



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: July 10, 2017, 6:30 P.M.

Board of Commissioners Hearing Date: July 24, 2017, 6:30 P.M.

STAFF ANALYSIS

Case No.: SLUP-18-22287 **Agenda #:** N. 10

Location/Address: 7727 Stonemeadow Trail, Lithonia **Commission District:** 5 **Super District:** 7

Parcel ID(s): 16-197-02-033

Request: A Special Land Use Permit for a child day care facility of six or fewer children in an R-85 (Residential-Medium Lot-85) District, in accordance with Chapter 27, Article 4, Table 4.1 Use Table.

Property Owner(s): Daphne Lynn Bailey

Applicant/Agent: Daphne Lynn Bailey

Acreage: .21 acres

Existing Land Use: A single-family house

Surrounding Properties: Single-family residential

Adjacent Zoning: **North:** R-85 **South:** R-85 **East:** R-85 **West:** R-85 **Northeast:** R-85 **Northwest:** R-85
Southeast: R-85 **Southwest:** r-85

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

Proposed Units: One

Existing Units: One

KH MLF

CHIEF EXECUTIVE OFFICER
Michael Thurmond

DEPARTMENT OF PLANNING & SUSTAINABILITY

DIRECTOR
Andrew A. Baker, AICP

SPECIAL LAND USE PERMIT APPLICATION

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

APR 26 2018

Date Received: _____ Application No.: SLUP-18-22287

APPLICANT NAME: DAPHNE LYNN BAILEY

Daytime Phone #: 678-598-4393 Fax #: _____

Mailing Address: 7127 STONE MEADOW TRAIL L

LITHONIA GA 30058 E-mail: Childrenstransportationllc@gmail.com

OWNER NAME: SAME AS ABOVE
(If more than one owner, attach contact information for each owner)

Daytime Phone #: _____ Fax #: _____

Mailing Address: _____

E-mail: _____

SUBJECT PROPERTY ADDRESS OR LOCATION: 7127 stone meadow trail
Lithonia GA 30058, DeKalb County, GA, 30058

District(s): 16 Land Lot(s): 197 Block(s): 02 Parcel(s): 033

Acreage or Square Feet: 1219 Commission District(s): 5 Existing Zoning: R-25

Proposed Special Land Use (SLUP): Day Care Facility (6 or less) Children

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

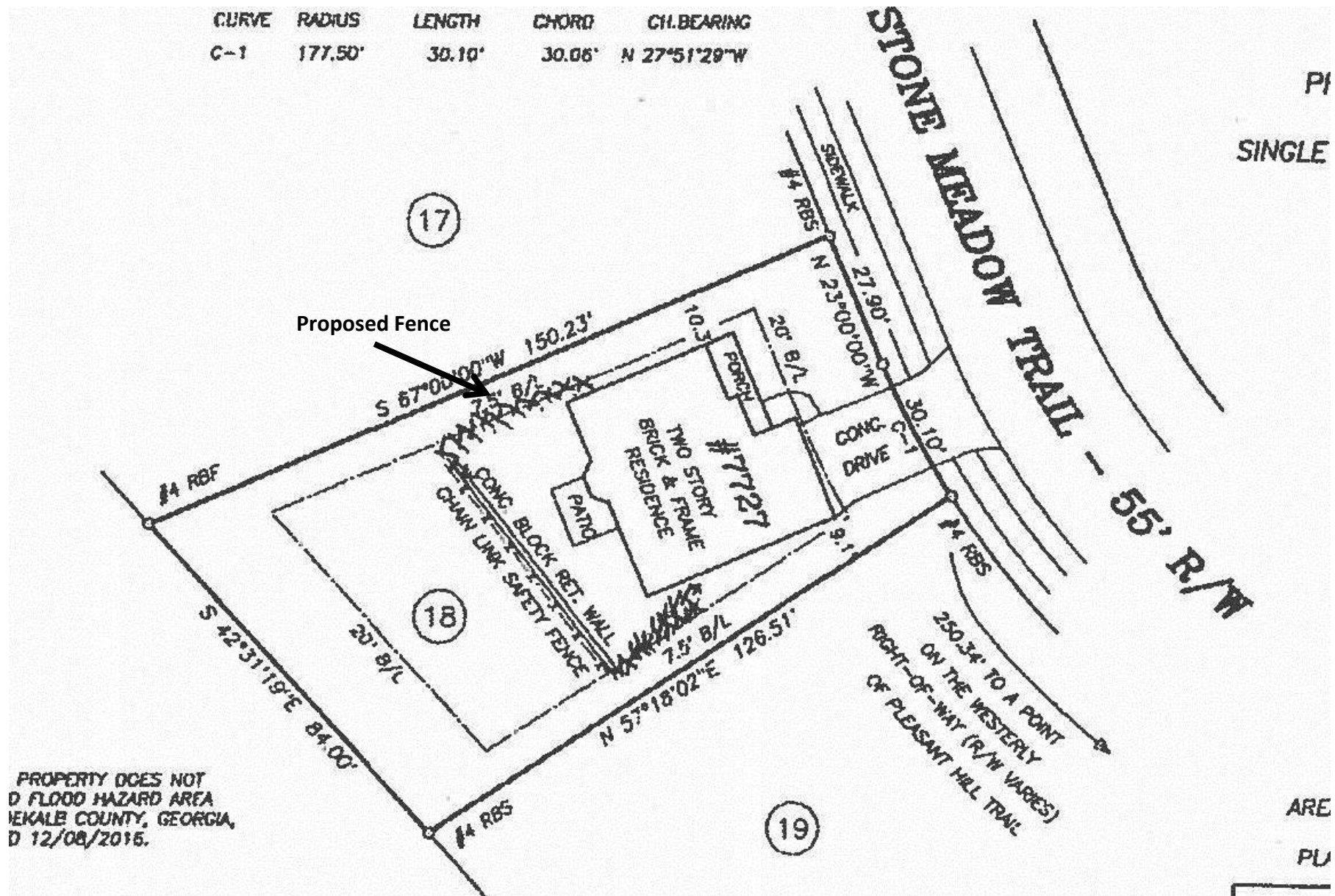
Owner: ☒ Agent: _____ Signature of Applicant: [Signature]
(Check One)

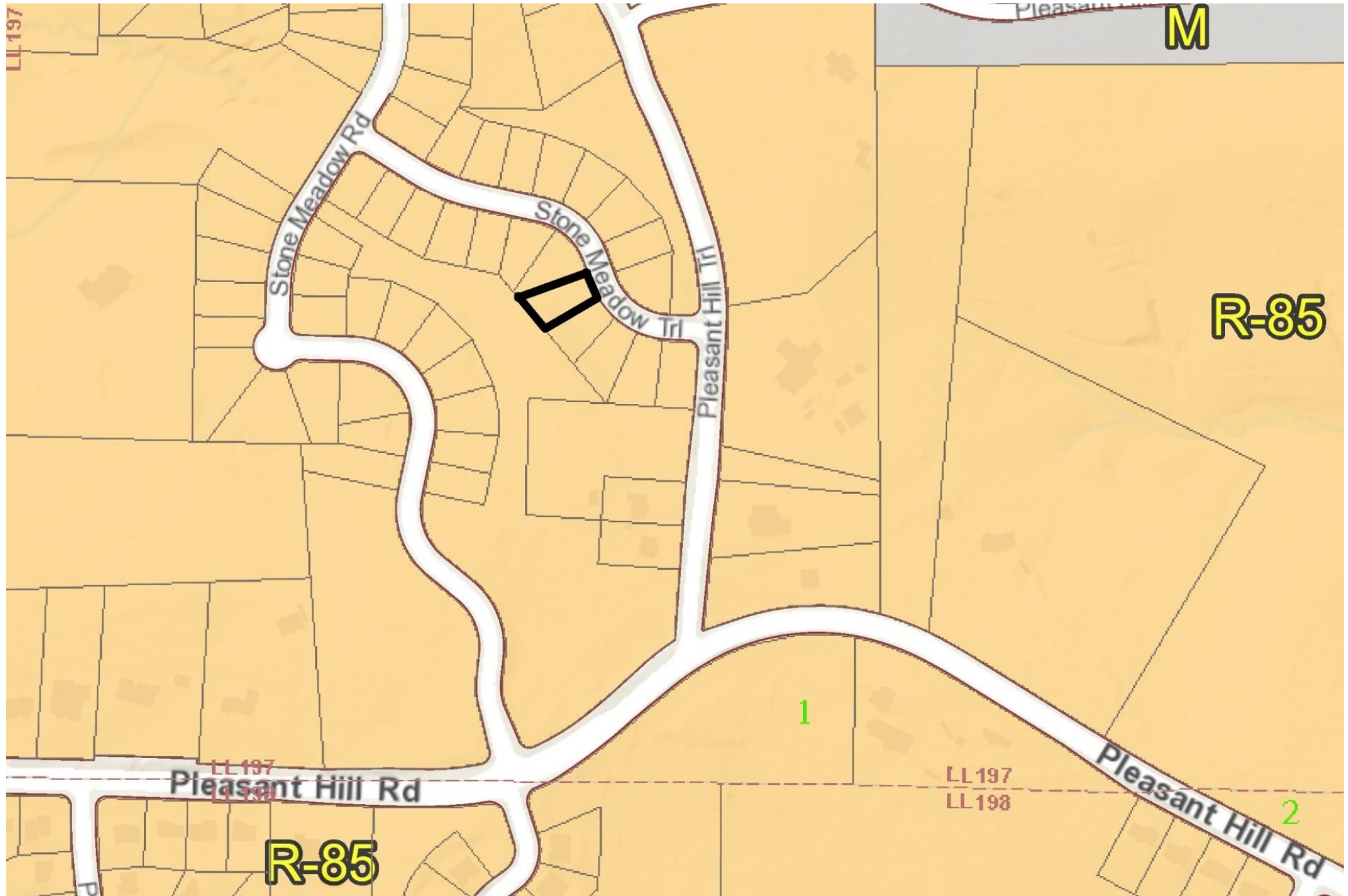
Printed Name of Applicant: DAPHNE BAILEY

Notary Signature and Seal:

[Signature]









N. 10 SLUP-18-22287

Aerial Photo

