years, indefinitely, ect.)?*

We would like the Special Use Permit to last indefinitely.

6) *Tree Preservation and Replacement:*

a. *Will any trees be damaged or cut down to accommodate renovations or new construction at the facility? If so, how will recompense for the trees be furnished?*



# YOUTH RENAISSANCE SOCIETY OF GEORGIA, INC.

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No Trees will be removed or damaged. There will be landscaping completed to enhance the appearance of the facility.

7) *Required Yards and Open Space:*

- a. *Will there be any additions to the existing facility structure, and if so, would they encroach into any required open space?*

There will be no additions added to the facility. The facility will receive basic painting and minor repairs inside and outside.

U-14-015



AUTHORIZATION BY PROPERTY OWNER

(Required only if applicant is not the owner of property subject to the proposed Special Use Permit)

I, MARIE FLORENCE DEMOSTHENES (OWNER'S NAME)

SWEAR AND AFFIRM THAT I AM THE OWNER OF THE PROPERTY AT 929  
CASCADE AVE, ATLANTA GA 30013 (PROPERTY ADDRESS).

AS SHOWN IN THE RECORDS OF FULTON COUNTY, GEORGIA, WHICH  
IS THE SUBJECT MATTER OF THE ATTACHED APPLICATION. I AUTHORIZE THE  
PERSON NAMED BELOW TO FILE THIS APPLICATION AS MY AGENT.

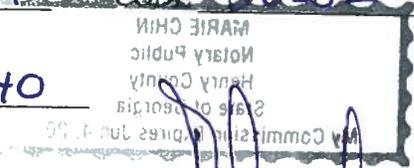
NAME OF APPLICANT

LAST NAME Sessoms FIRST NAME Maurice

ADDRESS 315 STREET NAME Thistlewood Run SUITE \_\_\_\_\_

CITY McDonough STATE GA ZIP CODE 30252

TELEPHONE NUMBER  
AREA CODE (410) NUMBER 725 - 1840



[Signature]  
Signature of Owner

MARIE FLORENCE DEMOSTHENES  
Print name of owner

Personally Appeared Before Me this 2nd day of May, 2014.

[Signature]

Notary Public



U-14-013



## Legal Description

### 929 CASCADE AVE

All that tract or parcel of land lying and being in Land Lot 151 of the 14th District, Fulton County, Georgia, being more particular described as follows:

Commence at a point where Easterly right of way of Altadena Place intersects with Northern right of way of Cascade Avenue, run northeasterly along northern right of way of Cascade Avenue 59.88 feet to a 1.0"otp the True Point of Beginning;

From the Point of Beginning run North 52 degrees 27 minutes 10 seconds West a distance of 198.30 feet to a ½"rbs,

Running thence North 39 degrees 52 minutes 08 seconds East a distance of 105.00 feet to a 1.0"ctp,

Running thence South 49 degrees 33 minutes 12 seconds East a distance of 196.50 feet to a ipf located on the northern right of way of Cascade Avenue,

Running thence southwesterly along northern right of way of Cascade Avenue South 38 degrees 52 minutes 38 seconds West a distance of 95.00 feet to the True Point of Beginning.

Lot contains 19732.59 SF = 0.045 AC

The end

U-14-013



RECEIPT

CITY OF ATLANTA  
ATLANTATEST  
55 TRINITY AVE SW

**Application:** U-14-013  
**Application Type:** Planning/ZRB/Special use/NA  
**Address:** 929 CASCADE AVE SW, ATLANTA, GA 30311  
**Owner Name:** LEWIS JAMES E  
**Owner Address:**  
**Application Name:**

Receipt No.	Ref Number	Amount Paid	Payment Date	Cashier ID	Received Comments
371310	0785501978	\$400.00	05/22/2014	JADEGBOYE	

**Owner Info.:** LEWIS JAMES E

**Work Description:** Special Use Permit for a group home.

PAID  
CITY OF ATLANTA  
MAY 22 2014  
EX OFFICIO MUNICIPAL  
REVENUE COLLECTOR



**Legal Description**

**929 CASCADE AVE**

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From the Point of Beginning run North 52 degrees 27 minutes 10 seconds West a distance of 198.30 feet to a 1/2"rbs,

Running thence North 39 degrees 52 minutes 08 seconds East a distance of 105.00 feet to a 1.0"ctp,

Running thence South 49 degrees 33 minutes 12 seconds East a distance of 196.50 feet to a ipf located on the northern right of way of Cascade Avenue,

Running thence southwesterly along northern right of way of Cascade Avenue South 38 degrees 52 minutes 38 seconds West a distance of 95.00 feet to the True Point of Beginning.

Lot contains 19732.59 SF = 0.045 AC

The end

U-14-013

