

Historic Preservation Studio  
Office of Design  
55 Trinity Avenue S.W., Suite 3350  
Atlanta, Georgia 30303 (404) 330-6145



Department of  
**CITY PLANNING**

Application #: \_\_\_\_\_

Date Accepted: \_\_\_\_\_

**Application for Certificates of Appropriateness, Staff Review, and Review and Comment**

Applicant's Name NICOLE SEEKELY

Applicant's Address 164 CHESTER AVE SE

City ATLANTA State GA Zip 30316

Phone # 404-790-1698 E-Mail NICOLE@LINEANDANGLE.COM

**DESCRIPTION OF PROPERTY:**

Property Address 853 LAKE AVENUE, ATLANTA, GA 30307

Zoning Category R-5 Beltline? Y In SPI / MR / MRC / NC? N

Is Inclusionary Zoning applicable to this project? Yes  No

\*Note: IZ is applicable to all new or conversion multifamily residential rental projects with ten (10) or more units in either the Beltline Overlay District or four Westside Neighborhoods (English Avenue, Vine City, Ashview Heights, or AUC). For these projects, applicant must complete and submit the supplemental Inclusionary Zoning Certification form.

**DESCRIPTION OF PROJECT:**

Describe clearly and in detail all proposed construction, alterations, repairs and other changes to the exterior appearance or site. The Office of Design Staff will use this description to determine the appropriate application type. Additional pages may be used if more space is needed, but "See Attached" will not be accepted

THE HOUSE IS LOCATED IN INMAN PARK HISTORIC DISTRICT. THE PROJECT  
CONSISTS OF A 170 SF REAR ADDITION THAT WILL "SQUARE OFF" THE REAR  
OF THE HOUSE.

The Office of Design Accepts Applications  
Monday through Friday from 8:30 Am to 3:00 PM  
Incomplete applications will NOT be accepted.

## Application Checklist

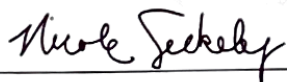
**Required Submission Materials: (*Incomplete applications will NOT be accepted*).** All submitted materials are retained by the Office of Design and not returned to the applicant.

Many scopes will require Compatibility Comparisons. Please see District regulations for specific requirements.

- Alterations with no structural changes (repairs/replacement):
  - Photographs
  - Manufacturer's spec. sheets for replacement products
- Alterations with structural changes:
  - Elevations
  - Photographs
- Additions and new construction:
  - Site Plans
  - Elevations
  - Photographs
- Specific requirements for window and door work:
  - Window and door repair:
    - Photographs of each window and door proposed for repair keyed to a rough floor plan
    - Description of the repair methods that will be used
  - Window and door replacement:
    - Photographs of each window and door proposed for replacement keyed to a rough floor plan
    - Elevations (only if windows are changing location)
    - Information detailing the infeasibility of repairing the existing windows and doors including various methods considered; and,
    - Information on the proposed replacement window product (Manufacturers Spec. Sheet)
- Specific requirements for fences and site work:
  - To-scale site plans which show all 4 corners of the subject property and the structure
  - For fences and walls:
    - The location, height, and materials of the fence/wall clearly noted on the site plan
  - For paving:
    - The location and materials of the paving clearly noted on the site plan
  - For decks
    - The location of the deck clearly noted on the site plan

While it is not required and will not affect the outcome of your review, the Office of Design Staff strongly recommends that you contact your neighborhood association for their input on your project before submitting for a review.

I HEREBY AUTHORIZE THE OFFICE OF DESIGN STAFF AND MEMBERS OF THE ATLANTA URBAN DESIGN COMMISSION TO INSPECT THE PREMISES OF THE ABOVE DESCRIBED PROPERTY. I HEREBY DEPOSE AND SAY THAT ALL STATEMENTS HEREIN AND ATTACHED STATEMENTS SUBMITTED ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.



APPLICANT OR AGENT

\_\_\_\_\_  
for, DOUG YOUNG, EXECUTIVE DIRECTOR

# Authorization by Property Owner

(Required only if the applicant is not the owner of the property subject to the proposed application.)

(Please Print Clearly)

I, BRETT OLIVER (OWNER'S NAME) SWEAR AND AFFIRM THAT I AM THE OWNER OF THE PROPERTY AT 853 LAKE AVENUE, ATLANTA, GA 30307 (PROPERTY ADDRESS). AS SHOWN IN THE RECORDS OF FULTON COUNTY, GEORGIA, WHICH IS THE SUBJECT MATTER OF THE ATTACHED APPLICATION. I AUTHORIZE THE PERSON NAMED BELOW TO FILE THIS APPLICATION AS MY AGENT.

**NAME OF APPLICANT:**

LAST NAME SEEKELY FIRST NAME NICOLE  
ADDRESS 164 CHESTER AVE SE SUITE \_\_\_\_\_  
CITY ATLANTA STATE GA ZIP CODE 30316


OWNER'S TELEPHONE NUMBER: 678-296-6967



SIGNATURE OF OWNER

BRETT OLIVER  
PRINT NAME OF OWNER

PERSONALLY APPEARED BEFORE ME THE ABOVE NAMES, WHO SWEARS THAT THE INFORMATION CONTAINED IN THIS AUTHORIZATION IS TRUE AND CORRECT TO THE BEST KNOWLEDGE AND BELIEF.

  
\_\_\_\_\_  
NOTARY PUBLIC

02/15/2021  
DATE

**P PATEL**  
Notary Public, Cobb County, Georgia  
My Commission Expires Feb 24, 2023