

LM



# City of Hogansville

## Application for Special Use Permit

Received:   
 \_\_\_\_\_

West End Campus

Business Name: The Family Life Center, Inc.  
Address: 301 Pine Street, Hogansville Ga. 31823  
Mailing Address: 405 W. Tyler Street, Palmetto, Ga. 31826  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner Name: DR. Jimmy D. McCamey, Jr. Address: 162 W. Bacon St., LaGrange, Ga.  
Phone: \_\_\_\_\_ E-mail: DRJIMMYDMCCAMEYJR@GMAIL.COM  
Type: ( ) Sole Proprietor ( ) Partnership ( ) Corporation ( ) Other \_\_\_\_\_

Note: If business is a Partnership or Corporation, list, on a separate sheet, all partners or corporate officers, their addresses and their phone numbers.

Name of Manager of Facility: DR. Jimmy D. McCamey, Jr.  
Address of Manager: 102 West Bacon Street, LaGrange, Ga. 30240  
Phone Number of Manager: \_\_\_\_\_

Type of Special Use Requested:  
() Other Private School () Group Home ( ) Personal Care Home

Hours of Operation: 24 hr Facility

Please list the nature of services and/or treatments to be provided, and, if applicable, the number of residents to be housed at any given time.

Private School Grades 6-12 / GED / Night School  
Residential Care / Foster Group Settings  
Community Center (Free Meals/Lunch Senior Citizens)

Note: If this application is for a Group Home, the applicant shall submit a "Good Neighbor" plan, which contains, at minimum the following components:

1. Hours / Days of Operation
2. Designated Staff Member, telephone number and administrative procedure for neighborhood complaints or concerns
3. Grounds maintenance plan
4. Other requirements may apply

I certify that the information submitted is true, correct, and complete to the best of my knowledge.

Applicant Signature: \_\_\_\_\_

Date: 11/15/2018

(d) A record of all certificates of occupancy shall be kept on file in the office of the building inspector and a copy shall be furnished on request to any person having a proprietary or tenancy interest in the building or land involved.  
(Ord. of 7-7-2003, § 16.16)

**Sec. 102-96. Certificate of zoning compliance.**

(a) *Required.* A certificate of zoning compliance, issued by the zoning administrator, and certifying that the proposed structure, land use, or alteration complies with the provisions of this chapter, is required.

(b) *Site plan.* Each application for a certificate of zoning compliance shall be accompanied by simple sketch of the site indicating such information as may be needed to present a record of existing conditions and proposed usage, including proposed off-street parking and/or loading areas.

(c) *Suspension or abandonment of use.* A certificate of zoning compliance shall become invalid after the use authorized is suspended or abandoned for the period of nine months.  
(Ord. of 7-7-2003, § 16.17)

**Secs. 102-97—102-120. Reserved.**

**DIVISION 4. SPECIAL USES**

**Sec. 102-121. Generally.**

The planning commission shall review and the city council shall approve or deny special uses which are specifically authorized by this chapter. A public hearing is required, (see hearing requirements).  
(Ord. of 7-7-2003, § 16.19-1)

**Sec. 102-122. Conditions and limitations.**

The planning commission shall include any condition, requirement, or limitation which may be necessary to protect adjacent properties and carry out the provisions of this chapter in its review and the city council may impose conditions, requirements or limitations it deems necessary. If, at any time after a special use permit has been issued, the zoning administrator or building official finds that the conditions imposed and the agreements made have not been or are not being fulfilled by the holder of a special use permit, the permit shall be terminated. The applicant shall file an acceptance of conditions form, provided by the city, and the certificate shall be notarized.  
(Ord. of 7-7-2003, § 16.19-2)

**Sec. 102-123. Application; hearing.**

Application for a special use shall be filed with the office of the zoning administrator, and the planning commission shall have 30 days within which to consider each request and make

written recommendations to the city council. A public hearing is required by the city council (see public hearing requirements). Upon receiving recommendations from the planning commission or after the 30-day period has expired, the city council shall schedule the proposed special use to be voted on at the next regularly scheduled council meeting. Each application shall be accompanied by a simple sketch of the site, showing the following:

- (1) General location of existing structures and property lines.
- (2) Present zoning of adjacent property.
- (3) Existing use of adjacent property.
- (4) Location of proposed buildings and land use.
- (5) Legal description of the property.
- (6) Setbacks.
- (7) Parking spaces, if applicable.

(Ord. of 7-7-2003, § 16.19-3)

**Sec. 102-124. Standards for approval; fee.**

(a) Specifically, in order to grant approval of a special use, the city council must find the following standards have been met:

- (1) The available existing street system is adequate to efficiently and safely accommodate the traffic which will be generated by the proposed use or development.
- (2) The existing public utilities, facilities and services are adequate to accommodate the proposed use or development.
- (3) The use or development will not generate or cause conditions such as noise, light, glare, odor or similar objectionable features which would reduce the value, use or enjoyment of surrounding properties.
- (4) The use would not have a detrimental environmental impact on the surrounding area.
- (5) The use would not adversely affect the health, safety, morals, and general welfare of the community.

(b) Each application for a special use shall be assessed a fee according to the fee schedule posted in city hall and approved by the city council to partially defray administrative and notification costs.

(Ord. of 7-7-2003, § 16.19-4)

**Secs. 102-125—102-150. Reserved.**

(b) The zoning administrator's report may recommend amendments to the applicant's request which would reduce the land area for which the application is made, change the zoning district requested, or recommend conditions of rezoning which may be deemed advisable so that the purpose of this chapter will be served and health, public safety, and general welfare secured.

(Ord. of 7-7-2003, § 16.5)

**Sec. 102-154. Planning commission action.**

The planning commission shall hold a meeting on each application for amendment in accordance with a schedule adopted by the city council or as needed. The planning commission shall with respect to each application consider each of the matters set forth in section 102-152(c)(6)a—f. As to each application, the planning commission shall make a recommendation for approval, approval with conditions, denial, deferral, withdrawal without prejudice or no recommendation. A written report of the planning commission's investigation and recommendation, along with the investigation and recommendation of the zoning administrator, shall be submitted to the city council and shall be a public record. The planning commission's action may recommend amendments to the applicant's request which would reduce the land area for which the application is made or change the district requested, or recommend conditions of rezoning which may be deemed advisable so that the purpose of this chapter will be served and health, public safety and general welfare secured. The failure of the planning commission to take any action as to a particular petition within 60 days of its meeting will be the same as approval thereof.

(Ord. of 7-7-2003, § 16.6)

**Sec. 102-155. Public notice.**

(a) *Publication of notice.* Due notice of the public hearing before the city council on an application for amendment under this division shall be published in the newspaper of general circulation for the city in which is carried the legal advertisements of the city by advertising the application and the date, time, place, and purpose of the public hearing at least 15 days and not more than 45 days prior to the date of the hearing conducted by the city council. If the application is for amendment to the official zoning map, then this notice also shall include the location of the property, the present zoning classification of the property, and the proposed zoning classification of the property.

(b) *Posting of signs.* As to an application to amend the official zoning map, the zoning administrator or a designee shall post, at least 15 days and no more than 45 days in advance of the city council's hearing, in a conspicuous place on the property for which an application has been submitted, a sign containing information as to the application and the date, time, and place of the public hearing before the city council.

(Ord. of 7-7-2003, § 16.7)

AN ORDINANCE

AN ORDINANCE OF THE MAYOR AND COUNCIL OF THE CITY OF HOGANSVILLE TO AMEND THE CODE OF THE CITY; TO AMEND THE ZONING ORDINANCE AND BUSINESSES CHAPTERS OF THE CODE IN ORDER TO MODIFY THE DEFINITIONS OF GROUP HOME AND PERSONNEL CARE HOME; TO CREATE AND DEFINE THE PARAMETERS OF THE SPECIAL USE PERMIT FOR GROUP HOMES AND PERSONAL CARE HOMES; TO REPEAL CONFLICTING ORDINANCES; TO FIX AN EFFECTIVE DATE; AND FOR OTHER PURPOSES.

THE COUNCIL OF THE CITY OF HOGANSVILLE HEREBY ORDAINS:

SECTION 1:

That the Zoning Ordinance of the City of Hogansville be amended by deleting, within Section 102-2, the definition entries for "Group home" and "Personal care home" and inserting in lieu thereof new definition entries in proper alphabetical order and to read as follows:

*"Group home:* A dwelling unit which is used to provide assisted community living for persons with physical, mental, emotional, familial or social difficulties.

*Personal care home:* A dwelling shared by persons, excluding resident staff, who live together as a single housekeeping unit and in a long-term, family-like environment in which staff persons provide care, education and participation in community activities for the residents with the primary goal of enabling the residents to live as independently as possible in order to reach maximum potential under the direction and guidance of twenty-four (24) hour per day supervision. The term group residential facility shall not include a half-way house, a treatment center for alcoholism or drug abuse, a work release facility for convicts or ex-convicts, a home for the detention and/or rehabilitation of juveniles adjudged delinquent or unruly and placed in the custody of the state, or other housing facilities serving as an alternative to incarceration. The term group residential facility shall also not allow the use of a dwelling as an apartment or duplex. A group residential facility shall not allow use of the dwelling as a home for individuals on parole, probation, or convicted and released from incarceration, for any crimes including child molestation, aggravated child molestation, or child sexual abuse, as defined in O.C.G.A. § 16-6-4 or individuals required to register as sex offenders pursuant to O.C.G.A. § 42-1-12. A group residential facility may include a home for the handicapped which shall mean, consistent with the Fair Housing Act, a person (1) with a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) having a record of having such an impairment; or (3) being regarded as having such an impairment. However, such term does not include the current illegal use of or addiction to a controlled substance, nor shall it include any person whose residency in the home would constitute a direct threat to the health and safety of other individuals."

**SECTION 2:**

That Chapter 18 of the Code be amended by creating therein a new Division VII, to be entitled "Group Homes and Personal Care Homes" and to read as follows:

**"DIVISION VII. GROUP HOMES AND  
PERSONAL CARE HOMES**

**Section 18-210. Special Use Permit Required for Group Home and Personal Care Home.**

- (1) All operators of group homes and personal care homes, including those facilities operating as a non-conforming use, are required to apply for and obtain a special use permit from the city and to register the facility with the city. The applicant shall apply for the permit required under this chapter with the City Manager or his designee on forms provided by the city and shall provide such information as may be reasonably required including, without limitation, the following:
  - a. The name and address of the applicant;
  - b. If the applicant is not an individual, the names and addresses of all members of the board of directors if the applicant is a corporation. If the applicant is an entity other than a corporation, the applicant shall state the type of entity, principals, and where organized;
  - c. The name and address of the manager of the facility;
  - d. Whether the proposed location will serve as a group home or a personal care home, including the nature of services and treatments to be provided to residents of the facility and, for personal care homes, the maximum number of residents, excluding staff, to be housed at any one time;
  - e. Whether the applicant contends that the facility at issue is operating as a conditional use, and, if so, the date the facility began operation; and
  - f. If the application is for a group home, the applicant shall submit a "good neighbor plan" which contains, at minimum, the following components:
    1. Hours of operation;
    2. Designated staff member, telephone number and administrative procedure for neighborhood complaints or concerns; and
    3. Grounds maintenance plan.
- (2) Within sixty (60) days of the submission of a completed application, the Planning Commission shall review the contents of said application and transmit to the Mayor and Council a recommendation of approval or denial of same. The Mayor and Council shall thereafter act on a completed special use permit application within forty-five (45) days of the recommendation of the Planning Commission.

- (3) Any special permit issued pursuant to this section shall become invalid if the appropriate permits or licenses required by the State of Georgia are revoked or otherwise terminated. Such special permits shall also become invalid if the facility is not operated for a continuous period of six (6) months.
- (4) Each group home governed by this ordinance shall be required to apply for and received accreditation by the Council on Accreditation (Group Living Services) or Commission on Accreditation of Rehabilitation Facilities (Group Home Care) within two (2) years of the receipt of the special use permit required hereunder, and shall maintain such accreditation while operating the group treatment facility. Those group home facilities operating as a conditional use shall be required to apply for and receive such accreditation by January 1, 2014, and shall maintain such accreditation while operating the group home.
- (5) Each facility shall be required to pay an annual permit fee of \$20.00, said fee to be paid no later than January 1st of each year of operation. For a facility which begins operation subsequent to January 1st, the permit fee shall not be prorated but shall be due in full for the remainder of the calendar year.
- (6)
  - a. Any special permit which has been issued or which may hereafter be issued by the city to any permittee under this code section may be suspended or revoked for due cause as hereinafter defined, and after a hearing has been held by the Mayor and Council for the purpose of considering any such suspension or revocation. At least five (5) days prior to such hearing, written notice of the time, place and purpose of such hearing, and a statement of the charge or charges upon such hearing is to be held, shall be given to the holder of such permit for which suspension or revocation is to be considered.
  - b. Due cause for the suspension or revocation of a permit shall consist of a violation of any laws or ordinances applicable to regulating such group home or personal care home facility, violation of regulations made pursuant to authority granted for the purposes of regulating such facility, or failure of the permittee or his employees to promptly report to the police department any violation of the law or ordinances, any breach of the peace, disturbance or altercation resulting in violence which may occur in or upon the permitted premises.
  - c. A decision shall be rendered in writing by the Mayor and Council within ten (10) days of the hearing referenced hereinabove. Appeal of such decision shall be by writ of certiorari or any other lawful process to the Superior Court of Troup County."

**SECTION 3:**

All ordinances or parts of ordinances in conflict with this ordinance are hereby repealed.

**SECTION 4:**

This Ordinance after adoption by the Council and upon approval by the Mayor shall become effective immediately.

INTRODUCED AND FIRST READING November 7, 2011

SECOND READING AND ADOPTED/REJECTED November 21, 2011

SUBMITTED TO MAYOR AND APPROVED/DISAPPROVED Approved

BY: Jemma Jackson  
Mayor

ATTEST: [Signature]  
Clerk )





# City of Hogansville

## Application to Operate a Business

Type of Application:

New

Renewal

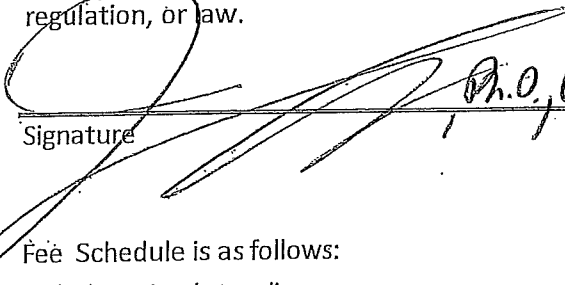
Date:

11/15/2018

<b>Business Information:</b>	
Business Name & Mailing Address: <i>The Family Life Center Inc. 301 Pink Street Hogansville, Ga. 30230</i>	Type of Organization: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Veteran
Federal Tax ID Number or Social Security Number: <i>[REDACTED]</i>	State Sales Tax Number: <i>[REDACTED]</i>
Type of Business: <i>Community Mental Health</i>	Standard Industry Classification Code:
Is this Business a: Commercial Location <input type="checkbox"/> Home Based Business <input type="checkbox"/>	Additional Information is Needed for this selection
Business Location / Address: <i>301 Pink Street Hogansville, Ga. 30230</i>	Business Phone: <i>706.523.1114</i> Fax: <i>844.273.4209</i>
	E-Mail: <i>DR JIMMY DMCCAMEY JR @ GMAIL.COM</i>
	Website:

<b>Owner / Applicant Information:</b>	
Name: <i>DR Jimmy D. McCamey Jr.</i>	Title: <i>Director</i>
Address: <i>102 W. Bacon Street LaGrange, Ga. 30240</i>	Phone: <i>706.523.1114</i>
	E-Mail: <i>DR JIMMY DMCCAMEY JR @ GMAIL.COM</i>

By signing below, I certify that all the information contained herein is true and exact. I further understand the issuance of a business license does not authorize me or my business to violate any regulation, ordinance of the City of Hogansville, the State of Georgia, or the United States of America, nor shall such signature relieve any business from any requirement to obtain any license or permit required by ordinance, regulation, or law.

Signature:  Title: Dr. O, LCSW, LPC Director Date: 11/15/2018

Fee Schedule is as follows:

Circle the option that applies

# of employees	Fee.
0-2	\$ 120.00
3-5	\$ 170.00
6-10	\$ 220.00
11-15	\$ 270.00
16-25	\$ 320.00
25 & over	\$ 320.00 plus \$4 per employee over 25



## Affidavit

Pursuant to O.C.G.A 50-36-1(e)(2)

A copy of your driver's license (or other "secure and verifiable document"), along with this NOTARIZED Affidavit must be submitted as part of the application for or renewal of an Alcohol License, Occupation Tax Certificate, or any other License or Permit from City of Hogansville. This affidavit must be complete and must be notarized. The License or permit cannot be processed or issued, otherwise.

### AFFIDAVIT PURUSANT TO O.C.G.A. §50-36-1 (e) (2) VERIFYING STATUS FOR CITY OF HOGANSVILLE PUBLIC BENEFIT APPLICATION

By executing this Affidavit under oath, as an applicant for a City of Hogansville, Georgia Alcohol License, Occupation Tax Certificate, or any other License or Permit, or other "public benefit" as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to the application therefore:

- 1.           ✓           I am a United States Citizen.
  
- 2.                                  I am a legal permanent resident of the United States.
  
- 3.                                  I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:   .

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1 (e) (1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be described as:   

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I hereby declare under penalty of perjury that the foregoing information is true and correct.

Executed on Nov 15, 2018 in Hogansville (city), Ga. (state)

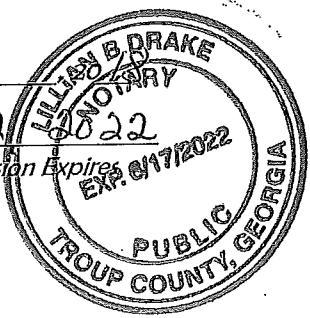
Signature of Business Representative:  Pro, Lesny LLC

Printed Name and Title of Business Representative: Jimmy D. McCamy Jr., Pro.

*For Notary Use Only*

Notary Public

15 day of Nov  
June 22  
Date my Commission Expires 06/22  
2022  
EXP. 01/17/2022





# Private Employer Affidavit of Compliance Pursuant to O.C.G.A 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. 36-60-6, stating affirmatively that the individual, firm or corporation:

- a) \_\_\_\_\_  
Employs **more than ten (10) employees** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Business: Family Life Center, Inc. Number of Employees: 01  
 Federal Work Authorization (E-Verify) User Identification Number: [REDACTED]  
 Date of Authorization (Date Number Obtained): 1/1/2016

OR

- b)  \_\_\_\_\_  
Verifies that it is exempt from compliance with O.C.G.A. 36-60-6, stating affirmatively that the individual, firm or corporation employs less than ten (10) employees and therefore is not required to register with and utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-90.

Name of Business: Family Life Center, Inc. Number of Employees: 1

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on Nov 15, 2018 in Hogansville (city),  
GA. (state)

Signature of Business Representative: \_\_\_\_\_

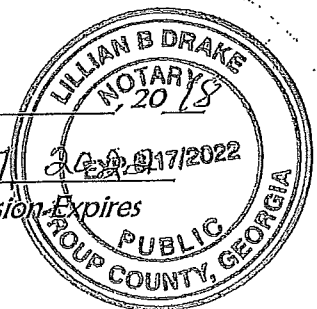
Printed Name and Title of Business Representative: Jimmy A. McCarty, Jr. Ph.D.

*For Notary Use Only*

Subscribed and sworn before me on this 15 day of Nov

Lillian B. Drake  
 Notary Public

June 17, 2022  
 Date my Commission Expires



Seal



# Business License Application Consent Form

I, Timmy D. McCamy, Jr., hereby authorize City of Hogansville staff to receive any criminal or driving history information pertaining to me, which may be in the files of any federal, state, or local criminal justice agency.

Timmy D. McCamy, Jr.  
Print Full Name

01/01/1968  
Date of Birth

[REDACTED]  
Social Security Number

[REDACTED]  
Driver's License Number

102 West Bacon Street  
Street Address

Lebrange  
City

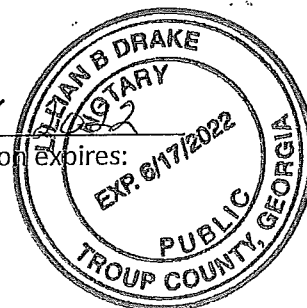
Ga.  
State

30240  
Zip Code

[Signature]  
Signature

Lillian B. Drake  
Notary

June 17, 2022  
Date my commission expires:



## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return)  
*Family Life Center, Inc.*

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶  
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)  
*405 West Tyler Street*

City, state, and ZIP code  
*Talbotton, Ga. 31827*

Requester's name and address (optional)

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number



**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here      Signature of U.S. person ▶ *[Signature]*      Date ▶ *11/15/2014*

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.