

# **Board of Zoning Adjustment**

DATE: September 26, 2023

TO: Board of Zoning and Adjustments: Delayne Dean, Chair, Brad Townsend, Chester Ayers, George Allen, Michael Maurer, and Mark McCurry

# **BOARD OF ZONING ADJUSTMENT**

September 26, 2023 Pre-meeting – 3:30 p.m. (7<sup>th</sup> Floor)

Meeting – 4:00 p.m. (Council Chambers)

# **Table of Continents**

| MINUTES AUGUST 2023              | 3  |
|----------------------------------|----|
| SEPTEMBER 2023 AGENDA            | 9  |
| CASE NO. 1 620 PUMPKIN DR. SW    | 10 |
| CASE NO. 2 2704 FRIAR TUCK CT SW | 11 |
| SURVEY                           | 12 |
| FLOORPLAN                        | 13 |
| CASE NO. 3 3831 HIGHWAY 31 S     | 14 |
| APPLICATION PG. 2                | 15 |
| DRAWING                          | 16 |
| PYLON                            | 17 |
| PROPERTY LINE STAKE              |    |
| REVERSE FLAG POSITION            | 19 |
| PICTURE                          | 20 |
| SIGN DETAIL                      | 21 |
| PICTURE                          | 22 |
| CASE NO. 4 2831 HIGHWAY 31 SOUTH | 23 |
| APPLICATION PG. 2                | 24 |
| SEE PREVIOUS FOR PICTURES        | 25 |
|                                  |    |

# **Minutes August 2023**

**MEMBERS PRESENT:** Delayne Dean, Mr. Brad Townson, Mr. Chester Ayers,

**SUPERNUMERARIES:** Mr. J. Michael Maurer, Mr. Mark McCurry

**COPIED TO:** Mr. George Allen

**OTHERS PRESENT:** Mrs. Ruth Priest, Asst. City Attorney

Mr. Chris Stone, Planning Department Mr. Bob Sims, Building Inspector Mrs. Nancy Whiteside. Recorder

Chair, Delayne Dean called the meeting to order at 4:00 p.m. in the council chambers on the first floor at City Hall.

Mr. Bob Sims, Building Department, called the roll.

The minutes from the July 2023 meeting were approved Mr. Brad Townson motioned to approve the minutes Mr. Chester Ayers seconded the motion. On a voice vote, the motion carried.

### CASE NO. 1

Application and appeal of Teresa Satchel for a determination as allowed in Section 25-93(d) and as defined in Article IV, as amended and adopted, of the Zoning Ordinance in order to operate a Group Nighttime Care Facility operating The property is located at 514 13<sup>th</sup> Av. NW in a R-4 Multi-Family Residential District

Ms. Teresa Satchel presented this case to the Board. Ms. Satchel stated her name was Teresa Satchel and her address was 514 13<sup>th</sup> Av NW. Ms. Satchel stated she would like to have her address rezoned in order to operate a Group Nighttime Care Facility at her home.

Chair Dean explained that this Board could not rezone property.

Chair Dean stated that the request is to approve Ms. Satchel to be able to operate the Group Nighttime Care in Ms. Satchel's residence, Ms. Satchel agreed.

Chair Dean explained this Board's responsibility was to approve or deny a homeowner, the opportunity to run a business from their home.

Chair Dean asked for questions from the Board.

Mr. Mike Maurer asked Ms. Satchel if this childcare business would be nighttime only or a 24 hour childcare facility.

Ms. Satchel stated it would not be 24 hours, but that she would offer daytime and second shift. Mr. Brad Townson verified the reasoning a Group Nighttime Care Facility is being requested was so extended hours could be offered versus the hours other daycares may offer, Ms. Satchel agreed.

Mr. Brad Townson asked Ms. Satchel if she had any employees. Ms. Satchel stated she had two employees.

Mr. Bob Sims stated Ms. Satchel is required to have employees, Mr. Townson understood.

Chair Dean reminded Ms. Satchel to follow through with DHR for the guidelines pertaining to safety issues.

Ms. Satchel understood and explained she has operated a child care facility for many years, and that she had relocated and needed approval for her new address.

Chair Dean asked for further questions from the Board or the public, there were no comments.

Mr. Bob Sims had no comments.

Mr. Chris Stone had no comments.

Mr. Chester Ayers motioned to approve this case as submitted. Mr. Mike Maurer seconded the motion. On a roll call vote the motion carried.

## CASE NO. 2

Application and appeal of Electronic Express for a 104 square foot variance from Section 25-77(e) (2) in order to install a LED lit sign located at 303 Beltline Place SW. The property is located in a M-1A Expressway Commercial District.

Mr. David Yazdian presented this case to the Board. Mr. Yasdian stated the address for the case for appeal was 303 Beltline Place SW.

Mr. Yazdian stated he was requesting approval to have a larger sign on the new location for Electronic's Express since the building is setback further from the street.

Chair Dean verified pictures and drawings had been submitted with the application.

Chair Dean asked for questions from the Board.

Mr. Mike Maurer if Mr. Yazdian was referring to the mall location.

Mr. Yazdian stated this was a new location. The new location is the 303 Beltline Place SW, the address which was the previous location of Hobby Lobby.

Mr. Yazdian stated that the old letters on the sign was 18x16 and the new sign will be 10x20.

Chair Dean called for other questions from the Board or the public, there were no more comments.

Mr. Bob Sims had no comments.

Mr. Chris Stone had no comments.

Mr. Mark McCurry motioned to approve this case as submitted. Mr. Chester Ayers seconded the motion. On a roll call vote the motion carried.

### CASE NO. 3

Application and appeal of St. James Cumberland Presbyterian Church in America for a 10 foot setback variance from Section 25-78 (d) in order to install a LED lit sign located at 920 West Moulton St. The property is located in an ID- Industrial District.

Mr. Leo Carroll presented this case to the Board. Mr. Carroll stated he was representing the church which is located at 920 West Moulton St.

Mr. Carroll stated the sign which is presently located at the church was installed over 20 years ago when the setback was 15 feet.

Mr. Carroll stated the church is hoping to replace the current sign with a new sign in the same location to avoid having to rework the flower garden, sprinklers and the electrical.

Mr. Carroll stated that the setbacks have changed over the years and the church is requesting to be allowed to keep the sign in the present location.

Mr. Carroll stated the sign would be approximately the same size and would be a LED sign.

Chair Dean called for questions from the Board or the public, there were no comments.

Mr. Bob Sims had no comments.

Mr. Chris Stone had no comments.

Mr. Chester Ayers motioned to approve this as submitted. Mr. Mark McCurry seconded the motion. On a roll call vote the motion carried.

### CASE NO. 4

Application and appeal of Dayton L. Spain and Mary M. Spain for a 10 foot setback variance from Section 25-20 in order to build an accessory building located at 2302 Cumberland Ct. SW. The property is located in a R-2 Single Family Residential District.

Mr. Dan (Dayton) Spain presented this case to the Board. Mr. Spain stated his address was 2302 Cumberland Ct. SW.

Mr. Spain stated he was requesting a setback variance in order to build an auxiliary workshop behind his home.

Mr. Spain stated the workshop would be approximately 20x25 or 25x30 if it will fit.

Mr. Spain explained that the workshop will be in line with his neighbor's garage and would not impede the sight lines looking up or down the street.

Chair Dean asked Mr. Spain if the same brick color would be used.

Mr. Spain stated that the same architecture and same brick color would be used as long as the brick color was available, if not it would be matched as closely as possible.

Mr. Spain explained the aesthetics of the new work shop, the Board understood.

Chair Dean asked for questions from the Board.

There was discussion about what Mr. Spain would be using the workshop for.

There were no further questions from the Board or the public.

Mr. Bob Sims had no comments.

Mr. Chris Stone asked if there was a double front yard setback.

Chair Dean replied that this address does have a double front yard setback.

Mr. Brad Townson motioned to approve this case with the condition that the owner match the structure to the existing home as he stated earlier. Mr. Chester Ayers seconded the motion. On a roll call vote the motion carried.

### CASE NO. 5

Application and appeal of Luis Burgos for the following variances in order to build a new home.

- 19 foot setback variance from Section 25-10.10 (2) (c).
- 5 foot side yard setback variance from Section 25-10.10 (2) (e).

The property is located at 415 10<sup>th</sup> Av NW located in a R-3 Single Residential District.

Mr. Luis Burgos presented this case to the Board. Mr. Burgos stated the address he was asking the variance for was 415 10<sup>th</sup> Av NW. Mr. Burgos stated he needs a setback variance in order to build a new house.

Mr. Burgos stated that the house next door has their fence on his property and if he were to move his house back the foundation would encroach on the fence.

Mr. Burgos states that the house on the other side of his property will be in line with the new build if the variance is granted.

Chair Dean asked Mr. Burgos if a building permit had been purchased for the work that has been done, Mr. Burgos stated yes.

Chair Dean asked for questions from the Board.

Mr. Bob Sims asked Mr. Burgos when the building permit was purchased did he have a survey, Mr. Burgos stated yes he had a survey.

Mr. Bob Sims asked Mr. Burgos if the foundation was put in the wrong place.

Mr. Burgos explained that when the survey was completed the measurements were taken from the sidewalk and that was from the wrong location.

Mr. Bob Sims then understood when the surveyor came to survey after the block was laid for the block line survey Mr. Burgos was told he needed a variance in order to move forward, Mr. Burgos agreed.

Mr. Bob Sims stated to Mr. Burgos that it was by chance the new build was lining up with the neighbor's house, Mr. Burgos agreed.

Mr. Bob Sims stated to Mr. Burgos for verification when measurements for the survey were taken they were taken from the sidewalk and not the actual property line, Mr. Burgos agreed.

Mr. Bob Sims stated that forgiveness was being requested because the foundation had been laid in the wrong place, Mr. Burgos agreed.

Mr. Burgos stated with the foundation being aligned with the neighbor's house he felt it was going to be alright.

Mr. Burgos stated it was a mistake.

Chair Dean asked for any questions or comments from the Board or public, there were no comments.

Mr. Bob Sims had no further comments.

Mr. Chris Stone had no comments.

Mr. Brad Townson motioned to approve this case as submitted. Mr. Chester Ayers seconded the vote. On a roll call vote the motion carried.

Mr. Burgos asked if it was okay to continue working or should another inspection be performed for work to continue.

| Mr. Bob Sims advised Mr. Burgos to contact the Building Inspector he has been working wi | th to |
|------------------------------------------------------------------------------------------|-------|
| answer that question for him, Mr. Burgos understood.                                     |       |

Chair Dean asked if any new business needed to be discussed, there was not any new business.

Meeting adjourned at 4:25 p.m.

De Layne Dean, Chair

### **AGENDA**

# September 2023

The Board of Zoning Adjustment of the City of Decatur will hold a public meeting in the COUNCIL CHAMBERS ON THE FIRST FLOOR OF City Hall, 402 Lee Street NE, on Tuesday, September 26, 2023 at 4:00 p.m. And, also broadcast live on City of Decatur You Tube Channel at <a href="https://www.youtube.com/c/Cityof DecaturAl">https://www.youtube.com/c/Cityof DecaturAl</a> for the purpose of hearing the following applications and appeals at which time all interested parties are requested to the be present and will be given an opportunity to be heard. Questions may be submitted via email at <a href="mailto:bozaquestions@decatur-al.gov">bozaquestions@decatur-al.gov</a>.

### CASE NO. 1

Application and appeal of Tressia Jones for a determination as allowed in Section 25-93 (b) and as defined in Article IV, as amended and adopted, of the Zoning Ordinance in order to operate a Group Nighttime Care Facility operating. The property is located at 620 Pumpkin Dr. SW in a R-2 Single-Family Residential District

### CASE NO. 2

Application and appeal of Charles L. Collier for a 3.3 foot front yard setback variance from Section 25-10.9 (2) (c) of the Zoning Ordinance in order to build a new house located at 2704 Friar Tuck Ct. SW, property is located in a R-2 Single-Family Residential District.

### CASE NO. 3

Application and appeal of Champion of Decatur for a 3.5 foot setback variance from Section 25-77 (e) (3) of the Zoning Ordinance in order to move a pylon so traffic flow will not be impacted when coming off Highway 31 South. The property is located at 3831 Highway 31 South in a B-2 General Business District.

### CASE NO. 4

Application and appeal of Champion of Decatur for a 2.16 foot setback variance from Section 25-77 (e) (3) of the Zoning Ordinance in order to install a sign at 3831 Highway 31 South, the property is located in a B-2 General Business District.

# CITY OF DECATUR BOARD OF ZONING ADJUSTMENT APPLICATION FOR HOME CHILD CARE FACILITY

| APPLICANT: Tressia Sones                                      |                                                 |
|---------------------------------------------------------------|-------------------------------------------------|
| MAILING ADDR: 620 Pumpkin                                     | Dr. Sw                                          |
| CITY STATE ZIP: Decatur, Ala.                                 | 351.03                                          |
| PHONE (256) 214-20168                                         |                                                 |
| PROPERTY OWNER: TVESSIA JO                                    | nes                                             |
| OWNER ADDR: 600 HUMDK                                         | in Dr. Sw                                       |
| CITY STATE ZIP: Catur, File                                   | 2. 35603                                        |
| OWNER PHONE: (256) 214-2016                                   | 8                                               |
| ADDRESS OF APPEAL: (025) Flamps                               |                                                 |
| ADDRESS OF APPEAL: (045 Hempk                                 |                                                 |
| MARK CLASS OF DAY CARE YOU DESIRE: (READ ORD!                 | NANCE TO DETERMINE CLASSES)                     |
| ☐ DAY CARE (6 OR LESS) NIGHTTIME                              | HOME CARE (6 OR LESS)                           |
| GROUP DAY CARE (7 TO 12) GROUP NIG                            | HTTIME CARE (7 TO 12 CHILDREN)                  |
| /                                                             |                                                 |
| DESCRIBE HOURS OF OPERATION; PARKING ARR FENCE, DOG, OR POOL. | ANGEMENTS; PLAY AREA and EQUIPMENT; DO YOU HAVE |
| Monday-Friday                                                 | Pam to Jam                                      |
| 10:300m - 5 Am = A                                            | 11 night                                        |
| Pilling                                                       |                                                 |
|                                                               |                                                 |
|                                                               |                                                 |
|                                                               |                                                 |
| Messia Jones                                                  | OFFICE USE ONLY                                 |
| APPLICANT SIGNATURE                                           | HEARING DATE: 9/26/23 4:0 P.Ne-                 |
| PRINT NAME                                                    | ZONING DISTRICT: R-2                            |
| DATE: 8-31-23                                                 | ZOMING DISTRICT: 1                              |
|                                                               | APPROVED/DISAPPROVED:                           |

The Board of Zoning Adjustment meets the last Tuesday of each month at 4:00 PM in the Council Chambers on first floor of City Hall. Applications must be filed by the 10 of the month to be heard on the last Tuesday. Applicants MUST be present in order for the case to be heard. Request a copy of this application.

| DECATUR                                                                         | Charming Scale                                                                                                              |  |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|
| 402 Lee St NE 1 <sup>st</sup> Floor Council Chamber                             | Board of Zoning Adjustmen                                                                                                   |  |
| APPLICANT: Charles L. Colli                                                     | ح(                                                                                                                          |  |
| MAILING ADDR: 2185 Westme                                                       | ad DrSW                                                                                                                     |  |
| CITY, STATE, ZIP: Decatus AL                                                    | 35603                                                                                                                       |  |
| PHONE: 256-318-4676                                                             |                                                                                                                             |  |
|                                                                                 |                                                                                                                             |  |
| PROPERTY OWNER: Chasles L.                                                      | + Sharon E. Collies                                                                                                         |  |
|                                                                                 | nead Dr SW                                                                                                                  |  |
|                                                                                 | 35603 PHONE: 256-318-4676                                                                                                   |  |
| ADDRESS FOR APPEAL: 2704 Frie                                                   | er Tuck Ct. S. w.                                                                                                           |  |
| NATUR                                                                           | RE OF APPEAL:                                                                                                               |  |
| ○ HOME OCCUPATION SETBACION                                                     | K VARIANCE SIGN VARIANCE                                                                                                    |  |
| USE PERMITTED ON APPEAL                                                         |                                                                                                                             |  |
| " "                                                                             | ATTACHED DRAWINGS FOR VARIANCS ATTACHED                                                                                     |  |
|                                                                                 | Representative MUST be present in order                                                                                     |  |
| For the case to be heard****                                                    |                                                                                                                             |  |
| DESCRIPE ARREAL IN DETAIL                                                       |                                                                                                                             |  |
|                                                                                 | FT FOR VARIANCES; # FOR PARKING; HARDSHIP; TYPE OF BUSINESS)                                                                |  |
| We request a 3.3 Root Front<br>a new house at 2704 Frian                        | rt FOR VARIANCES; # FOR PARKING; HARDSHIP; TYPE OF BUSINESS)  Vard Set back variance to build  Tuck Ct SW Decatus, AL 35603 |  |
|                                                                                 |                                                                                                                             |  |
| We request a 3.3 Root Front<br>a new house at 2704 Frian<br>as shown on survey. | yard setback variance to build<br>Tuck Ct SW Decatus, AL 35603                                                              |  |
| We request a 3.3 Root Front<br>a new house at 2704 Frian                        |                                                                                                                             |  |
| We request a 3.3 Root Front<br>a new house at 2704 Frias<br>as shown on survey. | Vaid setback variance to build Tuck Ct SW Decatus, AL 35603  If applicant is using a Office Use Received By: W              |  |

# CASE NO. 2 2704 FRIAR TUCK CT SW

From: Steve Stanfill PE, PLS steve.stanfill@xraminc.com

Subject: RE: Survey

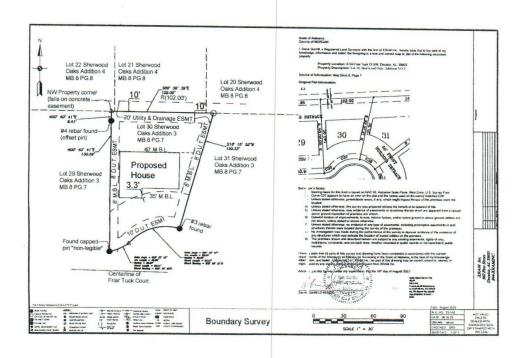
Date: Aug 16, 2023 at 5:46:07 PM

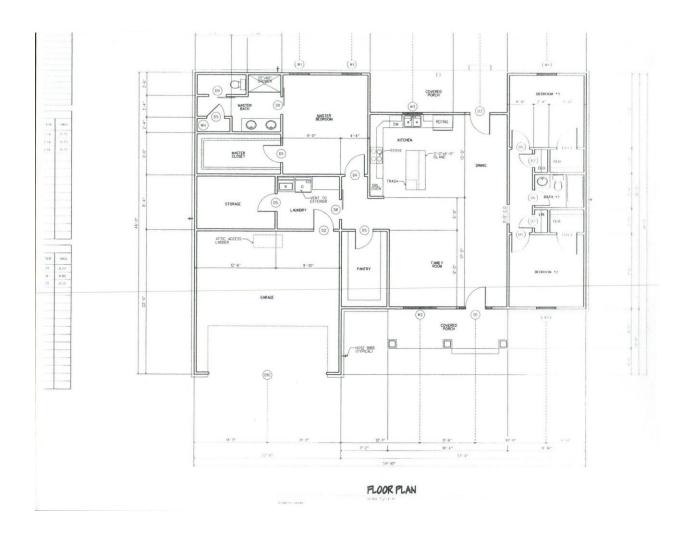
To: Charles L. Collier lescollier71@gmail.com

Les,

Survey is attached and I moved the house 1 foot off the sideline. Thanks.

Steve





# FLOORPLAN

|                                                                              | Mary Company of Compan |  |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 402 Lee St NE 1st Floor Council Chamber                                      | <b>Board of Zoning Adjustment</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| APPLICANT: MICHAEL BECK                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| MAILING ADDR: 921 5 CLINTON                                                  | 5+                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| CITY, STATE, ZIP: ATHENS AL                                                  | 35611                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| PHONE: 256-652-9033                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| PROPERTY OWNER: HAMM AND                                                     | ASSOCIATES CJEFF HAMM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| OWNER ADDR: P. 0. 878                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| CITY, STATE, ZIP: Athens Ac 356                                              | 12-PHONE: 256 - 874-9002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| CHAMOND OF                                                                   | DECATOR .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| ADDRESS FOR APPEAL: 3831 Hwy 31                                              | S. DECATUR AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| ADDRESS FOR APPEAL: 3831 Hwy 31.  Plus - 3827 Hwy 31 S DECATOR  NATURE OF AF | AL 35603                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| HOME OCCUPATION SETBACK VARIANCE                                             | SIGN VARIANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| USE PERMITTED ON APPEAL APPEAL OF ADMINISTRATIVE DECISION                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| OTHER SURVEY FOR VARIANCES ATTACHED                                          | ORAWINGS FOR VARIANCS ATTACHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| *****Applicants or Duly Appointed Represen                                   | ntative MUST be present in order                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| For the case to be h                                                         | eard****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| DESCRIBE APPEAL IN DETAIL: (INCLUDE DIMENSIONS, # FT FOR VARIAN              | CES; # FOR PARKING; HARDSHIP; TYPE OF BUSINESS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| ALDOT IS REQUIRING AN ENTRY /EXIT C                                          | HANGE TO OUT PURILIFIE CHAMAIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| OF DECATOR, OUR CORRENT PYLON MUST BE MOVED TO ACCOMMNATE                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| THIS REGOTMENT.                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| I AM ASKNG FOR CONSIDERATION<br>TO ACCOMPLISH TWO GOACS, FIRST T             | IN THE PLACEMENT OF OUT SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| 1                                                                            | O SATISFY THE "PRINCIPAL" GOALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| OF THE DECATUR SIGN ORAINANCE                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Applicant Name (print) MICHAEL BECK  Signature representati                  | Amet Sold Amet K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| Alamia I                                                                     | 2/11/22 4/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Signature Methon Tomboli are required                                        | - 1 24 100 1. Pince.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Date 9-11-23                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |

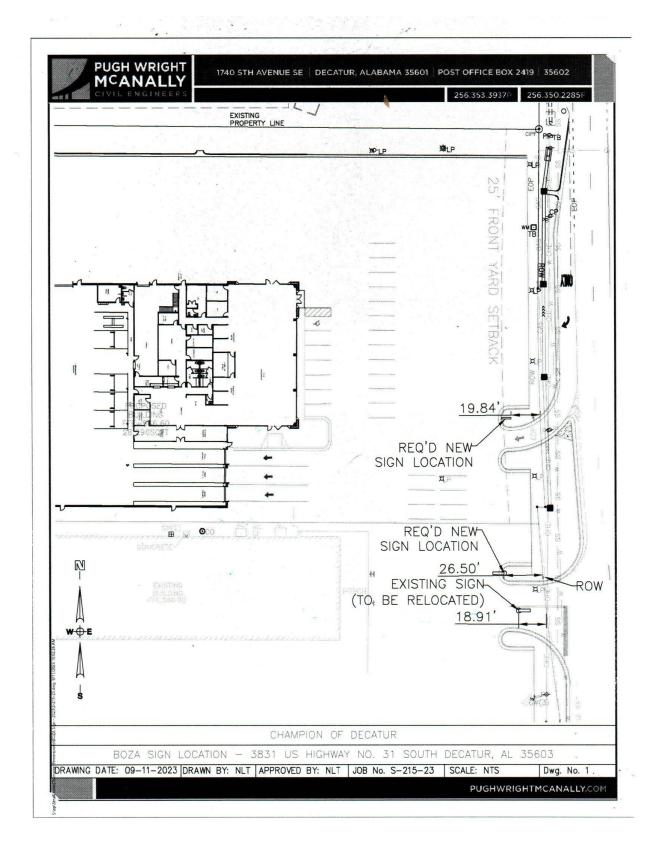
**CASE NO. 3 3831 HIGHWAY 31 S.** 

WAY THAT DOES NOT IMPACT OUR TRAFFIC FLOW AND PRODUCT DISPLAY AREAS. MOVING THIS PYLON 30 FT. FROM THE PROPERTY LINE WOULD PLACE THE CORNER OF THE POST IN THE MIDDLE OF THE DRIVE LANE AND THAT PLACEMENT WOULD BE VERY DISRUPTIVE TO OUR BUSINESS.

PLACE THE PYLON IN THE NORTHWEST CORNER OF ENTRY/EXIT ISLAND. (SEE ATTACHED)

FRONT EDGE OF SIGN (CLOSEST TO HWY 31) WOULD BE 26.5 FT FROM PROPERTY LINE. ROTATING THE EXISTING SIGN (FLAG) 180 DEGREES REMOVES AND ADDITIONAL 8 FT. OF THE STRUCTURE OUTSIDE OF THE SETBACK ENCROACHMENT.

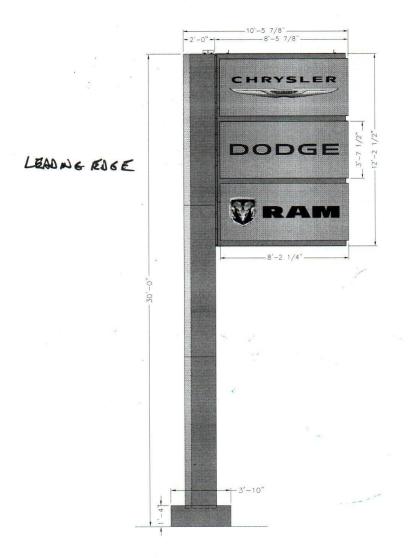
ADDITIONALLY, WE ARE REQUESTING THE NEW JEEP SIGN BE PLACED AT THE VERY END OF THE REQUIRED JEEP ENTRY ISLAND. (SEE ATTACHED)



# **DRAWING**

## SIGN DETAIL

# S7 CDR @ 30' OAH PYLON



### SQUARE FOOTAGE 103.64 sq ft

- MANUFACTURING DETAILS

  PAINTED ALUMINUM SIGN CONSTRUCTION WITH CHROME ACCENTS ON CLADDING

  3M FACES w/1st surface decoration vinyl/color digital print

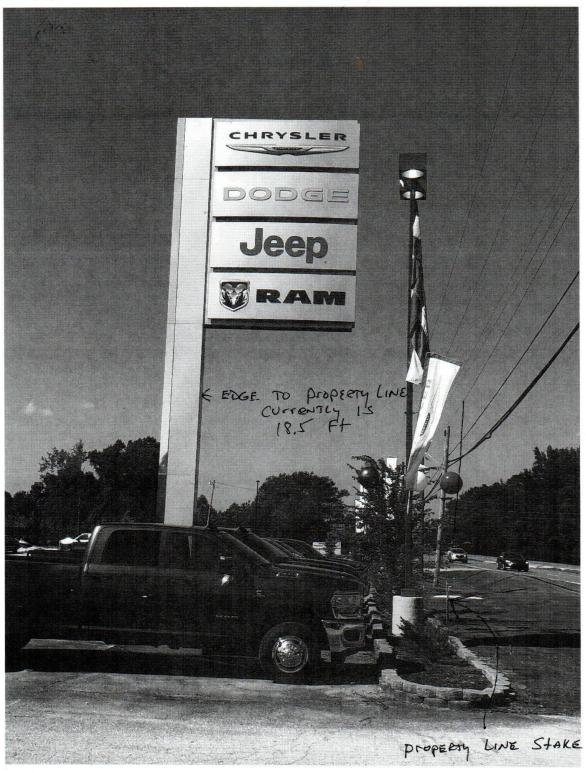
ILLUMINATION LEDS INTERNAL ILLUMINATION CIRCUITS REQUIRED (1) 20 AMP

ALL ELECTRICAL COMPONENTS TO BE UL LISTED GROUNDING PER UL AND NEC SPECIFICATIONS

COLORS
BLACK
BLUE PMS 287
RED PMS 1797C
SILVER

12

9/7/23, 3:38 PM IMG\_5294.jpg



https://mail.google.com/mail/u/0/#inbox/FMfcgzGtwznDgBZZrLXxwdhfrwXFXXWL?projector=1&messagePartId=0.7

1/1

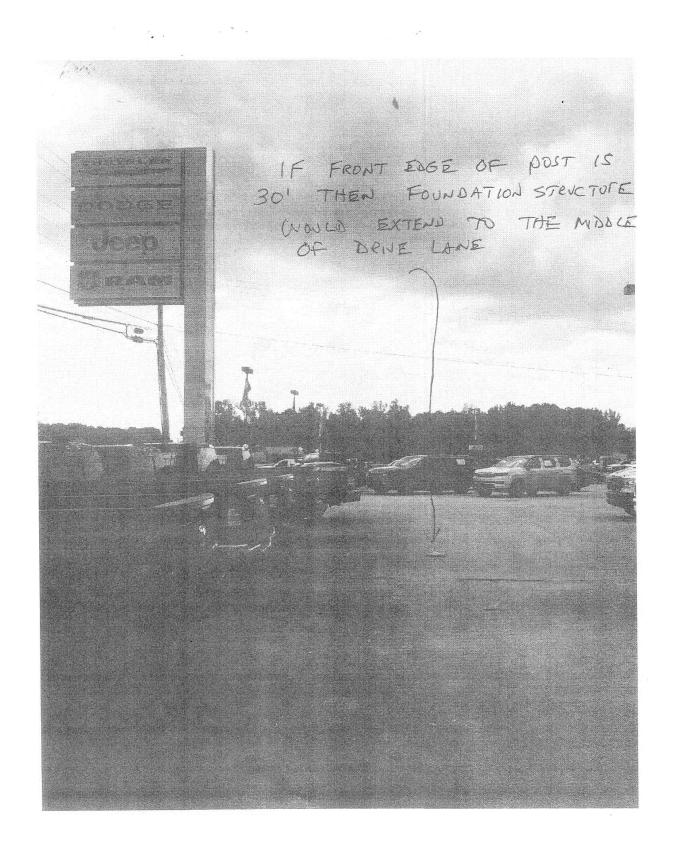
# PROPERTY LINE STAKE

9/7/23, 3:37 PM IMG\_5283.jpg



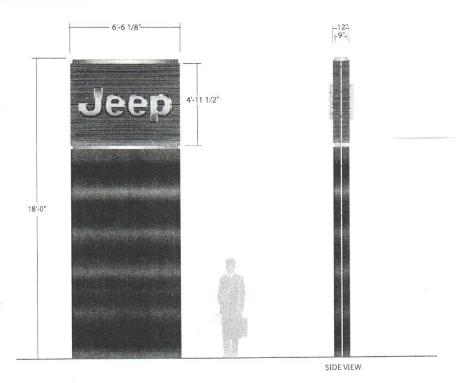
https://mail.google.com/mail/u/0/#inbox?projector=1

1/1



# **PICTURE**

SIGN DETAIL



# **Square Footage**

32.3 ft<sup>2</sup>

### **Manufacturing Details**

- ACM wrapped sign structure
  - Upper panel Woodgrain Alpolic 4mm Harvest Trail Bamboo
  - Lower panels Dark gray Alpolic 4mm Anthracite Gray
  - Reveal and top cap Chrome Alpolic 3mm High Polished Aluminum (HPA)
- Jeep logo, 3" deep, beveled and brushed stainless steel
- Jeep logo is LED halo illuminated

### Illumination

LEDs:

JEEP LOGO:

(58 TOTAL, 29 PER LOGO) SLOAN PRISM WHITE 6500K

P/N: 701269-6WSJ1-MB

ACCENT LIGHTING:

[(12 TOTAL, 6 PER SIDE) 6FT, CUT TO FIT] SLOAN WHITE

COLORLINE P/N: 701800-W-6 (36'/SIDE)

### POWER SUPPLY:

- (2) SLOAN 60W POWER SUPPLY 60C1 (LOGOS)
- (3) SLOAN 60W POWER SUPPLY 60C1 (ACCENT LIGHTING)
- TOTAL LOAD: 3.5A @ 120V
- CIRCUITS: (1) 20 AMP REQUIRED
- ALL ELECTRICAL COMPONENTS TO BE UL LISTED GROUNDING PER UL AND NEC SPECIFICATIONS

10

## **SIGN DETAIL**

9/7/23, 3:37 PM IMG\_5281.jpg



https://mail.google.com/mail/u/0/#inbox?projector=1

1/1

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Land Compare Chairman School                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 402 Lee St NE 1st Floor Council Chamber                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |
| AND CONTRACTOR OF THE CONTRACT | Board of Zoning Adjustment                       |
| APPLICANT: MICHAEL BECK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |
| MAILING ADDR: 921 5 CLINTON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | St                                               |
| CITY, STATE, ZIP: Athens AL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 35611                                            |
| PHONE: 256-652-9033                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |
| PROPERTY OWNER: HAMM AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ASSOCIATES CJEFF HAMM                            |
| OWNER ADDR: P. O. 878                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |
| CITY, STATE, ZIP: Athens AC 356                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12-PHONE: 256 - 874-9002                         |
| CHAMPINA OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DECATIV                                          |
| ADDRESS FOR APPEAL: 3831 Huy 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S. DECATOR AL                                    |
| ADDRESS FOR APPEAL: 3831 Huy 31  Plus - 3827 Hwy 31 S. DECATOR NATURE OF AF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AL 35603                                         |
| HOME OCCUPATION SETBACK VARIANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |
| USE PERMITTED ON APPEAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | APPEAL OF ADMINISTRATIVE DECISION                |
| OTHER SURVEY FOR VARIANCES ATTACHED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ORAWINGS FOR VARIANCS ATTACHED                   |
| *****Applicants or Duly Appointed Represer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ntative MUST be present in order                 |
| For the case to be h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | neard****                                        |
| DESCRIBE APPEAL IN DETAIL: (INCLUDE DIMENSIONS, # FT FOR VARIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ICES; # FOR PARKING; HARDSHIP; TYPE OF BUSINESS) |
| ALDOT IS REQUIRING AN ENTRY/EXIT C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | HANGE TO OUT PUTINECS CHAMMIDA                   |
| OF DECATOR, OUR COFFERT PYLON M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UST BE MOVED TO ACCOMDDATE                       |
| THIS REQUIRMENT.<br>I AM ASKNG FOR CONSIDERATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ( = /> - />                                      |
| ~ A (() A) A   A   A   A   A   A   A   A   A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | IN THE PLACEMENT OF OUR SIGN                     |
| OF THE DECATUR SIGN ORDINANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | E AND SECONAL DO IT IN A                         |
| Applicant Name (print) MICHAEL BEG If applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ***                                              |
| Signature representati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                  |
| Mul ) / !:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | h signatures Hearing Date 4 44 33 4: Pour        |
| Signature Method Combile are required  Date 9-11-23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Approved Disapproved                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |

CASE NO. 4 2831 HIGHWAY 31 SOUTH

WAY THAT DOES NOT IMPACT OUR TRAFFIC FLOW AND PRODUCT DISPLAY AREAS. MOVING THIS PYLON 30 FT. FROM THE PROPERTY LINE WOULD PLACE THE CORNER OF THE POST IN THE MIDDLE OF THE DRIVE LANE AND THAT PLACEMENT WOULD BE VERY DISRUPTIVE TO OUR BUSINESS.

PLACE THE PYLON IN THE NORTHWEST CORNER OF ENTRY/EXIT ISLAND. (SEE ATTACHED)

FRONT EDGE OF SIGN (CLOSEST TO HWY 31) WOULD BE 26.5 FT FROM PROPERTY LINE. ROTATING THE EXISTING SIGN (FLAG) 180 DEGREES REMOVES AND ADDITIONAL 8 FT. OF THE STRUCTURE OUTSIDE OF THE SETBACK ENCROACHMENT.

ADDITIONALLY, WE ARE REQUESTING THE NEW JEEP SIGN BE PLACED AT THE VERY END OF THE REQUIRED JEEP ENTRY ISLAND. (SEE ATTACHED)

SEE PREVIOUS FOR PICTURES