



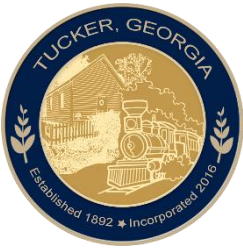
Planning and Zoning  
1975 Lakeside Parkway, Suite 350  
Tucker, GA 30084  
Phone: 678-597-9040  
Website: [www.tuckerga.gov](http://www.tuckerga.gov)

# Land Use Petition Application Checklist

## FOR ALL REZONINGS, COMPREHENSIVE PLAN AMENDMENTS, SPECIAL LAND USE PERMITS, MODIFICATIONS, AND CONCURRENT VARIANCES

REQUIRED ITEMS	NUMBER OF COPIES	CHECK <input type="checkbox"/>
One (1) digital copy of all submitted materials	• One (1) flash drive or CD in .JPEG, .PDF format	<input type="checkbox"/>
Pre-Application Meeting Form	• One (1) Copy	<input type="checkbox"/>
Public Participation Report	• One (1) Copy	<input type="checkbox"/>
Application, Signature Pages, Disclosure Form	• One (1) Copy each	<input type="checkbox"/>
Written Legal Description	• One (1) 8 ½ "x 11" Legal Description	<input type="checkbox"/>
Boundary Survey and Proposed Site Plan (See Page 9 for Requirements)	• One (1) Full-Size (24" x 36") Copy of each • One (1) 8 ½ "x 11" or 11x17 Site Plan of each	<input type="checkbox"/>
Building Elevations (renderings or architectural drawings to show compliance with Article 5)	• One (1) Copy	<input type="checkbox"/>
Letter of Intent	• One (1) Copy	<input type="checkbox"/>
Analysis of Standards/Criteria (See page 5)	• One (1) Copy	<input type="checkbox"/>
Environmental Site Analysis Form	• One (1) Copy	<input type="checkbox"/>
Trip Generation Letter (ITE Trip Generation Manual)	• One (1) Copy	<input type="checkbox"/>
<b>THE FOLLOWING ITEMS MAY BE REQUIRED</b>		
Traffic Impact Study (See Sec. 46-1309)	• One (1) Copy	<input type="checkbox"/>
Development of Regional Impact Review Form	• Three (3) Copies	<input type="checkbox"/>
Environmental Impact Report	• One (1) Copy	<input type="checkbox"/>
Noise Study Report	• One (1) Copy	<input type="checkbox"/>
Meeting with GDOT if impact to I-285 Eastside Express Lanes	• One (1) Copy	<input type="checkbox"/>
Other items required per the Zoning Ordinance	• One (1) Copy	<input type="checkbox"/>
<b>LAND USE PETITION FEE SCHEDULE</b>		
Residential Rezoning	\$500	<input type="checkbox"/>
Multifamily/Non-Residential Rezoning	\$750	<input type="checkbox"/>
Special Land Use Permit	\$400	<input type="checkbox"/>
Comprehensive Plan Amendment	\$1000	<input type="checkbox"/>
Modification	\$250	<input type="checkbox"/>
Variance (includes Concurrent Variance)	\$300	<input type="checkbox"/>
Public Notice Sign Fee	\$85 (per required sign)	<input type="checkbox"/>

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# Land Use Petition Application

Type of Application: ☐ Rezoning ☐ Comprehensive Plan Amendment ☒ Special Land Use Permit  
☐ Concurrent Variance ☐ Modification

## APPLICANT INFORMATION

Applicant is the: ☐ Property Owner ☒ Owner's Agent ☐ Contract Purchaser

Name: SALUBRIOUS SPA MASSAGE & BODY SCULPTING L.L.C C/O Battle Law P.C.

Address: 3562 Habersham at Northlake, Bldg J, Suite 100

City: Tucker State: GA Zip: 30084

Contact Name: Michele Battle, Esq.

Phone: 404-601-7616 Email: jeb@battlelawpc.com & mlb@battlelawpc.com

## OWNER INFORMATION

Name: Northlake Atrcorinth Partners LLC

Address: 12700 PARK CENTRAL DR STE 110

City: Dallas State: Texas Zip: 75251

Contact Name: Frank Mihalopoulos

Phone: 214-219-5600 Email: frank@corinthproperties.com

## PROPERTY INFORMATION

Property Address: 4800 BRIARCLIFF ROAD ATLANTA, GA 30345, Suite #2033

Present Zoning District(s): C1 Requested Zoning District(s): N/A

Present Land Use Category: Commercial Requested Land Use Category: N/A

Land District: 2 Land Lot(s): 209 Acreage: 22.6408

Proposed Development: SLUP to allow for a massage establishment.

Concurrent Variance(s): N/A

## RESIDENTIAL DEVELOPMENT

No. of Lots/Dwelling Units: Dwelling Unit Size (Sq. Ft.): Density:

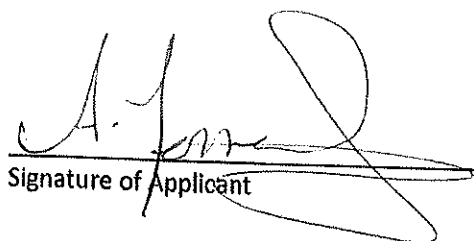
## NON-RESIDENTIAL DEVELOPMENT

No. of Buildings/Lots: 1 Total Building Sq. Ft.: 1,440 unit Density:

APPLICANT'S CERTIFICATION



THE UNDERSIGNED BELOW STATES UNDER OATH THAT THEY ARE AUTHORIZED TO MAKE THIS APPLICATION. THE UNDERSIGNED IS AWARE THAT NO APPLICATION OR REAPPLICATION AFFECTING THE SAME LAND SHALL BE ACTED UPON WITHIN 24 MONTHS FROM THE DATE OF LAST ACTION BY THE MAYOR AND CITY COUNCIL.

  
Signature of Applicant

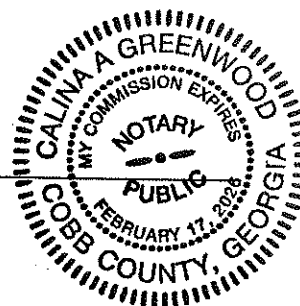
4/14/2025  
Date

Ashana Forester  
Type or Print Name and Title

  
Signature of Notary Public

04/14/25  
Date

Notary Seal



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## PROPERTY OWNER'S CERTIFICATION

I do solemnly swear and attest, subject to criminal penalties for false swearing, that I am the legal owner, as reflected in the records of DeKalb County, Georgia, of the property identified below, which is the subject of the attached Land Use Petition before the City of Tucker, Georgia. As the legal owner of record of the subject property, I hereby authorize the individual named below to act as the applicant in the pursuit of the Application for Rezoning (RZ), Comprehensive Plan Amendment (CA), Special Land Use Permit (SLUP), Modification (M) & Concurrent Variance (CV) in request of the items indicated below.

I, Frank Michalopoulos, authorize, SALUBRIOUS SPA MASSAGE AND BODY SCULPTING L.L.C.  
(Property Owner) (Applicant)

to file for SLUP, at 4800 Briarcliff Road Suite #2033, Atlanta GA, 30345  
(RZ, CA, SLUP, M, CV) (Address)

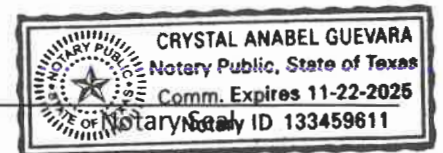
on this date April, 8, 2025  
(Month) (Day)

- I understand that if a rezoning is denied or assigned a zoning classification other than the classification requested in the application, then no portion of the same property may again be considered for rezoning for a period of twenty-four (24) months from the date of the mayor and city councils' final decision.
- I understand that if an application for a special land use permit affecting all or a portion of the same property for which an application for the same special land use was denied shall not be submitted before twenty-four (24) months have passed from the date of final decision by the mayor and city council on the previous special land use permit.
- I understand that failure to supply all required information (per the relevant Applicant Checklists and requirements of the Tucker Zoning Ordinance) will result in REJECTION OF THE APPLICATION.
- I understand that preliminary approval of my design plan does not authorize final approval of my zoning or signage request. I agree to arrange additional permitting separately, after approval is obtained.
- I understand that representation associated with this application on behalf of the property owner, project coordinator, potential property owner, agent or such other representative shall be binding.

[Signature] 4/8/25  
Signature of Property Owner Date

Frank Michalopoulos owner as member of NMATR Lovin's Ownership LLC  
Type or Print Name and Title

[Signature] 4/8/25  
Signature of Notary Public Date



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## DISCLOSURE REPORT FORM

WITHIN THE (2) YEARS IMMEDIATELY PRECEDING THE FILING OF THIS ZONING PETITION HAVE YOU, AS THE APPLICANT OR OPPONENT FOR THE REZONING PETITION, OR AN ATTORNEY OR AGENT OF THE APPLICANT OR OPPONENT FOR THE REZONING PETITION, MADE ANY CAMPAIGN CONTRIBUTIONS AGGREGATING \$250.00 OR MORE OR MADE GIFTS HAVING AN AGGREGATE VALUE OF \$250.00 TO THE MAYOR OR ANY MEMBER OF THE CITY COUNCIL.

CIRCLE ONE:                      YES (if YES, complete points 1 through 4);                      ~~NO~~ (if NO, complete only point 4)

1.            CIRCLE ONE:                      **Party to Petition** (If party to petition, complete sections 2, 3 and 4 below)

**In Opposition to Petition** (If in opposition, proceed to sections 3 and 4 below)

2.            List all individuals or business entities which have an ownership interest in the property which is the subject of this rezoning petition:

1.	5.
2.	6.
3.	7.
4.	8.

3.            CAMPAIGN CONTRIBUTIONS:

Name of Government Official	Total Dollar Amount	Date of Contribution	Enumeration and Description of Gift Valued at \$250.00 or more

4.            The undersigned acknowledges that this disclosure is made in accordance with the Official Code of Georgia, Section 36-67A-1 et. seq. Conflict of interest in zoning actions, and that the information set forth herein is true to the undersigned's best knowledge, information, and belief.

Name (print)                      Michele L. Battle

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

Date: 4/14/2025

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PLANNING & ZONING  
DEPARTMENT



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CIRCLE ONE:

YES (If YES, complete points 1 through 4);

NO (If NO, complete only point 4)

1. CIRCLE ONE: Party to Petition (If party to petition, complete sections 2, 3 and 4 below)

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Name (print)

Aghana Forrester

Signature:

Date:

4/14/2025

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CIRCLE ONE:

YES (if YES, complete points 1 through 4);

**NO** (if NO, complete only point 4)

1. CIRCLE ONE:

**Party to Petition** (If party to petition, complete sections 2, 3 and 4 below)

**In Opposition to Petition** (If in opposition, proceed to sections 3 and 4 below)

Salubrious Spa Massage & Body Sculpting LL

2. List all individuals or business entities which have an ownership interest in the property which is the subject of this rezoning petition:

- |                                       |          |
|---------------------------------------|----------|
| 1. <u>Nm ATKcorinth Ownership LLC</u> | 5. _____ |
| 2. _____                              | 6. _____ |
| 3. _____                              | 7. _____ |
| 4. _____                              | 8. _____ |

3. CAMPAIGN CONTRIBUTIONS:

Name of Government Official	Total Dollar Amount	Date of Contribution	Enumeration and Description of Gift Valued at \$250.00 or more

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Name (print) Frank Mihalopoulos

Signature:  Date: 4/18/25 **07/18/2025**

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