

Chief Executive Officer
Lorraine Cochran-Johnson

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director
Juliana A. Njoku

Special Land Use Permit PCH/CCI (4-6)
(with no new construction)

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

SLUP Request for: ☒ Over 18 ☐ Under 18 Years of Age (check one)

Subject Property Address: 3915 Emerald N Drive, Decatur, GA 30035

Distance to the closes Personal Care Home/Child Care Institution: 3,317.89 ft

Parcel ID Number(s): 15-157-06-019

Acreage: 0.3 Commission District(s): 3 Super District(s): 7

Zoning Designation: R-75 Land Use Designation: 101

Applicant(s) Name: LYM Holdings LLC

Applicant Mailing Address: 7742 Spalding Dr, STE 403, Norcross, GA 30092

Application Phone: 404-452-8822 Applicant Email: transactions@propertyolutionsgroup.net

Owner(s) Name: Mark Schwartz

(if more than one owner, attach list of owners and contact information)

Owner(s) Mailing Address: 7742 Spalding Dr, STE 403, Norcross, GA 30092

Owner(s) Phone: 404-452-8822 Owner(s) Email: transactions@propertyolutionsgroup.net

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

☒ Owner ☐ Agent


Applicant/Agent Signature

10/15/25
Date

Letter of Application

1. List the reasons for the Special Land Use Permit (SLUP) request

- To allow the operation of a **personal care home** with six (6) residents in a residential zoning district where such a use is not permitted by right.
 - To meet the growing **community demand** for safe, licensed housing for seniors or adults who need assistance with daily living but do not require nursing home care.
 - To provide a **small, residentially integrated option** that allows residents to remain in a neighborhood setting rather than an institutional facility.
 - To operate in compliance with **Georgia Department of Community Health (DCH) regulations** and local zoning ordinances.
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2. What are your qualifications?

- Experience in **healthcare, caregiving, and residential services** including an additional, 20+ bed home in Marietta, GA.
 - Familiarity with **state licensing requirements** for personal care homes, including safety, staffing, and training standards.
 - Strong background in **business management** to ensure the home is financially sustainable and compliant.
 - Commitment to **resident care and quality of life**, demonstrated through ongoing training, staff development, and resident-centered care practices.
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3. Please list three (3) key functions in order for you to operate your business successfully

1. Regulatory Compliance & Safety

- Meeting all state licensing, fire marshal, and local code requirements.
- Implementing health/safety protocols and staff training.

2. Quality Resident Care

- Providing 24/7 trained staff for assistance with meals, medication management, hygiene, and activities of daily living.
- Creating an environment that supports dignity, independence, and social engagement.

3. Community & Family Engagement

- Maintaining open communication with families.
- Hosting neighborhood meet-and-greet events and being transparent about operations.
- Building trust within the surrounding community.

4. What will the impact be on neighbors?

- **Minimal traffic impact**, since residents do not typically drive and staff parking is limited.
 - **Quiet and residential in character**, as the home will look like and operate like a single-family dwelling.
 - **Positive neighborhood impact**, as the property will be well-maintained, landscaped, and monitored.
 - Adds community value by providing a **needed service for local families** who want their loved ones nearby.
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5. How will you ensure that concerns are addressed?

- Establishing an **open communication plan**: providing neighbors with a direct contact number for the home operator.
- Scheduling **community meetings** before opening and annually to listen to concerns.
- Maintaining **strict operational policies** (e.g., visitor parking rules, quiet hours, regular property upkeep).
- Conducting **regular inspections and audits** to ensure safety and compliance.
- Working closely with **local zoning officials, fire, and code enforcement** to resolve issues quickly.

6. Detailed Characteristics of the Proposed Use

- Number of rooms?
 - The home will have 6 resident bedrooms (one per individual for privacy and dignity).
 - Additional rooms include: living/dining area, kitchen, staff office, laundry, and accessible bathrooms.
- Number of persons to be served?
 - A maximum of 4 - 6 residents will live in the home at any one time, in accordance with state licensing.
- Number of employees?
 - 2 staff per shift during the day (caregiver and manager/administrator).
 - 1 staff member overnight (awake, not asleep, for safety).
 - Staff may include CNAs, trained caregivers, and an on-call RN/medical consultant.

- Residents' needs (e.g., special needs, elderly, school-age, etc.)?
 - The home will primarily serve elderly adults and/or adults with personal care needs (such as assistance with meals, bathing, dressing, and medication).
 - This is not a skilled nursing facility, and no acute medical procedures will be performed onsite.
- Manner of operations (e.g., internal or external education/instruction, recreational needs, food service, etc.)?
 - Meals: 3 balanced meals and snacks daily, prepared in the home's kitchen.
 - Recreational activities: arts and crafts, light exercise, music, reading, television, gardening.
 - Education/therapy: if needed, provided by outside professionals (PT, OT, nurse visits).
 - Daily living support: bathing, grooming, medication management, and housekeeping.
- Hours of operation?
 - 24/7 operation with staff onsite at all times.
 - Visiting hours for family will typically be 9 AM – 8 PM, flexible with approval.
- Will there be cameras/surveillance or security?
 - Yes. Exterior security cameras for the front door, back door, and parking area.

- No cameras in resident private areas (bedrooms or bathrooms).
- An alarm system for fire, carbon monoxide, and security, with monitoring.
- How many off-street parking spaces?
 - At least 5 - 6 off-street parking spaces:
 - 3 for staff/shift changes.
 - 2 - 3 for family visitors, medical professionals, or inspectors.
 - Parking will be on the property and not on the street to avoid impacting neighbors.

Impact Analysis

Responses to Criteria – DeKalb County Code §27-7.4.6

A. Adequacy of Site

The site is adequate for the proposed 6-bed personal care home. The property provides sufficient building area, yard setbacks, and open space for resident recreation. At least **4 off-street parking spaces** are available on the property per DeKalb County requirements, with no need for on-street parking. The home meets transitional buffer and lot coverage requirements of the zoning district.

B. Compatibility with Adjacent Properties

The proposed use is compatible with nearby residential properties. A 6-bed personal care home resembles the scale and operation of a single-family residence. The home will not generate excessive traffic, noise, odor, or vibration. Exterior lighting and landscaping will be maintained in a residential character.

C. Adequacy of Public Services & Utilities

The property is served by existing public water, sewer, electricity, and waste management services, which are fully adequate to support the proposed use. No extraordinary demand will be placed on utilities.

D. Adequacy of Public Street

The street serving the property has sufficient capacity for the very limited increase in traffic associated with staff and occasional visitors. Residents do not drive, and deliveries are limited to normal household supply levels. The use will not create congestion.

E. Ingress and Egress

The property provides a safe driveway for vehicle ingress and egress, with adequate sight distance for pedestrian and traffic safety. Emergency vehicles, including fire and ambulance, can access the property without obstruction.

F. Hours and Manner of Operation

The home operates **24/7** with a quiet residential character. Family visitation is generally between 9 AM and 8 PM. No loud activities or disruptive operations will occur. This ensures no adverse impacts to adjoining land uses.

G. Consistency with Zoning Requirements

The proposed personal care home use is allowable in the zoning district with approval of a SLUP. The operation will comply with all applicable supplemental regulations, yard and setback rules, and the off-street parking requirement.

H. Consistency with Comprehensive Plan

The use advances the Comprehensive Plan by providing needed housing and care options for elderly and disabled residents within the community, supporting goals of **inclusive housing, aging in place, and neighborhood stability**.

I. Refuse and Service Areas

Refuse will be managed with standard residential containers screened from view. Weekly curbside collection will be arranged through the County. No additional refuse impacts beyond a typical household are anticipated.

J. Duration of SLUP

The applicant requests that the SLUP be granted **without limitation in duration**, provided the use remains in compliance with applicable regulations.

K. Size, Scale, and Massing

The home is an existing residential structure consistent in size and scale with surrounding single-family homes. No additions or building height increases are proposed. There will be no shadow impacts on adjoining lots.

L. Historic/Archaeological Impact

The property is not identified as a historic building, site, or district, nor does it contain archaeological resources. The proposed use will not adversely affect historic or cultural resources.

M. Compliance with Supplemental Regulations

The home will comply with all **supplemental regulations for personal care homes**, including state licensure requirements, fire safety, occupancy limits, staffing ratios, and parking minimums.

N. Consistency with Neighborhood and Community Needs

The proposed use responds directly to neighborhood and community needs by providing a **small-scale, residential care option** for elderly and disabled adults in DeKalb County. The 6-bed model balances community integration with minimal impact, supporting both local families and countywide housing needs.

Chief Executive Officer
Lorraine Cochran-Johnson

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director
Juliana A. Njoku

DISCLOSURE OF CAMPAIGN CONTRIBUTION

In accordance with the Conflict of Interest in Zoning Act, OCGA Chapter 36-67A, the following questions must be answered.

Have you, the applicant, made \$250.00 or more in campaign contributions to a local government official within two years immediately preceding the filing of this application?

☐ Yes ☒ No

If the answer is yes, you must file a **Disclosure Report** with the governing authority of DeKalb County showing:

***Notary seal not needed if answer is "No"**

1. The name and official position of the local government official to whom the campaign contribution was made.
2. The dollar amount and description of each campaign contribution made during the two years immediately preceding the filing of this application and the date of each such contribution.

The **Disclosure** must be filed within 10 days after the application is first filed and must be submitted to:

CEO Lorraine Cochran-Johnson
1300 Commerce Drive
Decatur, GA 30030

DeKalb County Board of Commissioners
1300 Commerce Drive
Decatur, GA 30030

Notary



Applicant/Agent Signature

10/15/25

Date

Check one: ☒ Owner ☐ Agent

Expiration Date/ Seal

Chief Executive Officer
Lorraine Cochran-Johnson

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director
Juliana A. Njoku

Authorization

The property owner should complete this form or a similar signed and notarized form if the individual who will file the application with the County is not the property owner.

10/21/25
Date

TO WHOM IT MAY CONCERN:

I/We LYM Holdings - Mark Schwartz (Sole Member)
Name of Owner(s)

being owner of the above-mentioned subject property hereby delegate authority to:

Myself - Mark Schwartz
Name of Agent or Representative(s)

to file an application on my/our behalf.

Erica Nicole Day
Notary Public

[Signature]
Owner

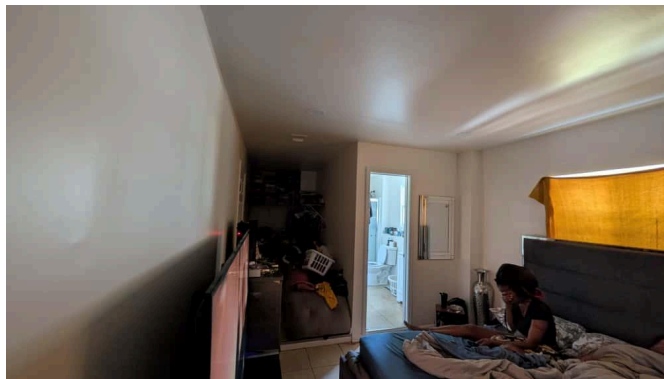
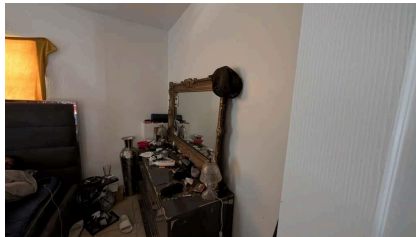
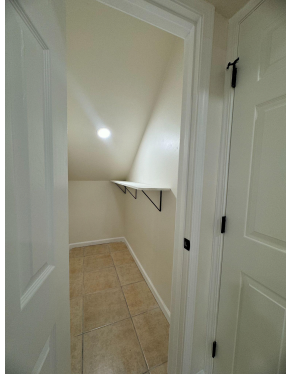
10/21/25
Date

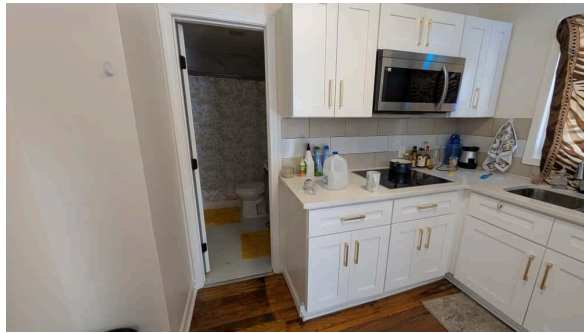
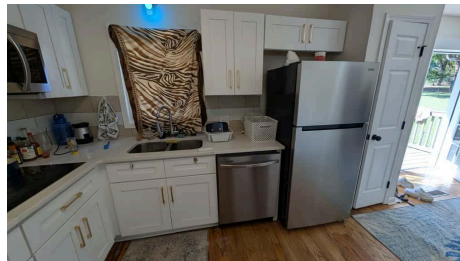
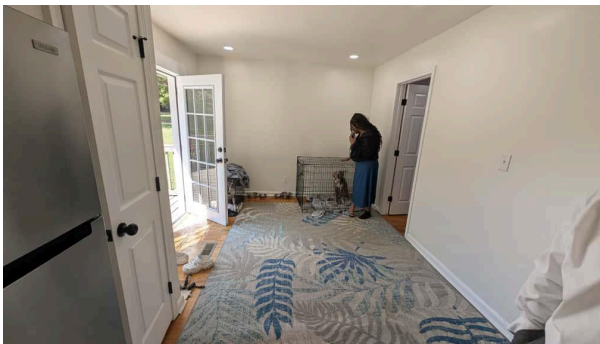
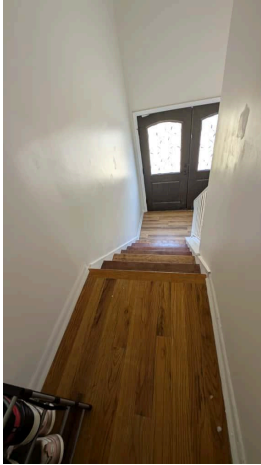


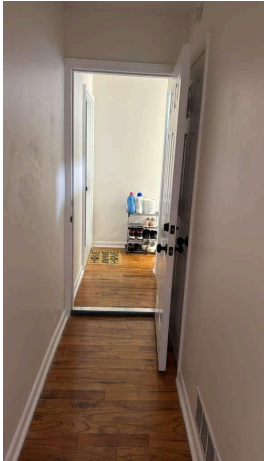
**Building Form Information
(insert photos of property and floor plans):**











Parking Pad

Yard

walkway

Upper Deck

Patio Below

Living / Dining

door to walkway
Kitchen

Bath room

door to Kitchen

door to patio

door Dining / Living

Lower floor

door
Bedroom

Laundry
Hallway
door

Bath room

stairs up
Pantry closet

door
Bedroom

Dining / Living

door

Bath room

Bath room

Kitchen

door to deck

Upper floor

door
Bed room

door
Bedroom

Laundry
stairs down

stairs up
Front Door

Dining / Living

door
Bedroom

Parking pad

Porch covered

Yard

*split-Level Home

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PRE-APPLICATION FORM
REZONE, SPECIAL LAND USE PERMIT, MODIFICATION, AND LAND USE

(Required prior to filing application: signed copy of this form must be submitted at filing.)

Applicant(s) Name: _____

Phone: _____ Email: _____

Property Address: _____

Tax Parcel ID: _____ Comm. District(s): _____ Acreage: _____

Existing Use: _____ Proposed Use: _____

Supplemental Regs: _____ Overlay District: _____

Rezoning: Yes _____ No _____ Existing Zoning: _____ Proposed Zoning: _____

DRI: _____ Square Footage/Number of Units: _____

Rezoning Request: _____

Land Use Plan Amendment: Yes _____ No _____ Existing Land Use: _____

Proposed Land Use: _____ Consistent _____ Inconsistent _____

Special Land Use Permit: Yes _____ No _____ Article Number(s) 27- _____

Special Land Use Request(s): _____

Major Modification: Yes _____ No _____ Existing Zoning Conditions: _____

Major Modification Request: _____

Condition(s) to be modified: _____

