



DeKalb County Department of Planning & Sustainability

330 Ponce De Leon Avenue, Suite 500

Decatur, GA 30030

(404) 371-2155 / plandev@dekalbcountyga.gov

Planning Commission Hearing Date: May 4, 2021, 5:30 P.M.

Board of Commissioners Hearing Date: May 27, 2021, 5:30 P.M.

STAFF ANALYSIS

Case No.: SLUP-19-1243861 **Agenda #:** N. 4

Location/Address: 2902 Cedar Trace Drive, Ellenwood, GA **Commission District:** 3 **Super District:** 6

Parcel ID(s): 15-041-01-152

Request: A Special Land Use Permit for a 24-hour in-home day care facility for up to six children within an RSM (Residential Small Lot Mix) district.

Property Owner: Willie Stewart

Applicant/Agent: Erica Stewart

Acreage: .4 acres

Existing Land Use: A single-family residence.

Surrounding Properties: To the northwest, north, southwest, and west: single-family residential (zoned RSM); to the northeast, east, and southeast: vacant and wooded (zoned RSM).

Comprehensive Plan: Suburban **Consistent** ☒ **Inconsistent** ☐

Proposed Units: Not applicable.	Existing Units: One.
Proposed Lot Coverage: Not applicable.	Existing Lot Coverage: (Estimated) 15%



DeKalb County Department of Planning & Sustainability

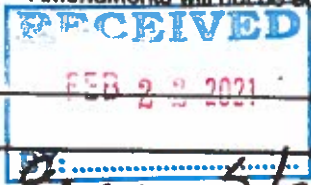
Lee May
Interim Chief Executive Officer

Andrew A. Baker, AICP
Director



SPECIAL LAND USE PERMIT APPLICATION

Amendments will not be accepted after 5 working days after the filing date.



Date Received: _____ Application No.: _____

APPLICANT NAME: ERICA STEWART

Daytime Phone #: 678-600-0633 Fax #: _____

Mailing Address: 2902 CEDAR TRACE DRIVE - ELLENWOOD, GA 30294
E-mail: ERICA STEWART 2009 @GMAIL.COM

OWNER NAME: WILLIE J. STEWART
(If more than one owner, attach contact information for each owner)

Daytime Phone #: 678-876-8424 Fax #: _____

Mailing Address: 275 BEECHWOOD LANE - STONE MOUNTAIN, GA 30087
E-mail: WILLIE STEWART 275 @GMAIL.COM

SUBJECT PROPERTY ADDRESS OR LOCATION: 2902 CEDAR TRACE DRIVE
ELLENWOOD, GA 30294, DeKalb County, GA, _____

District(s): _____ Land Lot(s): _____ Block(s): _____ Parcel(s): _____

Acreage or Square Feet: _____ Commission District(s): _____ Existing Zoning: _____

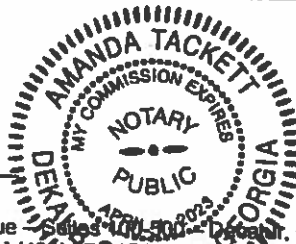
Proposed Special Land Use (SLUP): _____

I hereby authorize the staff of the Planning and Development Department to inspect the property that is the subject of this application.

Owner: ☒ Agent: _____ Signature of Applicant: [Signature]
(Check One)

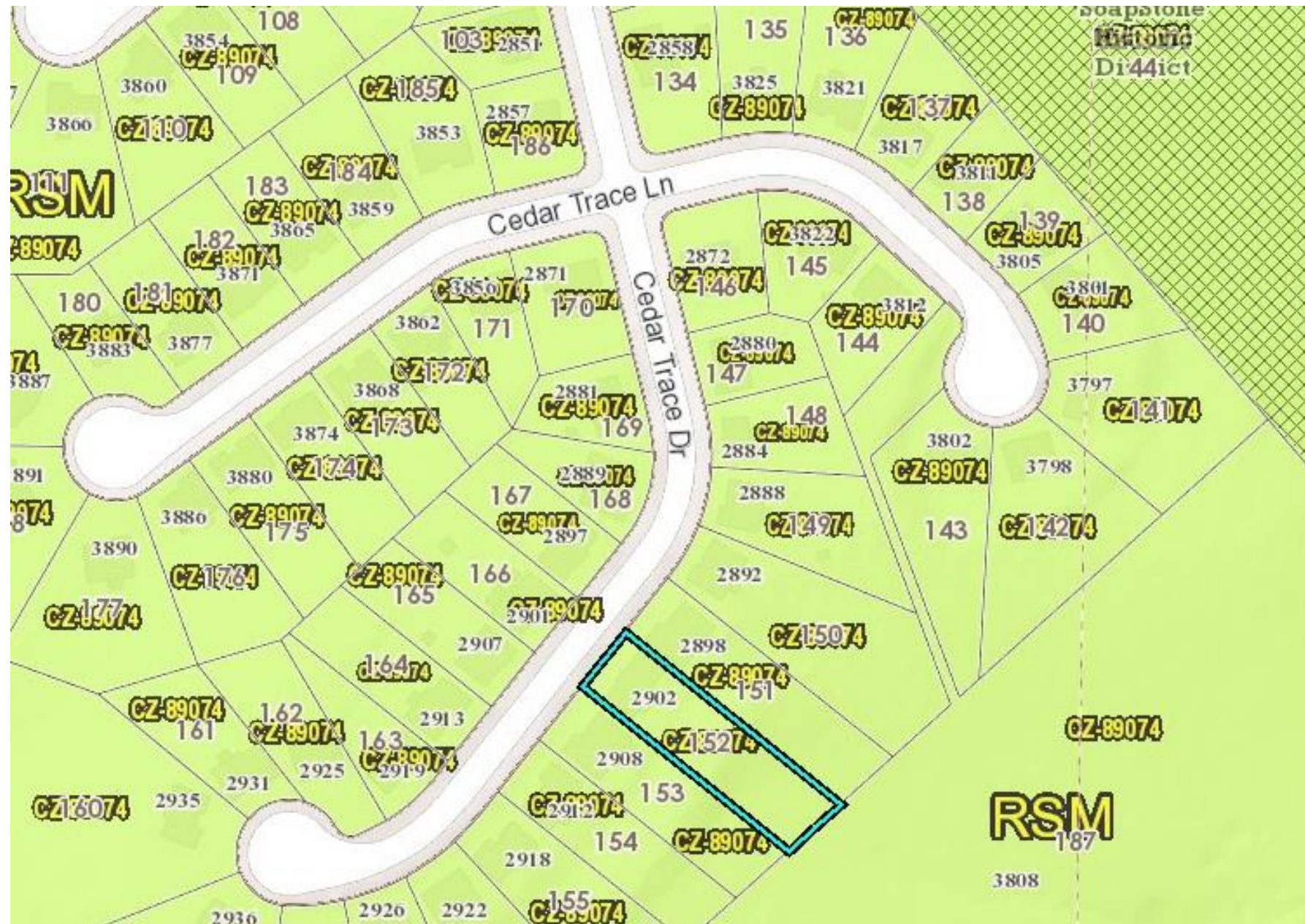
Printed Name of Applicant: WILLIE J. STEWART

Notary Signature and Seal: [Signature]



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Email Address: planninganddevelopment@dekalbcountyga.gov









(left) Subject property.

(right) Rear yard of subject property.

