

City of Sugar Hill  
Planning Staff Report  
**TCO Design Review 24-005**

**DATE:** October 30, 2024  
**TO:** Mayor and Council, Design Review Board  
**FROM:** Planning Director  
**SUBJECT:** Town Center Overlay (TCO) Design Review  
5305 Nelson Brogdon Blvd., Accessory Storage Structure

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RECOMMENDED ACTION

**Approval of the site plan and buildings in material and architectural detail with the following conditions:**

- 1. Final designs shall substantially resemble the attached exhibits labeled Exhibit 1 through 2.**

**REQUEST** The City of Sugar Hill has received an application from Gary Nicholson requesting design review board approval to construct a shed on the property of an existing business located within the Town Center Overlay (TCO) at 5305 Nelson Brogdon Blvd.

DISCUSSION

- The property is currently developed as the Sugar Hill Animal Hospital, a longstanding business in the Sugar Hill community.
- The proposed shed is located towards the rear of the property, within an existing fenced dog run, and will be used for dry storage relating to animal hospital operations. A number of other accessory structures, primarily animal play structures, are located throughout the property.
- The 10'x16' shed is a gambrel barn style, similar to a portion of the primary structure, finished in red with black trim. No utilities will be provided, and no land disturbance is necessary for the installation of the shed.

APPLICANT: Gary Nicholson

PROPERTY OWNER: Hamryka Sugar Hill Property LLC

EXISTING ZONING: Light Manufacturing (LM) within the Town Center Overlay District (TCO)

REQUEST: Design review approval, Accessory Storage Structure

PROPERTY SIZE: ± 2.35 Acres, Tax Parcels #: R7-306-040, R7-306-040B, and R7-306-284

LOCATION: 5305 Nelson Brogdon Blvd., Sugar Hill, GA, 30518

DESIGN REVIEW CRITERIA

1. *Is the proposed project consistent with the adopted design guidelines for the type of development, and/or the proposed use?*

Yes. The proposed improvement conforms to the guidelines in scale and overall architectural type of the TCO district.

2. *Is the proposed project consistent and compatible with the nature and character of the surrounding areas?*

Yes, this proposal is consistent with the design standards of the Town Center Overlay and will complement the existing barn-style wing of the primary structure.

3. *Are the site design, landscaping, general design, character, arrangement and scale of buildings, texture, materials and colors of the project similar to or compatible with features or structures in the area.*

Yes.

4. *Will the interior arrangement or use have any effect on exterior architectural features and otherwise complies with the standards of this ordinance?*

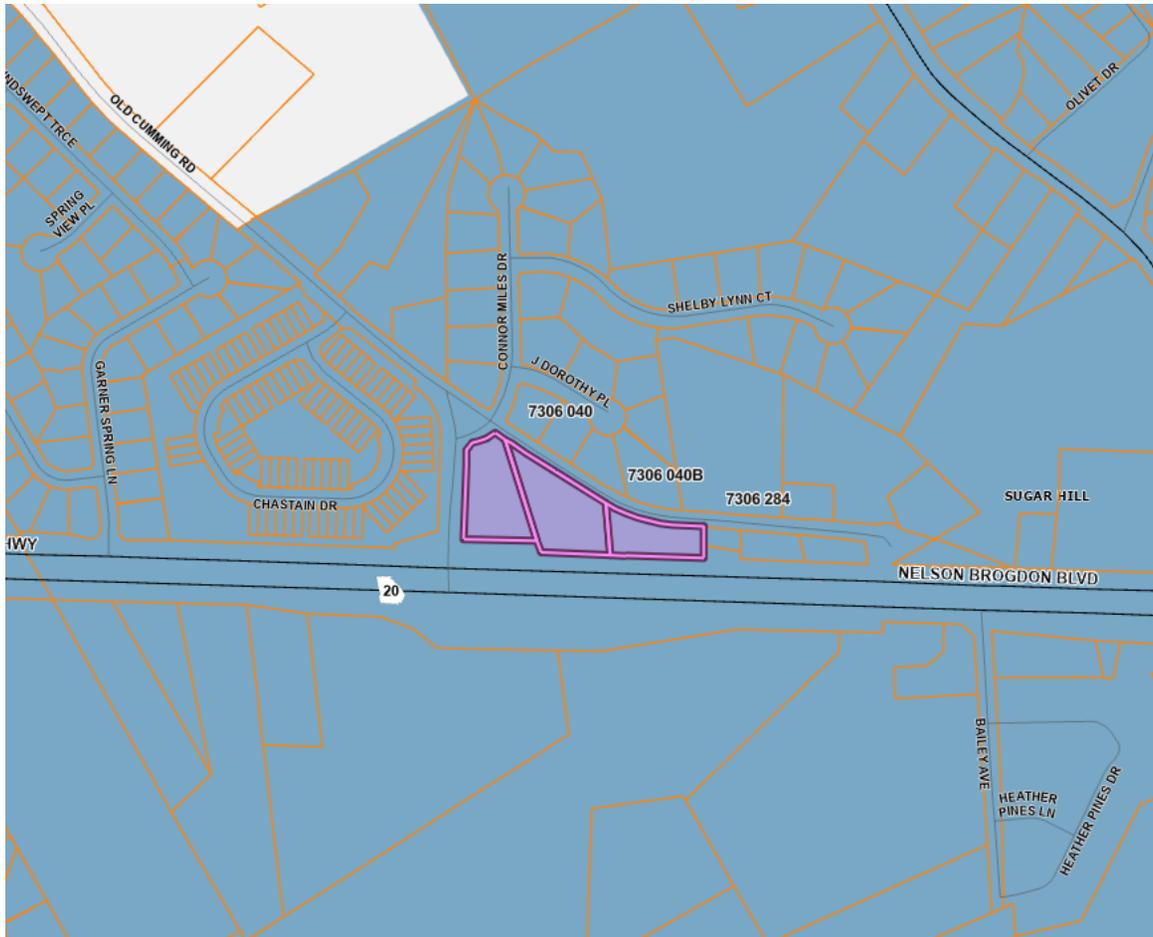
No.

5. *Does the project contribute or resemble the following criteria for considering a design inappropriate?*

- a. *Character foreign to the area.*
- b. *Arresting and spectacular effects.*
- c. *Violent contrasts of material or color, or intense or lurid colors.*
- d. *A multiplicity or incongruity of details resulting in a restless and disturbing appearance.*
- e. *The absence of unity and coherence in composition not in consonance with the density and character of the present structure or surrounding area.*

No.

DRB-TCO 24-005  
Gary Nicholson  
Design Review Approval LM/TCO  
Accessory Storage for Commercial  
LOCATION MAP





## Letter of Intent

Tuff Shed Storage Buildings and Garages of Atlanta are building a 10' wide by 16' long barn style storage building for Sugar Hill Animal Hospital located at 5305 Nelson Brogdon Blvd. Sugar Hill, Ga 30518. This building will be used for dry storage. There will be no land disturbances or utilities associated with this building.

Thank You,

A handwritten signature in blue ink, appearing to read 'Gary Nicholson', written over a horizontal line.



**Gary Nicholson**

Permit Technician #560

Authorized Home Depot Service Provider

O: 404.602.9407 D: 404.419.2660 M: 470.277.4668

E: [gnicholson@tuffshed.com](mailto:gnicholson@tuffshed.com)

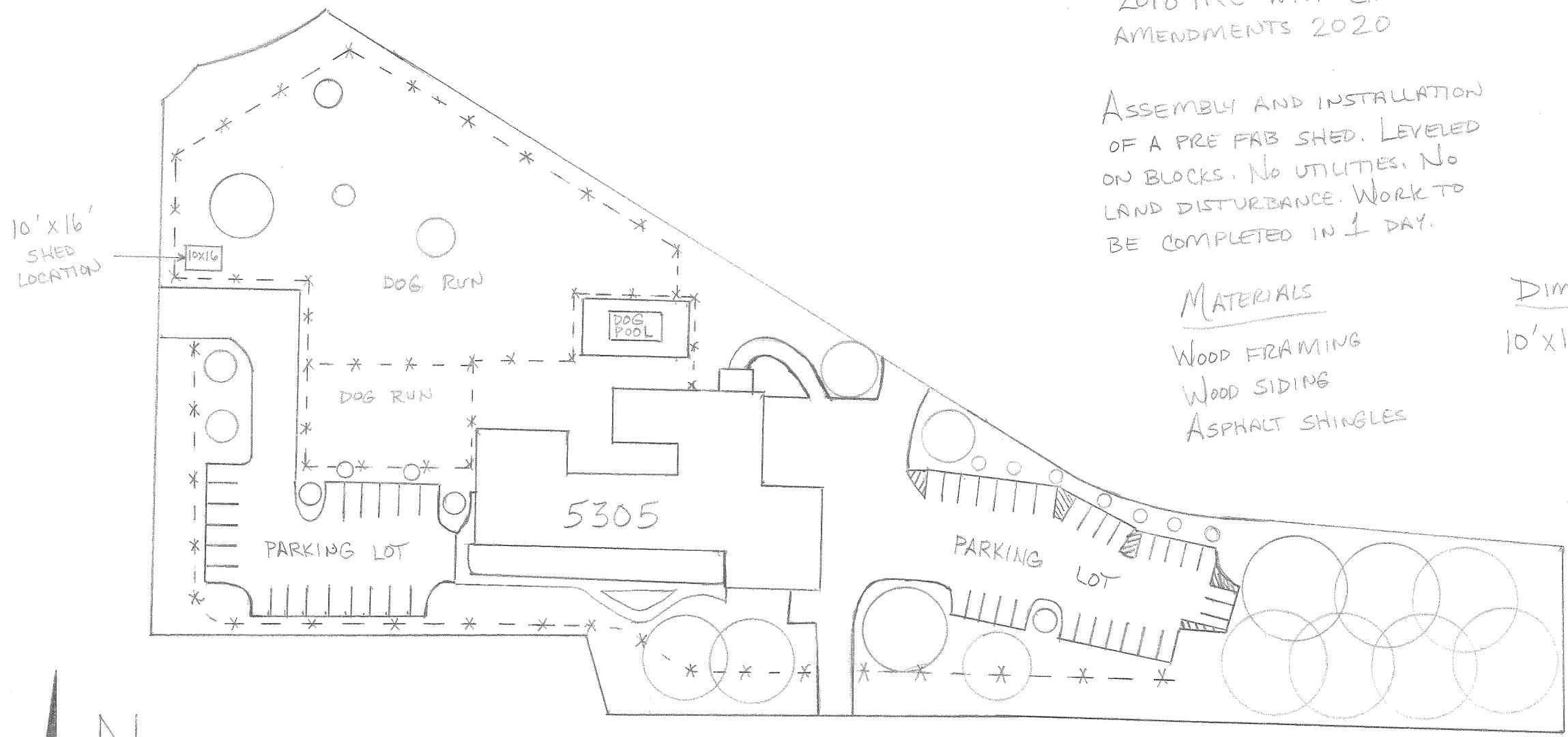
5305 NELSON BROGDON BLVD.  
SUGAR HILL GA. 30518

2018 IRC WITH GA.  
AMENDMENTS 2020

ASSEMBLY AND INSTALLATION  
OF A PRE FAB SHED. LEVELED  
ON BLOCKS. NO UTILITIES. NO  
LAND DISTURBANCE. WORK TO  
BE COMPLETED IN 1 DAY.

MATERIALS  
WOOD FRAMING  
WOOD SIDING  
ASPHALT SHINGLES

DIMENSIONS  
10' x 16' x 12' 6"

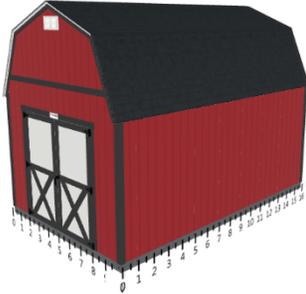


NELSON BROGDON BLVD.



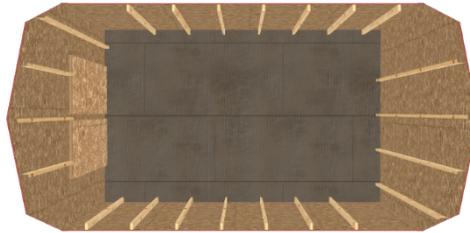


Sugar Hill Animal Hospital  
5305 Hwy 20  
Sugar Hill GA 30518  
Q9479126-9453447



Wall D

Wall A



Wall C

Wall B

**Base Details/Permit Details**

**Building Size & Style**

TB-700 - 10' wide by 16' long

**Paint Selection**

Base: Red Gumball, Trim: Black Magic,  
Accent (Doors): Delicate White

**Roof Selection**

Charcoal 3 Tab

**Drip Edge**

White

**Is a permit required for this job?**

Yes

**Who is pulling the permit?**

Tuff Shed

**Optional Details**

**Doors**

3' x 6'2" Double Door (6'), LowerX,  
Decorative Door Hardware

**Roof**

257 Sq Ft Radiant Barrier Roof Decking

**Floor and Foundation**

160 Sq Ft 3/4" Treated Floor Decking  
Upgrade  
4 Ea Shed Anchor into Dirt - Auger or  
MR88

**Interior**

40 Sq Ft Overhead Loft

**Vents**

2 Ea 16"x8" Wall Vent - White

**Loft**

Wall C - Straight Loft, 4' Deep Wall C

**Jobsite/Installer Details**

**Do you plan to insulate this building after  
Tuff Shed installs it?**

No

**Is there a power outlet within 100 feet of  
installation location?**

Yes

**The building location must be level to  
properly install the building. How level  
is the install location?**

Within 4" of level

**Will there be 24" of unobstructed  
workspace around the perimeter of all  
four walls?**

Yes

**Can the installers park their pickup truck &  
trailer within approximately 200' of  
your installation site?**

Yes

**Substrate Shed will be installed on?**

Dirt/Gravel

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DESIGN REVIEW APPLICATION

Town Center Overlay

Central Business District

APPLICANT INFORMATION

Name: GARY NICHOLSON Address: 3700 DEKALB TECH PKWY  
Phone: 470-277-4668 ATLANTA GA 30340  
Fax: \_\_\_\_\_  
Email: gmicholson@tuffshed.com

PROPERTY OWNER INFORMATION

Name: SUGAR HILL ANIMAL HOSPITAL Address: 5305 NELSON BROGDON DR  
Phone: 770-271-7777 SUGAR HILL GA 30518  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

CONTACT INFORMATION

Name: GARY NICHOLSON Phone: [REDACTED]  
Fax: \_\_\_\_\_ Email: gmicholson@tuffshed.com

If multiple property owners, all property owners must fill out separate applications.

PROPERTY INFORMATION

Parcel Number: \_\_\_\_\_  
Address: 5305 NELSON BROGDON DR.  
Present Zoning: \_\_\_\_\_ Acreage: \_\_\_\_\_

REQUEST, please give a brief description of the request:

REQUESTING PERMIT FOR AN ACCESSORY STRUCTURE  
FOR DRY STORAGE @ SUGAR HILL ANIMAL HOSPITAL

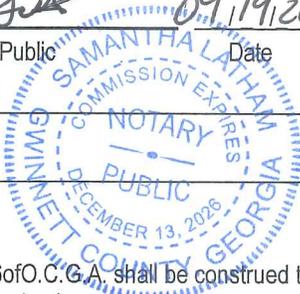
[Signature] 9/19/24  
SIGNATURE OF APPLICANT DATE

\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER DATE

**CONFLICT OF INTEREST CERTIFICATION**

The undersigned below, making application for a Design Review Application has complied with the O.C.G.A. § 36-67A, et. Seq., Conflict of Interest in Zoning Actions and has submitted or attached the required information on the forms provided. Title 36 relates to disclosure of financial interest, campaign contributions, and penalties for violating O.C.G.A.

[Signature] 9/19/24  
Signature of Applicant Date Signature of Applicant's Attorney Date  
GARY NICHOLSON  
Type or Print Name and Title Type or Print Name and Title  
[Signature] 09/19/2024  
Signature of Notary Public Date Signature of Notary Public Date



**DISCLOSURE STATEMENT**

Nothing in Chapter 36 of O.C.G.A. shall be construed to prohibit local government official from voting on a zoning decision when the local government is adopting a zoning ordinance for the first time or when a local government is voting upon a revision of the zoning ordinance initiated by the local government pursuant to a comprehensive plan as defined in Chapter 70 of this title.

- No, I have not made any campaign contribution to City Officials voting on this application exceeding \$250.00 in the past two years.
- Yes, I have made campaign contributions to City Officials voting on this application exceeding \$250.00 in the past two years.

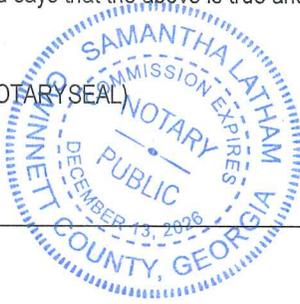
To Whom: \_\_\_\_\_ Value of Contribution: \_\_\_\_\_ Date of Contribution: \_\_\_\_\_ I

have read and understand the above and hereby agree to all that is required by me as the applicant.

[Signature] 9/19/24 GARY NICHOLSON  
Signature of Applicant Date Applicant Type or Print Name

Personally appeared before me who on oath disposes and says that the above is true and to the best of his or her knowledge and belief.

[Signature] 09/19/2024 (NOTARY SEAL)  
Notary Public Signature Date



**AUTHORIZATION BY PROPERTY OWNER**

I, GARY NICHOLSON, being duly sworn upon his/her oath, being of sound mind and legal age deposes and states; that he/she is the owner of the property which is the subject matter of the attached applications, as is shown in the records of City of Sugar Hill, Sugar Hill, Georgia.

He/She authorizes the person named below to act as applicant in the pursuit of a Variance of this property.

I hereby authorize staff of the City of Sugar Hill, Department of Planning and Development to inspect the premises, which is the subject of this application.

**APPLICANT INFORMATION**

Name: GARY NICHOLSON

Address: 3700 DEKALB TECH PKWY

Phone: 

ATLANTA GA 30340

Fax: \_\_\_\_\_

\_\_\_\_\_

Email: gnicholson@tuffshed.com

**VERIFICATION OF CURRENT PAID PROPERTY TAXES FOR APPLICATION**

The undersigned below is authorized to make this application. The undersigned certifies that all the City of Sugar Hill property taxes, billed to date for the parcel listed below have been paid in full. In no case shall an application or reapplication for rezoning/variance be processed without such property verification.

\*NOTE: A separate verification for must be completed for each tax parcel included in the Variance request.

Tax Parcel Number: \_\_\_\_\_

Gary Nicholson  
SIGNATURE OF APPLICANT

9/19/24  
DATE

GARY NICHOLSON  
TYPE OR PRINT NAME