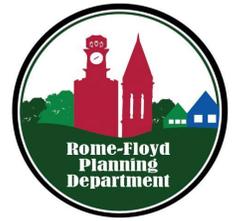


Rome – Floyd Planning Commission

Rezoning Application

STAFF REPORT AND RECOMMENDATION



Hearing Date 12/04/2025
Case No.: **Z25-12-04 (City)**
Project Address: 201 E 8th Street
Current Zoning: Multifamily Residential (M-R)
Requested Zoning: Neighborhood Office Commercial (N-O-C)
Current Use: Dentist Office
Proposed Use: Dentist Office
Parcel ID: J14G024
Acreage: ~0.24

Summary:

for the property at 201 E 8th Street SW, Rome, GA 30161, Floyd County Tax Parcel J14G024, requests to rezone from Multi-Family Residential (M-R) to Neighborhood Office Commercial (N-O-C).

Project Description: The applicant would like to rezone the parcel, so they are able to renovate and construct a deck at the back door of the existing building (dentist office).

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

Housing Impact Statement: There will be no net loss or net gain.

Historical Review: Is this parcel located in a Locally Designated Historic District? Yes

Comprehensive Plan Analysis: The Comprehensive Plan has this parcel labeled as “medium density residential”.

Rome – Floyd Planning Commission

Rezoning Application

STAFF REPORT AND RECOMMENDATION



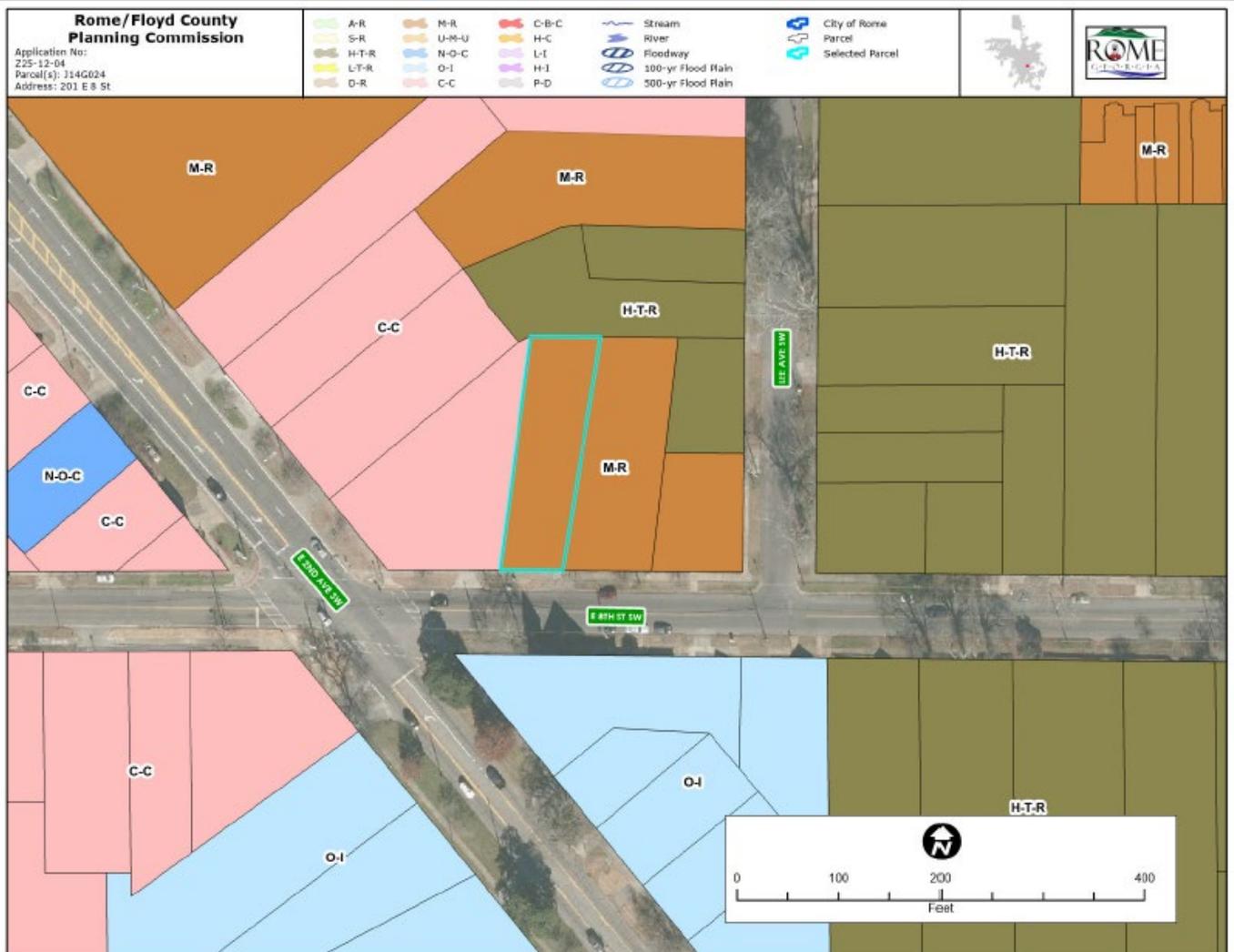
PROJECT ANALYSIS – STAFF REPORT:



Rome – Floyd Planning Commission

Rezoning Application

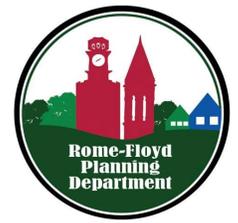
STAFF REPORT AND RECOMMENDATION



Rome – Floyd Planning Commission

Rezoning Application

STAFF REPORT AND RECOMMENDATION



STANDARDS FOR ZONING CHANGES per section 2.2.4a:

1. ***Is the proposed use or development consistent with the stated purpose of the zoning district?*** The request to rezone Neighborhood Office Commercial (N-O-C) is consistent with small-scale retail/office in residential areas.
2. ***Is the proposed use suitable given the zoning and development of an adjacent and nearby property?*** Yes, the surrounding area is Community Commercial (C-C), Multi-Family Residential (M-R), and High Density Traditional Residential (H-T-R). Multiple small-scale retail/offices and residential buildings are located in the surrounding area.
3. ***Will the proposed use not adversely affect the existing use or usability of adjacent or nearby property?*** No, this will not adversely affect the existing use or usability of adjacent or nearby properties.
4. ***Is the proposed use compatible with the purpose and intent of the Comprehensive Plan?*** The Future Land Use Map/Comprehensive Plan has this parcel labeled as “medium density residential”, which exists throughout much of the neighborhood.
5. ***Are there substantial reasons why the property cannot or should not be used as currently zoned?*** It is currently zoned Multi-Family Residential (M-R). Rezoning this parcel to Neighborhood Office Commercial (N-O-C) would be more appropriate for the intended use.
6. ***Will the proposed use not cause excessive or burdensome use of public sites or services, including but not limited to streets, schools, water or sewer utilities, and police or fire protection?*** No, this will not cause excessive or burdensome use of public sites or services.
7. ***Is the proposed use supported by new or changing conditions not anticipated by the comprehensive plan or reflected in the existing zoning on the property or surrounding properties?*** No.
8. ***Does the proposed use reflect a reasonable balance between promoting public health, safety, morality, or general welfare and the right to unrestricted use of the property?*** Yes.

RECOMMENDATION:

Staff recommends approval.



Rome-Floyd Planning Department

Planning Commission

Application for ZONING Map Amendment or SPECIAL USE

706.236.5025

Case Number: 225-12-04

Meeting Date: _____

Property Information

Property Address: 201 E 8th St SW

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 #: J146024 Map#: _____ Parcel #: _____

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

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

Size of Lot: _____

Existing Zoning: M-R Proposed Zoning: N-O-C

Existing Land Use: Dentist Office Proposed Use of Property: No Change of Use

Services Provided:

Public Water: City County Not Provided

Public Sewer: City County Not Provided

Purposed for Request: The second floor is being renovated and stairs that meet code need to be added.
They would also like to add a deck at the back door while they are doing
this renovation.

Property Owner

Name: William Edwards Telephone: 706-235-8687

Mailing Address: 201 E 8th St SW Email: _____@gmail.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 propertyowner.)


Owner Signature

9/11/2025
Date

Applicant / Case Contact		
Name:	Affiliation:	
Address:	Telephone:	
City/State/ZIP:	Email:	
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.

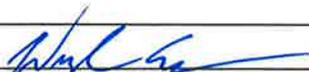
Unless otherwise indicated:

- 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 stake 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: _____ Date: _____
 Owner(s) Signature:  Date: 9/11/25



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. No
2. Is development under the present zoning classification infeasible? Yes No
If yes, please provide a complete statement describing why development is infeasible.
The lot is approximately 51' wide. M-R side setbacks are 30'. There is no buildable area in this zoning classification.
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:
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: There is one house that was converted into an office.
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:
There will be no new structures, just modifications to the existing building like stairs and a deck.
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.
This original zoning is a misclassification. This application is for zoning that fits it's current use better.
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? No
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. None

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 There is a shared drive with the neighbor, but no agreement exists.
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:

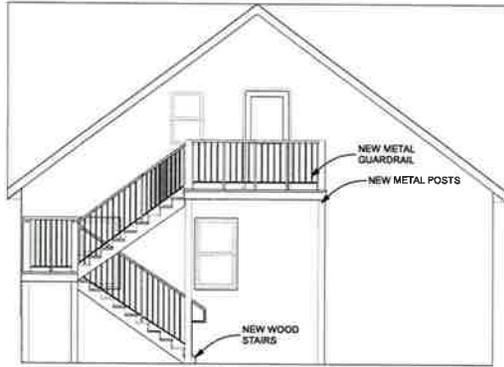
- A) The name(s) of the local government official(s) to whom a cash contribution or gift was made;
- B) The dollar amount(s) and date(s) of each campaign contribution made by the applicant or property owner to each local government official during the two years immediately preceding the filing of the 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

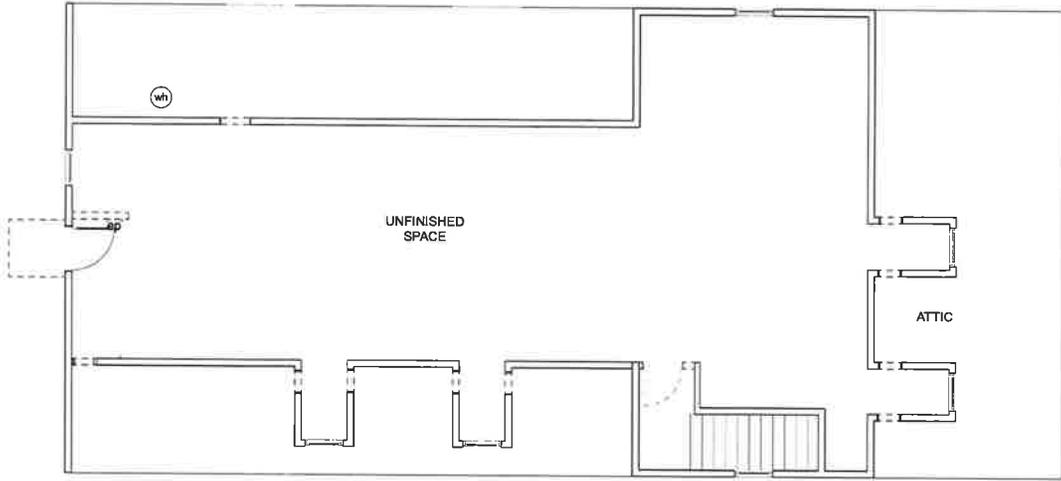
Applicant: _____ Date: 9/29/25
Owner(s): _____ Date: 7/29/25

Application Attachments Checklist

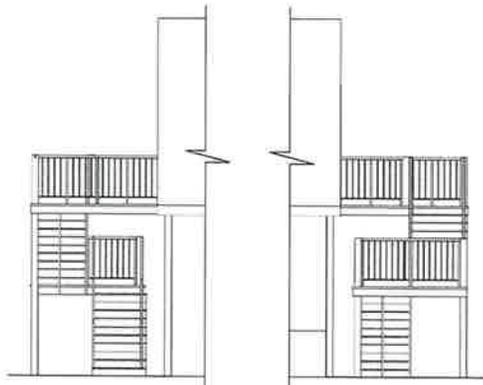
The following items must be submitted as part of this application: (Submit digital application material on flash drive or via e-mail directly to the staff.)	Quantity	Staff Use										
<input type="checkbox"/> Application fee. Check or Cash. Make checks payable to the City of Rome. Fee Schedule for Rezoning, Special Use Permits, and Annexations: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Single Family Residential:</td> <td style="width: 50%;">Non-Residential & Multi-Family:</td> </tr> <tr> <td>0-5 Acres - \$150</td> <td>0-1 Acres - \$250</td> </tr> <tr> <td>5-10 Acres - \$250</td> <td>1-5 Acres - \$350</td> </tr> <tr> <td>10-20 Acres - \$350</td> <td>5-10 Acres - \$450</td> </tr> <tr> <td></td> <td>10+ Acres - \$550</td> </tr> </table>	Single Family Residential:	Non-Residential & Multi-Family:	0-5 Acres - \$150	0-1 Acres - \$250	5-10 Acres - \$250	1-5 Acres - \$350	10-20 Acres - \$350	5-10 Acres - \$450		10+ Acres - \$550		
Single Family Residential:	Non-Residential & Multi-Family:											
0-5 Acres - \$150	0-1 Acres - \$250											
5-10 Acres - \$250	1-5 Acres - \$350											
10-20 Acres - \$350	5-10 Acres - \$450											
	10+ Acres - \$550											
<input type="checkbox"/> Completed applications, fees, and all support materials must be received by the Planning Department by first (1 st) of the month in order to be considered at the following month's Rome – Floyd County Planning Commission meeting. If the 1st falls on a weekend or holiday, applications are due the next business day. Please fill out form as completely as possible. Incomplete applications will not be forwarded to the Planning Commission for review. Attach additional sheets as needed. <b style="color: red;">TAX ASSESSOR SIGNATURE SHOWING PROPERTY TAX PAID IN FULL REQUIRED FOR SUBMISSION	1 copy											
<input type="checkbox"/> Scope of Work Description: Describe the specific change(s) being proposed, including all elements or components being added, removed or changed. <b style="color: red;">NOTE: Items and parcels which are not listed on this application will not be able to be Approved and may require a separate application and fee.	1 copy											
<input type="checkbox"/> Drawings: <input type="checkbox"/> A site plan is required for all proposed developments. Site plan must adequately show all existing and proposed buildings, and/or uses. <input type="checkbox"/> The submitted application, supporting information, and plans shall show the following, as appropriate to the zoning or special use requested: <ol style="list-style-type: none"> 1) name and address of the property owner, 2) name, address, and telephone number of the applicant, if different from the owner, 3) date of survey, north point and graphic scale, source of datum, date of plan drawing, and revision dates, as appropriate, 4) proposed use of the property, 5) location and size of the property 6) location sketch of the property in relation to the surrounding area with regard to well-known landmarks such as arterial streets or railroads, 7) zoning district classification of the subject property and all adjacent properties, 8) man-made features within and adjacent to the property, 9) the proposed project layout including the approximate outline and location of all buildings, and the location of all minimum building setback lines, outdoor storage areas, buffers, parking areas and driveways, 10) a statement as to the source of domestic water supply, 11) a statement as to the provision for sanitary sewage disposal, 12) the approximate location of proposed storm water detention facilities, and 13) such additional information as may be useful to permit understanding of the proposed use and development of the property. <p style="font-size: small;">For specific requirements for the required sketch plan see section 2.2.2 of the ULDC. <b style="color: red;">NOTE: Staff reserves the right to reject drawing materials lacking sufficient information or details of the proposed scope of work.</p>	1 copy											
<input type="checkbox"/> Photographs: <input type="checkbox"/> Photographs must be at least 300 dpi and at least 3½ by 5 inches, and formatted with appropriate labels in Word or PDF on Letter size (8.5x11) sheets.	1 digital											
Previous Application Information: Attach a description of the changes in the plans for this application or of substantial changes in the conditions of the property since the initial application. Include the previous case number in the Property Information section on the reverse.												



3 REAR ELEVATION
SCALE 1/4" = 1'-0"

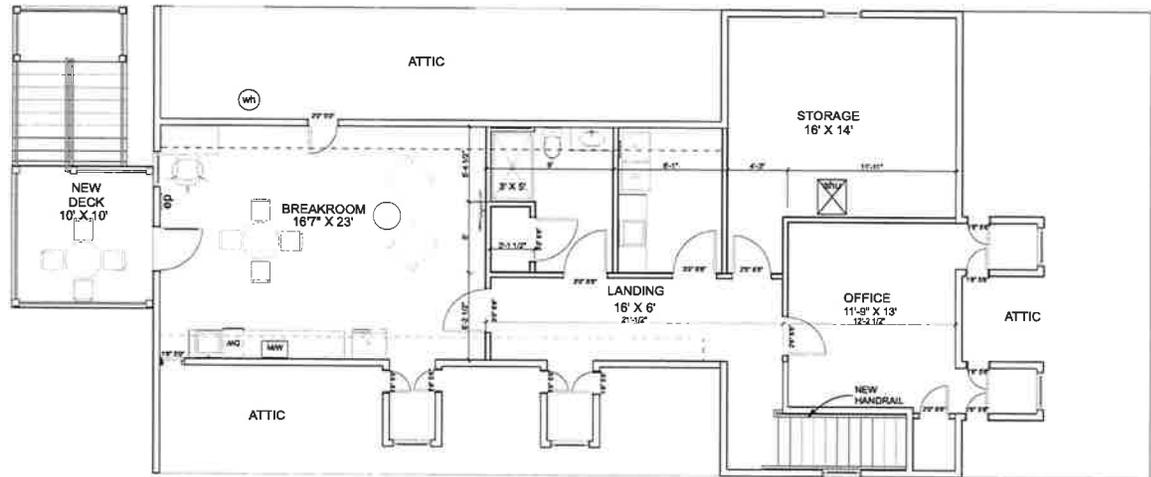


1 EXISTING 2nd FLOOR PLAN
SCALE 1/4" = 1'-0"



5 LEFT ELEVATION
SCALE 1/4" = 1'-0"

4 RIGHT ELEVATION
SCALE 1/4" = 1'-0"



2 NEW 2nd FLOOR PLAN
SCALE 1/4" = 1'-0"



E. DUNAY DESIGN, LLC
355 PLAINVILLE RD NE
ROME, GEORGIA 30161
ph_706.766.0366
beth@edunaydesign.com

2nd FLOOR RENOVATIONS FOR
WILLIAM EDWARDS DENTISTRY
201 E 8TH ST
ROME, GA 30161

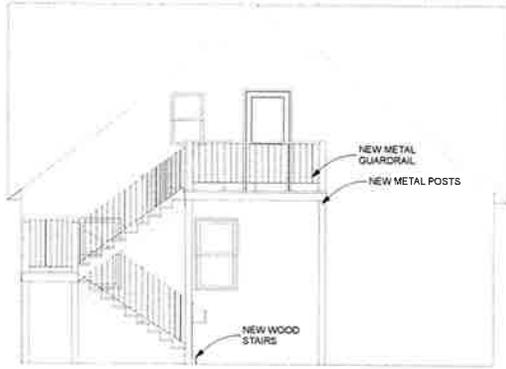
FLOOR PLAN

PROJECT # 2531
DATE: 9/23/2025

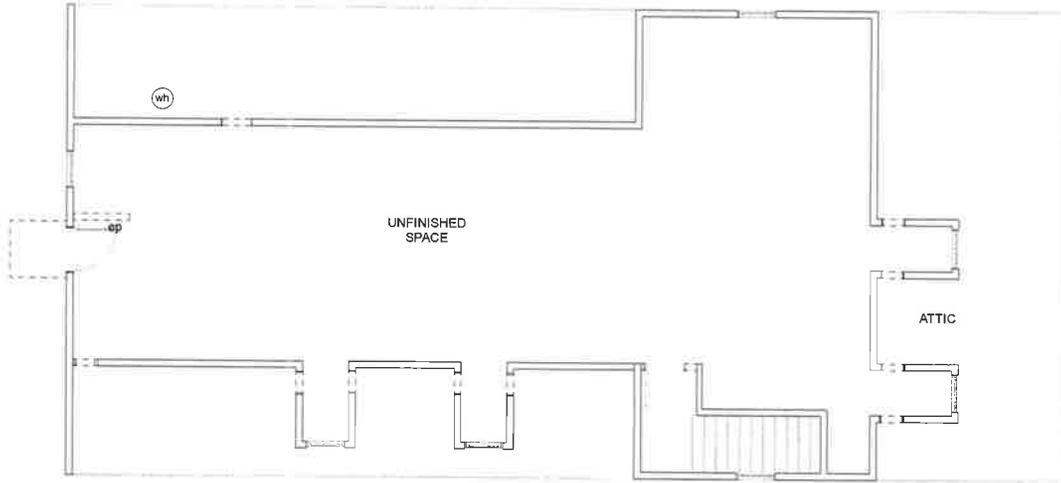
STATUS: SD

REVISIONS

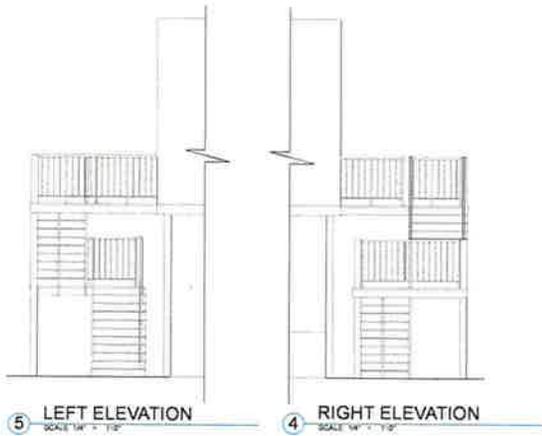
A.2.0



3 REAR ELEVATION
SCALE 1/4" = 1'-0"



1 EXISTING 2nd FLOOR PLAN
SCALE 1/4" = 1'-0"



5 LEFT ELEVATION
SCALE 1/4" = 1'-0"

4 RIGHT ELEVATION
SCALE 1/4" = 1'-0"



2 NEW 2nd FLOOR PLAN
SCALE 1/4" = 1'-0"



E. DUNAY DESIGN, LLC
366 PLAINVILLE RD NE
ROME, GEORGIA 30161
ph 706 766-0366
beth@dunaydesign.com

2nd FLOOR RENOVATIONS FOR
WILLIAM EDWARDS DENTISTRY

201 E 8TH ST
ROME, GA 30161

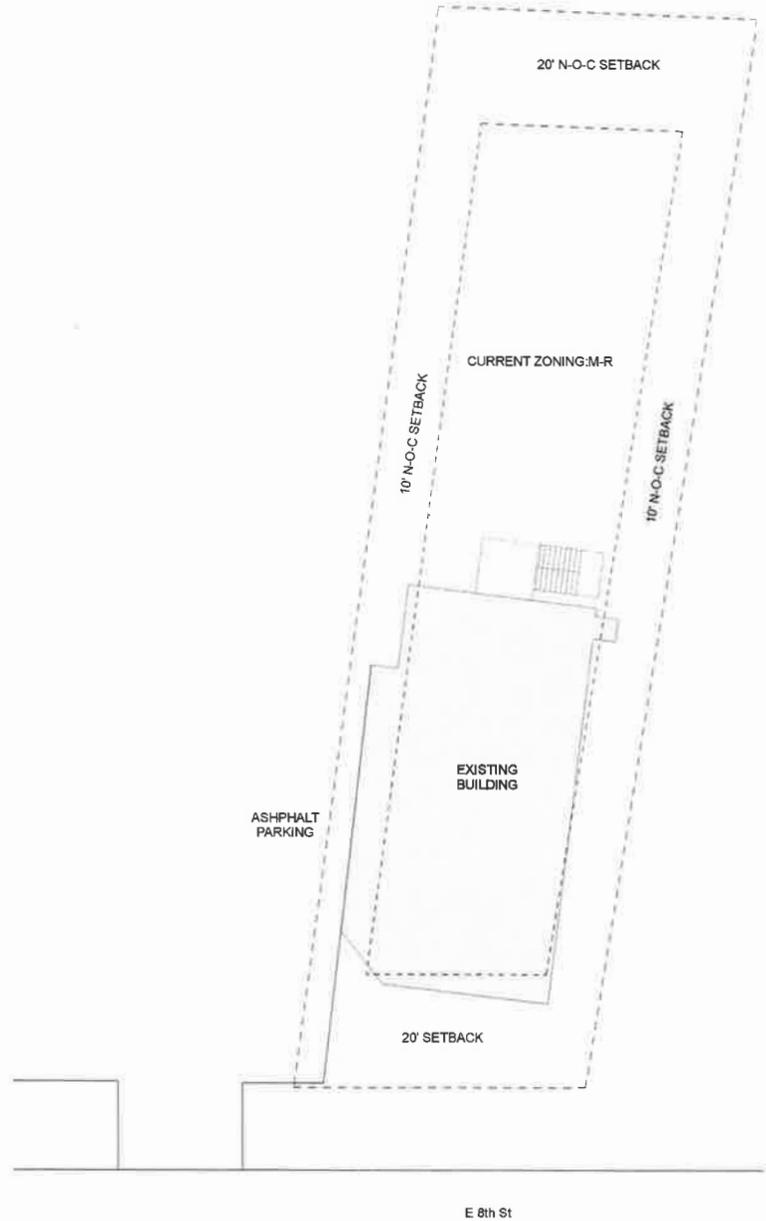
FLOOR PLAN

PROJECT # 2531
DATE: 9/23/2025

STATUS: SD

REVISIONS

A.2.0



1 SITE LAYOUT
SCALE: 1" = 10'



E DUNAY DESIGN, LLC
366 PLAINVILLE RD NE
ROME, GEORGIA 30161
ph 706 756-0356
heth@edunaydesign.com

2nd FLOOR RENOVATIONS FOR
WILLIAM EDWARDS DENTISTRY
201 E 8TH ST
ROME, GA 30161

SITE LAYOUT
PROJECT # 2531
DATE: 9/23/2025
STATUS: SD
REVISIONS

A.1.1



KING RANCH

F150

GEORGIA
CLJ8670



















OFFICIAL TAX RECEIPT

FLOYD COUNTY TAX COMMISSIONER

Kevin Payne

#4 GOVT PLAZA Flovd County Historic Court Hous
Rome GA 30161
Phone 7062915148

OWNER

WLE PROPERTIES LLC
201 E 8TH ST
ROME. GA 30161

PAID DATE			9/20/2024
RECEIPT PRINTED			9/11/2025 12:34:13 PM
CASH AMOUNT	CHECK AMOUNT	CHARGE AMOUNT	CHECK NUMBER(s) CHARGE APPROVAL CODE
\$0.00	\$5,077.88	\$0.00	1680
REFUND AMOUNT			\$0.00
OVERPAY AMOUNT			\$0.00
CHANGE AMOUNT			\$0.00
REGISTER			5
CASHIER			
TOTAL PAID			\$5,077.88

Balance(s) as of 9/11/2025

Tax Year- Bill Number FMV Property ID	Property Description Property Address District Serial Number Decal Number	Due Date Original Due	Interest Penalty Other Fees	Previous Paid Amount	Current Amount Due	Amount Paid	Tax Bill New Balance
2024-48390 FMV: 358464.00 J14G 024	201 E 8TH ST DISTRICT: 001 SERIAL NUMBER: DECAL NUMBER: 0	11/15/2024 \$5,077.88	\$0.00 \$0.00 \$0.00	\$0.00	\$5,077.88	\$5,077.88	\$0.00

Paid By: WILLIAM L EDWARDS DMD LLC 706-235-8687

Overpayment Amount: 0.00

Check Number: 1680

Balance as of 09/20/2024

Transaction(s): 1611939 - 1611939	Total(s):	\$5,077.88	\$0.00	\$0.00	\$5,077.88	\$5,077.88	\$0.00
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