



Planning and Zoning
1975 Lakeside Parkway, Suite 350
Tucker, GA 30084
Phone: 678-597-9040
Website: www.tuckerga.gov

Land Use Petition Application

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

APPLICANT INFORMATION

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

Name: Care One Institute

Address: 3790 Corral Way

City: Lilburn

State: GA

Zip: 30047

Contact Name: Nadine Johnson

Phone: 404-707-0370

Email: careoneinstitute@gmail.com

OWNER INFORMATION

Name: Lucre Unlimited LLC.

Address: 3924 Briarglen Court

City: Atlanta

State: GA

Zip: 30340

Contact Name: Lucinda Maynard

Phone: 678-218-2913

Email: cmaynardatl@gmail.com

PROPERTY INFORMATION

Property Address: 5066 Lavista Road

Present Zoning District(s): C3

Requested Zoning District(s):

Present Land Use Category: OFFICE PARK GOOD

Requested Land Use Category:

Land District:

Land Lot(s):

Acreage: .49

Proposed Development:

Concurrent Variances: N/A

RESIDENTIAL DEVELOPMENT

No. of Lots/Dwelling Units:

Dwelling Unit Size (SF):

Density:

NON-RESIDENTIAL DEVELOPMENT

No. of Buildings/Lots:

Total Building (SF):

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.

NJ
Signature of Applicant

12/30/2025
Date

Nadine Johnson, CEO
Type or Print Name and Title

Doreen R. Francis
Signature of Notary Public

12/30/2025
Date

Notary Seal



RECEIVED
CITY OF TUCKER

01/02/2026

PROPERTY OWNER'S CERTIFICATION

I do solemnly swear and attest, subject to criminal penalties for false swearing, that I am the legal owner or that I am authorized to bind the legal owner if the legal owner is not a natural person, 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. In doing so I acknowledge that they are acting on my behalf in all matters concerning this application.

I, Lucinda Maynard, authorize, Care One Institute,
(Property Owner) (Applicant)

to file for SLUP, at 5066 Lavista Rd, Tucker, GA 30084
(RZ, CA, SLUP, M, CV) (Address)

on this date December 30, 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 council's 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.
- I understand that I will not receive additional notice regarding any hearings, meetings, staff recommendations, or other actions by the city regarding this application.
- I understand that the governing authority of the City of Tucker exercises legislative powers granted directly by the State Constitution and that they may utilize those powers in making decisions about this application in the interests of the public health, safety, and welfare.

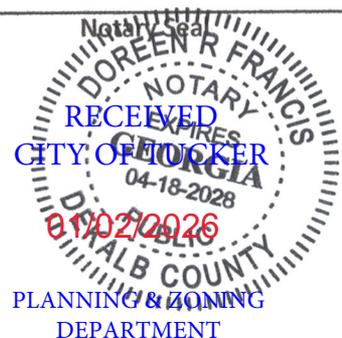
[Signature]
Signature of Property Owner

12/30/25
Date

Lucinda L Maynard
Type or Print Name and Title

[Signature]
Signature of Notary Public

12/30/2025
Date



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): Lucinda Maynard

Signature:  Date: 12/30/2025

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