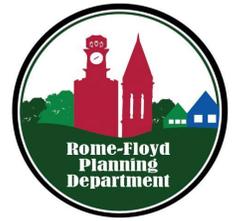


Rome – Floyd Planning Commission

Special Use Permit Application

STAFF REPORT AND RECOMMENDATION



Hearing Date 12/04/2025
Case No.: **SUP25-12-10 (City)**
Project Address: 0 Branham Avenue
Parcel ID: I14W458
Zoning: High Density Traditional Residential (H-T-R)

Summary:

for the property at 0 Branham Avenue, Rome, GA 30161, Floyd County Tax Parcel I14W458, being zoned High Density Traditional Residential (H-T-R), requests a Special Use Permit for a duplex.

Project Description: The applicant is requesting a Special Use Permit to construct a duplex.

Environmental Review: No comment

Is the parcel in the FIRM (2010) floodplain?	No
Is public water available?	Yes
Is public sewer available?	Yes

Fire Marshal Review: No comment

Building Official Review: No comment

Engineering Review: No comment

Historic Review: Is this parcel located in a Locally Designated Historic District? No

Neighborhood Input: Staff have received no neighborhood input at the time of staff report.

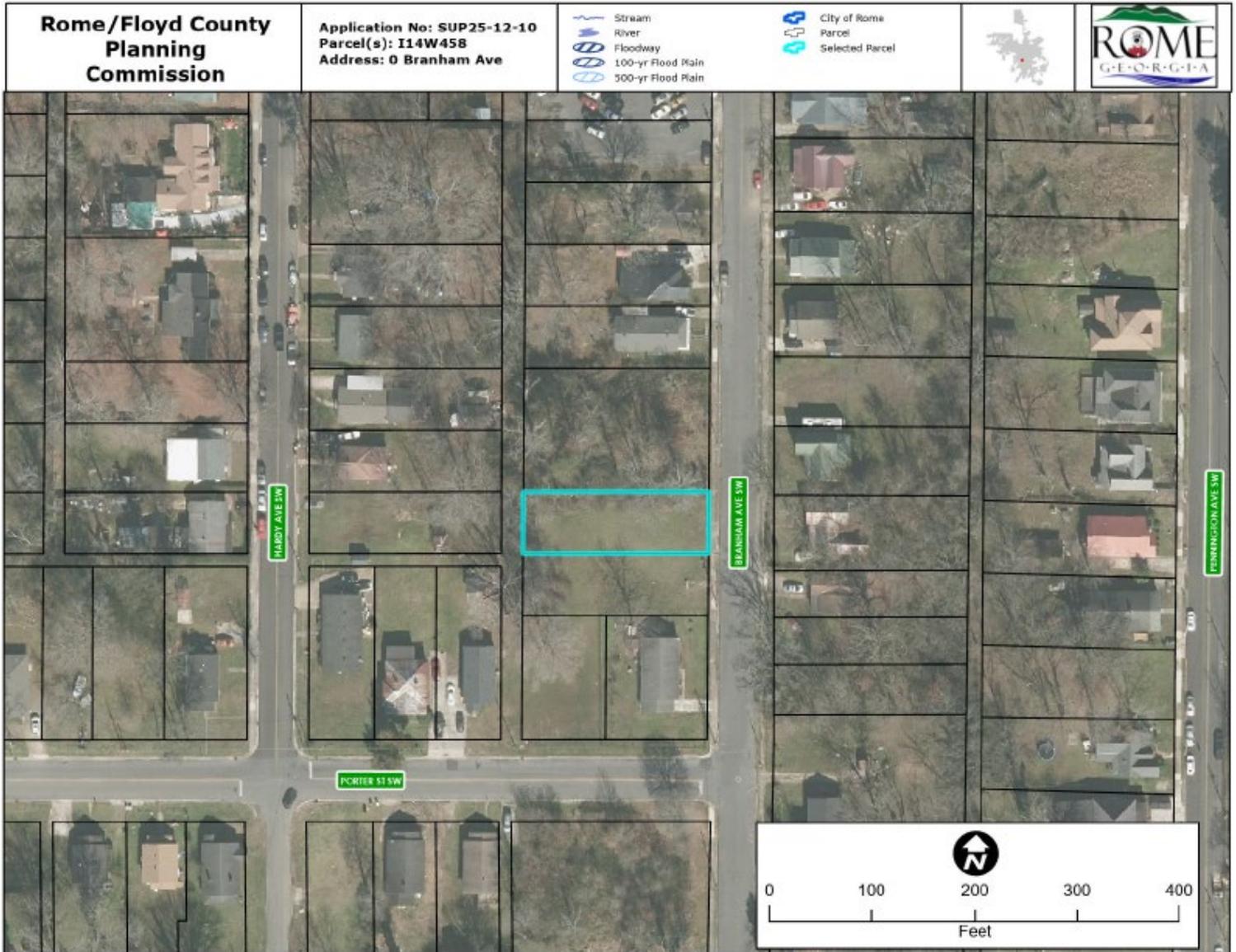
Rome – Floyd Planning Commission

Special Use Permit Application

STAFF REPORT AND RECOMMENDATION



PROJECT ANALYSIS – STAFF REPORT:



Rome – Floyd Planning Commission

Special Use Permit Application

STAFF REPORT AND RECOMMENDATION



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STANDARDS per section 2.2.4b:

1. **Is the proposed special use consistent with the stated purpose of the zoning district?** Yes, High Density Traditional Residential (H-T-R) is commonly found in older neighborhoods like this, developed in a time period where it was normal to have multiple housing types in close proximity, such as single-family homes, duplexes, townhouses, and even small apartment buildings. This is an example of that.
2. **Is or will the type of street providing access to the use be adequate to serve the proposed special use?** The proposed request will not negatively impact public services as these services are currently available to these properties.
3. **Is or will access into and out of the property be adequate to provide for traffic and pedestrian safety, the anticipated volume of traffic flow, and access by emergency vehicles?** The proposed request will not negatively impact public services as these services are currently available to these properties.
4. **Are or will public facilities such as schools, water or sewer facilities, and police or fire protection be adequate to serve the special use?** The proposed request will not negatively impact public services as these services are currently available to these properties.
5. **Are or will refuse service, parking and loading areas on the property be located or screened to protect other properties in the area from such adverse effects as noise, light, glare, or odor?** The proposed use may require an additional trash can.
6. **Will the hours and manner of operation of the special use have no adverse effects on other properties in the area?** Not applicable. The use will remain residential.
7. **Will the height, size or location of the buildings or other structures on the property be compatible with the height, size or location of buildings or other structures on neighboring properties?** This request is in-line with the use and development styles and types found with the area adjacent to this parcel.

PLANNING STAFF COMMENTS/RECOMMENDATION:

Planning staff recommends approval as submitted on the following condition:

1. That at least one of the proposed units within the duplexes face the public right-of-way like the site-built homes already located within the neighborhood.



Case Number: SUP25-12-10

Meeting Date: _____

Property Information

Property Address: 0 Branham Ave Rome GA 30161

City: Rome Zip Code: 30161

REQUESTED ACTION: Zoning Map Amendment Special Use Permit

Is this application in response to a code violation? YES NO

Parcel Identification Number (PIN) or Tax Map Number:

Map #: _____ Parcel #: I14W458 Map #: _____ Parcel #: _____

Map #: _____ Parcel #: _____ Map #: _____ Parcel #: _____

Map #: _____ Parcel #: _____ Map #: _____ Parcel #: _____

Size of Lot: .17

Existing Zoning: HTR Proposed Zoning: _____

Existing Land Use: VACANT Proposed Use of Property: Duplex

Services Provided:

Public Water: City County Not Provided

Public Sewer: City County Not Provided

Purposed for Request: To make these lots financially viable and provide good housing for folks who need it.

Property Owner

Name: Daniel Orr Telephone: 706-388-8167

Mailing Address: 11 Keown Rd Rome GA 30161 Email: ThomasO@kw.com

A pre-submittal meeting with Planning staff is REQUIRED prior to submitting an Application.

The undersign authorizes the Planning Commission, City of Rome, and Floyd County to take such action as requested in this application. In consideration for the Planning Commission' review of this application for a proposed variance to zoning ordinance for the specified property, the applicant agrees to hereby indemnify and hold harmless the City, County, and Planning Commission' and their agents and employees from and against any and all claims, damages, and/or liability arising from or related to this application or any issuance of a permit hereunder. By signing this application, the owner hereby grants authorization to the Commission members, and its professional staff to enter the property in question for inspection purposes. I also understand that all the required information must be supplied for this application to be considered complete and valid.

(Signatures must be original and of current property owner.)

Daniel Orr
Owner Signature

10/10/25
Date

Applicant / Case Contact

Name: Thomas Orr Affiliation: son

Address: 111 Keown Rd Rome GA 30161 Telephone: 706-388-8167

City/State/ZIP: Rome GA 30161 Email: ThomasO@kw.com

Tracking Information (Staff Only)

Hearing Date: _____ Date Received: _____ Sign Placement: _____

Legal Ad: _____ Neighbor Notification: _____ Fee: Refer to Fee Schedule Form
Make all checks payable to CITY of ROME

Property Tax Certification: _____ Date: _____

Application for Zoning Map Amendment or Special Use Permit

PROPERTY TAX CERTIFICATION - REQUIRED

All Floyd County and City of Rome Rezoning and SUP cases require that taxes are current for the parcel or parcels being considered for zoning consideration.

Tax Commissioner or Appointee Signature: _____

APPEARANCE / REPRESENTATION AT COMMISSION MEETINGS IS REQUIRED

To process the application for Special Use Permits, Annexations, or Rezoning, Owner, Applicant, or a Representative thereof **MUST** be present to personally request said Special Use Permit, Annexation, or Rezoning before **BOTH** the Planning Commission **AND** (based on the location of the property) the Rome City Commission **OR** the Floyd County Commission.

Failure to personally appear before either required Commission may result in denial of request, or an extended waiting period before the next available meeting.

Unless otherwise indicated:

- Planning Commission Meetings are held 2:30pm in the Sam King Room in the City Auditorium at 601 Broad Street.
- City Commission meetings are held 6:30pm in the City Commission Chambers located on the top floor of the City Auditorium at 601 Broad Street.
- Floyd County Commission meetings are held 6:00pm in the County Commission Chambers located on the top floor of the Floyd Administrative building at 12 E. 4th Ave.

A Rezoning Pending Action sign shall be placed on the subject property until the Variance is either approved or denied. It is the sole responsibility of the owner/applicant to maintain its placement until after the scheduled County or City Commission meetings. Owner/applicant shall notify the Planning Department immediately if the sign is removed, defaced, incorrect etc. A staff member of the Planning Department shall place the sign within five business days after the filing deadline.

Due to the possibility that a meeting may be postponed for various reasons, please call 706.236.5025 the day before any Planning, City, or County meeting to confirm its status.

By signing below, the applicant/owner declares that the information presented herein is true & correct. The signer also acknowledges understanding the information provided herein & agrees to be present or have a representative at **BOTH** meetings on the dates specified above.

Applicant Signature: [Signature] Date: 10/10/25

Owner(s) Signature: [Signature] Date: 10/10/25



Case Number: _____

City County

Please answer the following questions as completely and accurately as possible. This zoning application will be submitted for review to various departments; therefore, any incomplete answers may delay the review process. Attach additional sheets as necessary.

1. Has the landowner or any person undertaken or initiated any efforts to develop the property in its existing zoning classification? Please provide a complete statement of the efforts for such development.

2. Is development under the present zoning classification infeasible? Yes No
If yes, please provide a complete statement describing why development is infeasible. *The ULDC says w/ a special use permit duplexes are allowed in HTR*

3. Is the subject property a portion of a larger tract? Yes No
If yes, please describe the original tract size, and what portion you are requesting to rezone:

NO

4. Are there any houses, barns, mobile homes, commercial buildings, or structures presently located on the subject property? If so, please identify the number of structures and their type:

NO

5. List the type of structures you propose to construct if the subject property is re-zoned. If proposing the development of a subdivision, please describe the style, minimum square footage, proposed number of homes, number of phases, and price range of the homes:

6. Please state any pertinent facts, circumstances, events, and or documents that should be considered to support a decision to rezone the property to the proposed zoning classification and use.

7. Will your proposed use add additional residents to the property? If so, how many new residents do you anticipate will eventually move onto the property? How many households during the first year?

IT will have 2 small families

8. Has the applicant conducted any studies in connection with the proposed rezoning? Yes No
If yes, please provide.

9. Please identify any public utility (including water, sewer, gas, electricity, and other public utilities) which would be required for the proposed development of the property and are not available at the time of this application.

Disclosure Requirements per O.C.G.A. Section 36-67A

Has the owner and/or the applicant (or any person or attorney representing such in the re-zoning process) made campaign contributions totaling more than \$250 to any local government official who will consider this application? Yes No

If yes, please state the name of the official(s) and the position held by each official, and the dollar amount and description of each campaign contribution made to each official within two years preceding the filing of this application.



Case Number: _____

City County

EASEMENT INFORMATION - Please answer the following questions as completely and accurately as possible. This zoning application will be submitted for review to various departments; therefore, any incomplete answers may delay the review process. Attach additional sheets as necessary.

1. Do you have documented access to an easement that you are not owner of? Yes No N/A
2. Please provide a complete statement explaining your answer above. If you are an easement owner or this question does not apply to you, please mark N/A
3. If you are not the owner of the easement and are expanding the use, conformity, or non-conformity, do you have written permission from the easement owner showing that they are in agreement with this request?
4. Please provide a copy of all documents or permissions relating to the easement.

CAMPAIGN CONTRIBUTIONS DISCLOSURE REPORT

The following disclosure is required of the applicant(s) by Section 36-67A-3 of the O.C.G.A. This information is for disclosure purposes only and does not disqualify the petition.

Within the past two years, have you made either campaign contributions totaling \$250 or more and/or given gifts having a value of \$250 or more to a local government official, which will be responsible for making a decision on this application? Yes No. If yes, then on a separate page, please furnish the following information:

- A) The name(s) of the local government official(s) to whom a cash contribution or gift was made;
- B) The dollar amount(s) and date(s) of each campaign contribution made by the applicant or property owner to each local government official during the two years immediately preceding the filing of the application; and
- C) An enumeration and description of each gift having a value of \$250 or more made by the applicant to each local government official within the past two years.

Signature of Applicant/Owner

Applicant: _____ Date: 10/10/25

Owner(s): _____ Date: 10/10/25

Linda Kite

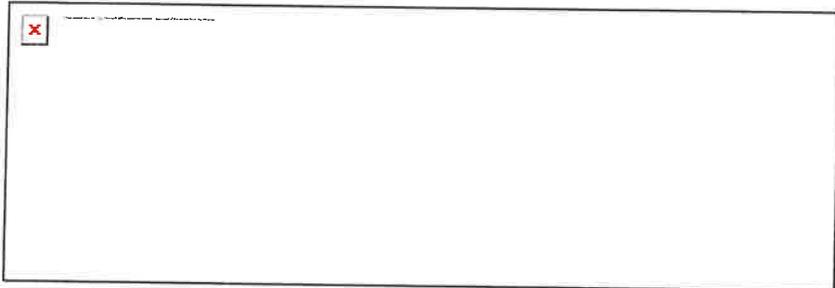
From: Thomas Orr <thomaso@kw.com>
Sent: Monday, October 13, 2025 12:30 AM
To: Linda Kite
Subject: Site plan for SUP For Branham Ave and Hardy Ave
Attachments: branham and hardy site plan.jpg

This email is originating from an outside source. Please exercise caution when clicking links and opening attachments, especially from unknown senders.

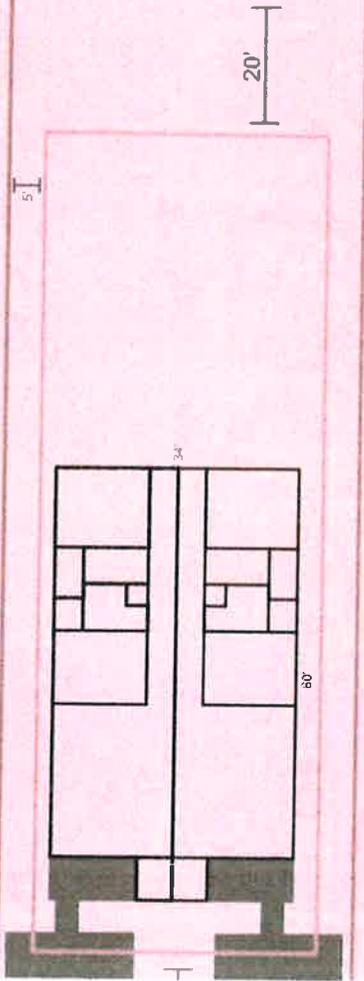
Hey Linda!

Here is a site plan for what I would like to do!

These are 2 bed 1 bath per unit duplexes with private front porches and parking pads! I hope that helps visualize what we had in mind! Each unit is 948 sqft and they would be 2/1 units that would have a large backyard greenspace and off street parking for 2 cars each! Let me know what you think or if I need anything else!! Thank you!!



114W356

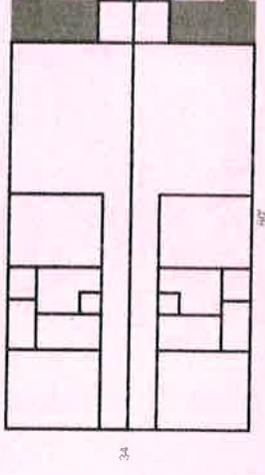


114W354

114W353

114W352

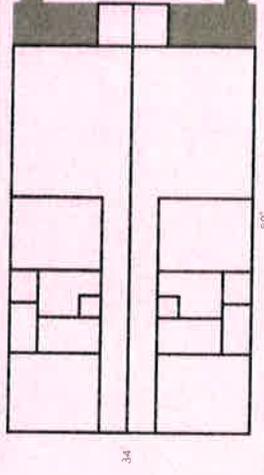
20'



114W459

114W460

20'





ZONING
ACTION
PENDING
PLANNING AND ZONING DEPARTMENT
1700 216-5001







Official Tax Receipt
Floyd County, GA
4 Government Plaza, Ste 109
Rome, 30161
--Online Receipt--

Phone: 706-291-5148

Trans No	Map Code	Property ID & District Description	Original Due	Interest & Penalty	Amount Due	Amount Paid	Transaction Balance
2024-31386	I14W 458	LT9&10 BLK A RIVERSIDE PARK	\$211.92	\$38.21 Fees: \$17.00	\$0.00	\$267.13	\$0.00
Totals:			\$211.92	\$55.21	\$0.00	\$267.13	\$0.00

Paid Date: 08/01/2025

Charge Amount: \$267.13

MOSS ROBERT L
12 HORSE SHOE BEND RD SW
30161



Scan this code with your mobile phone to view this bill