

# APPLICATION FOR VARIANCE TO SIDE SETBACK IN R-2 Residential District


<b>Name and Address of Applicant:</b> Lee Ford Terry & Donna F. Terry 4265 Athens Drive Jackson, MS 39211 – 601-956-9211	<b>Street Address of Property (if different address):</b> Lot 4, Lake Cavalier Sub., Part 5 142 Meadow Lane Madison, MS 39110
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APPLICATION DATE	Present Zoning of Property	Legal Description of Property:	TAX PARCEL NUMBER	FLOOD ZONE	MAP/PLAT OF PROPERTY
October 31, 2017	R-2 Res	See (Exhibit A)	071C-08c-007/00	X	See (Exhibit B)

**Other Comments:** As per Article 2605 of the Madison County Zoning Ordinance.

Comments      Petitioner requests a variance to side setback to construct and occupy residence

Respectfully Submitted,

  
 \_\_\_\_\_  
 Lee Ford Terry

  
 \_\_\_\_\_  
 Donna Terry



Petition submitted to Madison County Planning and Development Commission on \_\_\_\_\_

Recommendation of Madison County Planning and Development Commission on Petition \_\_\_\_\_

Public Hearing date as established by the Madison County Board of Supervisors \_\_\_\_\_

Final disposition of Petition \_\_\_\_\_

## Petitioner's Request to Madison County Board of Supervisors

Lee Ford Terry and Donna Terry are requesting a variance to the side setback required in the R-2 Residential District. The property in question is Lot 4, Lake Cavalier Subdivision, part 5. The purpose of this request is to construct a new residence on this lot. The existing structure is old, and will be demolished and removed.

The attached site plan depicts the lot lines and the footprint of the planned residence. These lots are narrow, and constructing a residence that is in character with the neighborhood will require a variance. The site plan shows the encroachment into the 10 foot setback that will be necessary to locate our home on this lot. The site plan is identified as Exhibit B in the petition.

The Lake Cavalier Homeowners Association has approved our request, and a letter verifying approval is attached as Exhibit C. The adjacent lots owners have given their approval of our request for a variance, and those letters are attached as Exhibit D.

We thank you for your consideration. Approval of the variance will not only allow us to build our home, but will be an improvement to the Lake Cavalier neighborhood.

EXHIBIT "A"

BOOK 3526 PAGE 165 DOC 01 TY W  
INST # 821569 MADISON COUNTY MS.  
This instrument was filed for  
record 9/25/17 at 10:00:55 AM  
RONNY LOTT, C.C. BY: ILB D.C.

Prepared by:

Jack W. Cooke, Jr., P. A. 209-12.00  
Attorney at Law  
1437 Old Square Road, Suite 106  
Jackson, Mississippi 39211  
(601) 981-1912  
File #170300

GRANTOR ADDRESS:

Judy H. Terry, wife and surviving  
spouse of Denny A. Terry and  
heir at law  
3651 Woodward Pl.  
Jackson, MS 39216  
601-982-5338

GRANTEES ADDRESS:

Lee Ford Terry  
Donna Foster Terry  
4265 Athens Dr.  
Jackson, MS 39211  
601-956-9211

*INDEXING INSTRUCTIONS: Lot 4, Lake Cavalier Subdivision, Part 5, Madison County,  
Mississippi*

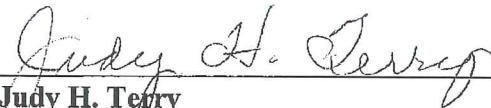
QUITCLAIM DEED

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid and other good, legal and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, **Judy H. Terry**, (surviving Joint Tenant of Denny A. Terry death certificate attached hereto), Grantor, does hereby convey and quitclaim unto **Lee Ford Terry and Donna Foster Terry**, Grantees, as joint tenants with full rights of survivorship and not as tenants in common, the land and property which is situated in **Madison** County, State of Mississippi, described as follows, to-wit:

See Exhibit "A" attached hereto and incorporated herein.

This description was provided by the Grantor and this Quitclaim Deed was prepared without benefit of a title examination and the attorney preparing this deed makes no representation as to the accuracy thereof.

WITNESS MY SIGNATURE this the 21 day of **September, 2017**.

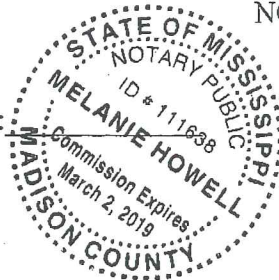
  
\_\_\_\_\_  
Judy H. Terry

STATE OF MISSISSIPPI  
COUNTY OF Hinds

PERSONALLY CAME AND APPEARED BEFORE ME, the undersigned authority in and for the said county and state, on this the 21 day of September, 2017, within my jurisdiction, the within named, **Judy H. Terry**, who acknowledged that she executed the above and foregoing instrument.

  
\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES:



## LEGAL DESCRIPTION OF PROPERTY

LOT 4, LAKE CAVALIER SUBDIVISION, PART 5, a subdivision in and to Madison County, State of Mississippi, according to the map or plat thereof on file and of record in the office of the Chancery Clerk of Madison County at Canton, Mississippi, reference to which said map or plat is hereby made in aid of and as a part of this description.

Together with all Grantor's interest, if any, in that perpetual easement on, over and across the following described real property:

That parcel of land situated between Lots 1, 2, 3, 4 and 5 of said Subdivision and the high-water level of Lake Cavalier described and located as follows: The South line of said parcel shall be the North line of Lots 1, 2, 3, 4 and 5 of said Subdivision, the West line thereof shall be an extension or projection of the West line of said Lot 1 from the Northwest corner of said lot to the high—water level of Lake Cavalier, the North line thereof shall be the high-water level of Lake Cavalier, and the East line shall be an extension, or projection, of the East line of Lot 5, from the Northeast corner thereof to the high—water level of Lake Cavalier. The "high-water" level of Lake Cavalier shall be the elevation at the present Lake Cavalier spillway crest.

## LESS AND EXCEPT:

A parcel of land containing 2,396 square feet situated in Lot 4, Lake Cavalier Subdivision, Part 5, a subdivision in and to Madison County, State of Mississippi, according to the map or plat thereof on file and of record in the office of the Chancery Clerk of Madison County at Canton, Mississippi, in Plat Cabinet A, Slot 124, reference to which map or plat is hereby made in aid of and as a part of this description, as conveyed by Lillian H. Saik to Jamie L. Ward and Gayden Ward in that Warranty Deed of record in Book 510 at Page 759 and as same is more particularly described as follows:

Begin at the Northeast corner of aforesaid Lot 4, Lake Cavalier, Part 5, and run South 09°32'30" East along the Eastern boundary of said Lot 4 for a distance of 220.84 feet to the Southeast corner thereof, leaving said Eastern boundary, run thence North 18°42'00" West for a distance of 87.95 feet; thence, North 09°24'03" West for a distance of 124.42 feet to the Northern boundary of said Lot 4; thence, North 45°26'40" East along said Northern boundary for a distance of 16.72 feet to the Point of Beginning.

The "high-water" level of Lake Cavalier shall be the elevation at the present Lake Cavalier spillway crest.

# STATE OF MISSISSIPPI

BOOK 3526 PAGE 16  
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## MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS



11436363

FILING DATE NOV 18 2014 CERTIFICATE OF DEATH STATE OF MISSISSIPPI STATE FILE NUMBER 123-2014-011777

1. DECEDENT'S LEGAL NAME (First, Middle, Last) <b>Denny Austin Terry</b>		2. SEX <b>male</b>	3a. HOUR OF DEATH <b>9:46 P.</b>	3b. DATE OF DEATH (Month, Day, Year) <b>11/02/2014</b>
4. RACE (Check one or more races to indicate what the decedent considered himself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Asian (Specify): <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled tribe or tribal tribe) <input type="checkbox"/> Other (Specify):				
5a. AGE AT LAST BIRTHDAY <b>77</b>	5b. ONLY IF UNDER 1 YEAR 5b. MOS 5b. DAYS 5b. HOURS 5b. MINS	6. DATE OF BIRTH (Month, Day, Year) <b>Dec. 12, 1936</b>	7. BIRTH PLACE (State or Foreign Country) <b>MS</b>	
8. PLACE OF DEATH (Check only one box) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> Home <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): IF DEATH OCCURRED IN A HOSPITAL				
9a. FACILITY NAME (If not a facility, give street address, room number, or other location) <b>3651 Woodward Pl</b>		9b. CITY, TOWN OR LOCATION OF DEATH <b>Jackson</b>	9c. ZIP CODE <b>39216</b>	9d. COUNTY OF DEATH <b>Hinds</b>
10. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at time of death. <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college, no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, Ed, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., Ph.D., Ed.D) or Professional degree (e.g., MD, DDS, DVM, LL.B., JD) <input type="checkbox"/> Unknown				
11. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married (last name) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown 11. SURVIVING SPOUSE (If with, give maiden name) <b>Julia Horne</b> 13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>YES</b>				
14. DEPENDENT OF HISPANIC OR CHINESE (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino or Chinese) <input type="checkbox"/> Not of Hispanic or Chinese descent <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ <input type="checkbox"/> Yes, Chinese				
15. SOCIAL SECURITY NUMBER		16a. USUAL OCCUPATION (Kind of work done most of working life) <b>Owner/HVAC</b>		16b. KIND OF BUSINESS OR INDUSTRY <b>Mechanical Engineering</b>
17a. RESIDENCE STATE <b>MS</b>	17b. COUNTY <b>Hinds</b>	17c. CITY OR TOWN <b>Jackson</b>	17d. ZIP CODE <b>39216</b>	17e. STREET AND NUMBER OR RURAL LOCATION <b>3651 Woodward Pl.</b>
18. FATHER'S NAME (First, Middle, Last) <b>Denson Albert Terry</b>		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Lolita Conerly</b>		
20a. INFORMANT - NAME (Type of print) <b>Julia Terry</b>		20b. RELATIONSHIP TO DECEDENT <b>Spouse</b>	20c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>3651 Woodward Pl, Jackson, MS 39216</b>	
21a. DISPOSITION OF BODY (Specify: Burial, Cremation, Removal, etc.) <b>Burial</b>		21b. CEMETERY/CREMATORY - NAME <b>Parkway Mem. Cem.</b>	21c. LOCATION (City and State) <b>Ridgeland, MS</b>	21d. FUNERAL DIRECTOR - SIGNATURE AND LICENSE NUMBER <b>Herbert Wood F5425</b>
22a. FUNERAL HOME (Who first received custody of body) <b>Parkway Funeral Home 45W</b>		22b. FUNERAL HOME LICENSE NUMBER <b>FE-22</b>	22c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>P.O. Box 1618, Ridgeland, MS 39158</b>	
22d. FUNERAL HOME (If body was transferred prior to disposition)		22e. MAILING ADDRESS (Street and number, City or town, State, ZIP Code)		
23a. PERSON WHO PRONOUNCED DEATH (Name and Title) (Type of print) <b>Victor Beckley DME</b>		23b. PRONOUNCED DEAD (Month, Day, Year) <b>ON 11/02/2014</b>		23c. PRONOUNCED DEAD (Time) <b>AT 10:49 P.</b>
24a. NAME OF CERTIFYING PHYSICIAN OR CORONER (Type of print) <b>Victor Beckley</b>		24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) <b>P.O. Box 1452 Jackson MS 39215</b>		
25a. SIGNATURE <b>Victor Beckley</b>		25b. DATE SIGNED (Month, Day, Year)	25c. STATE LICENSE NUMBER <b>MD00</b>	25d. TITLE <b>DME</b>
26a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type of print)		26b. DATE SIGNED (Month, Day, Year) <b>11/03/2014</b>		
26. CAUSE OF DEATH PART I - Enter the chain of events - disease, injuries, or complications - that directly caused the death. DO NOT enter multiple terms such as cardiac arrest, shock, or fatal fall without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS. Intervals between cause and death				
(a) <b>Sudden Cardiac Arrhythmia Death</b>				
(b) <b>END STAGE PROSTATE CANCER</b>				
(c) _____				
(d) _____				
27. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I.				
30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		31. IF FEMALE: <input type="checkbox"/> NOT pregnant within the past year <input type="checkbox"/> PREPREGNANT (time of death) <input type="checkbox"/> NOT pregnant, BUT PREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> NOT pregnant, BUT PREGNANT 43 DAYS TO 1 YEAR BEFORE DEATH <input type="checkbox"/> Unknown if pregnant within the past year		
32a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		32b. DATE OF INJURY (Month, Day, Year)	32c. TIME OF INJURY	32d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED
32e. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):				
32f. INJURY AT WORK (Yes or No)		32g. PLACE OF INJURY (Specify Home, Farm, Street, Place, Office building, etc.)	32h. LOCATION (Street or route number)	32i. CITY OR TOWN

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

11/21/2014 *Judy Moulder*

Judy Moulder  
STATE REGISTRAR

**WARNING:** A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

**VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW**

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



THE PAGE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.

EXHIBIT "C"

LACAV IMPROVEMENT ASSOCIATION  
BUILDING PERMIT APPLICATION  
FOR VARIANCE ONLY

Date: October 18, 2017

Lot Owner: Ford and Donna Terry

Address: 142 Meadow Lane

Lot No: 4 Part No. 5

Builder or Contractor: AUGUSTA CONSTRUCTION, INC.

*WE,* I, LEE FORD TERRY AND DONNA F. TERRY, the owner of this lot, will not commence construction or site work or allow it to commence without the issuance of a building permit by the LaCav Improvement Association Board of Directors.

Signature of Property Owner: *Lee Ford Terry* *Donna Terry* *10/20/17*

Date: *10/20/17*

The Lake Cavalier Board of Directors gives its permission for the builder to request a variance for new construction on this lot.

No building shall commence until all plans required by the Board of Directors have been presented and approved by the Architectural Committee and the Board.

Tom Hudson  
Board of Directors President

*Tom Hudson*  
*10-20-17*

EXHIBIT "D"

A.W. and Susan Greer  
144 Meadow Lane  
Madison, MS 39110

October 10, 2017

Madison County Planning and Zoning Department  
Madison County Chancery Building  
Canton, MS 39047

RE: Variance- Ford and Donna Terry House Construction  
142 Meadow Lane, Madison, MS 39110  
Lot 4 at Lake Cavalier, Madison County, MS

To Whom It May Concern:

Our names are A.W. Greer and Susan O. Greer, husband and wife. We reside at 144 Meadow Lane, Madison, MS 39110 on Lot 3 of Lake Cavalier.

Ford and Donna Terry are planning to build a new home next door to us, their lot being Lot 4 of Lake Cavalier.

I have reviewed the construction plans with the Terry's.

The covenants of Lake Cavalier call for a 10-foot setback from the property lines. The Terry's are requesting 2 variances described as follows:

1. A seven (7) foot variance into the east side setback to allow for a room extension and roof overhang.
2. A two (2) foot variance into west side setback to allow for a roof overhang.

By our signatures below, we approve this variance so described above.

Respectfully Submitted,



A.W. Greer



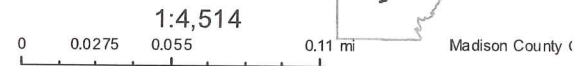
Susan O. Greer



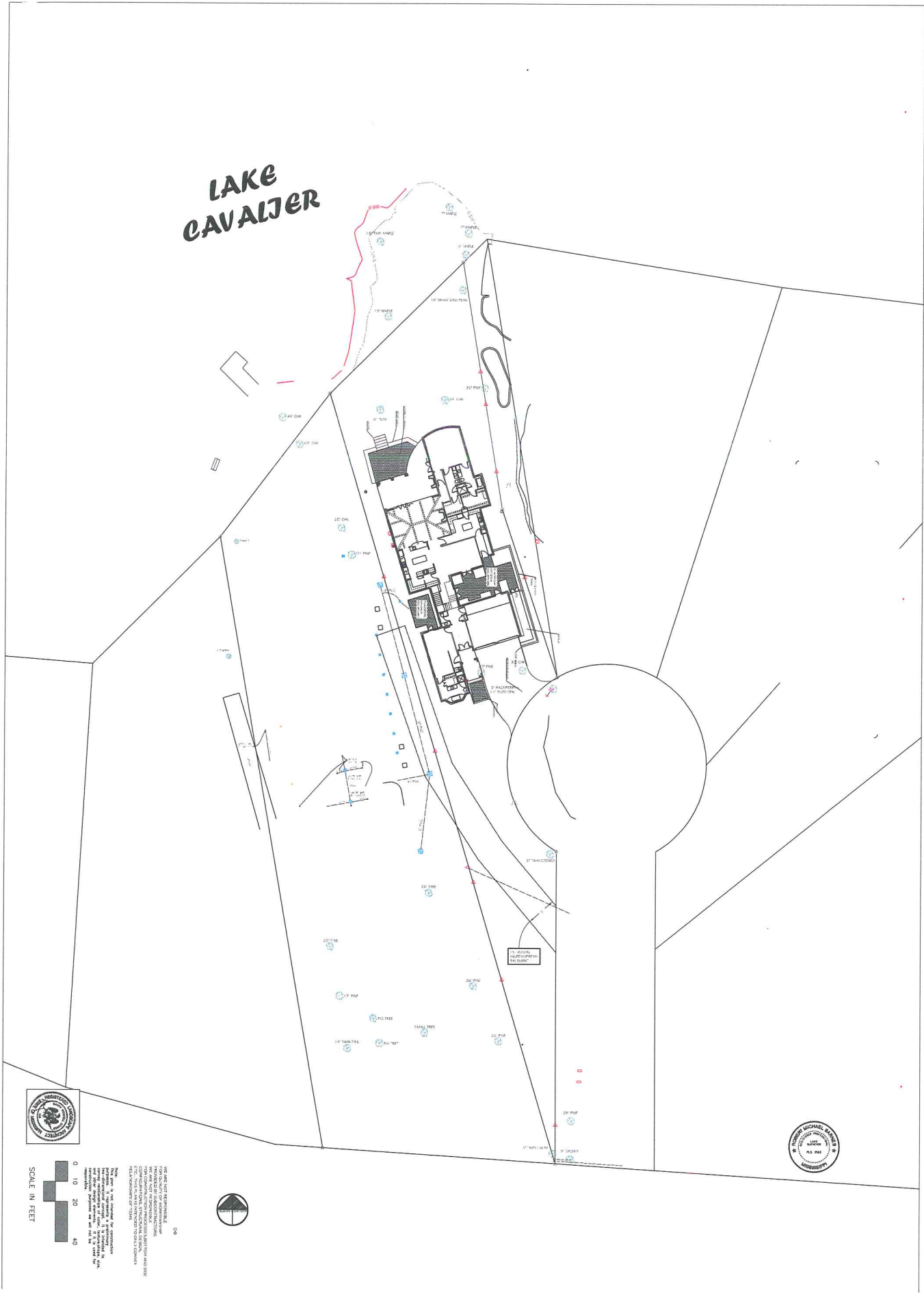


## Madison County Web Map

- Parcels
- Roads
- Public

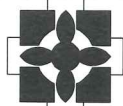


# LAKE CAVALIER



THIS PLAN IS THE PROPERTY OF GARRY GRAVES LANDSCAPES, INC. AND IS NOT TO BE REPRODUCED, COPIED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF GARRY GRAVES LANDSCAPES, INC.

JOB: **TERRY**  
 ADDRESS: \_\_\_\_\_  
 DRAWN BY: **GG**  
 DESIGNED BY: **GG**



**GARRY GRAVES'**  
**LANDSCAPES**  
**INCORPORATED**  
 2580 LAKELAND DRIVE JACKSON, MS (601) 939-5442



SHEET: 1 OF       
 SCALE: 1" = 20'  
 REVISIONS: \_\_\_\_\_  
 SHEET TITLE: SITE PLAN

Jamie Ward  
140 Meadow Lane  
Madison, MS 39110

October 10, 2017

Madison County Planning and Zoning Department  
Madison County Chancery Building  
Canton, MS 39047

RE: Variance- Ford and Donna Terry House Construction  
142 Meadow Lane, Madison, MS 39110  
Lot 4 at Lake Cavalier, Madison County, MS

To Whom It May Concern:

My name is Jamie Ward and I reside at 140 Meadow Lane, Madison, MS 39110 on Lot 5 of Lake Cavalier.

Ford and Donna Terry are planning to build a new home next door to me, their lot being Lot 4 of Lake Cavalier.

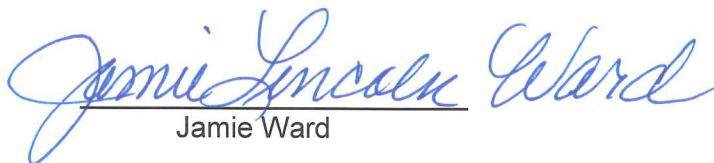
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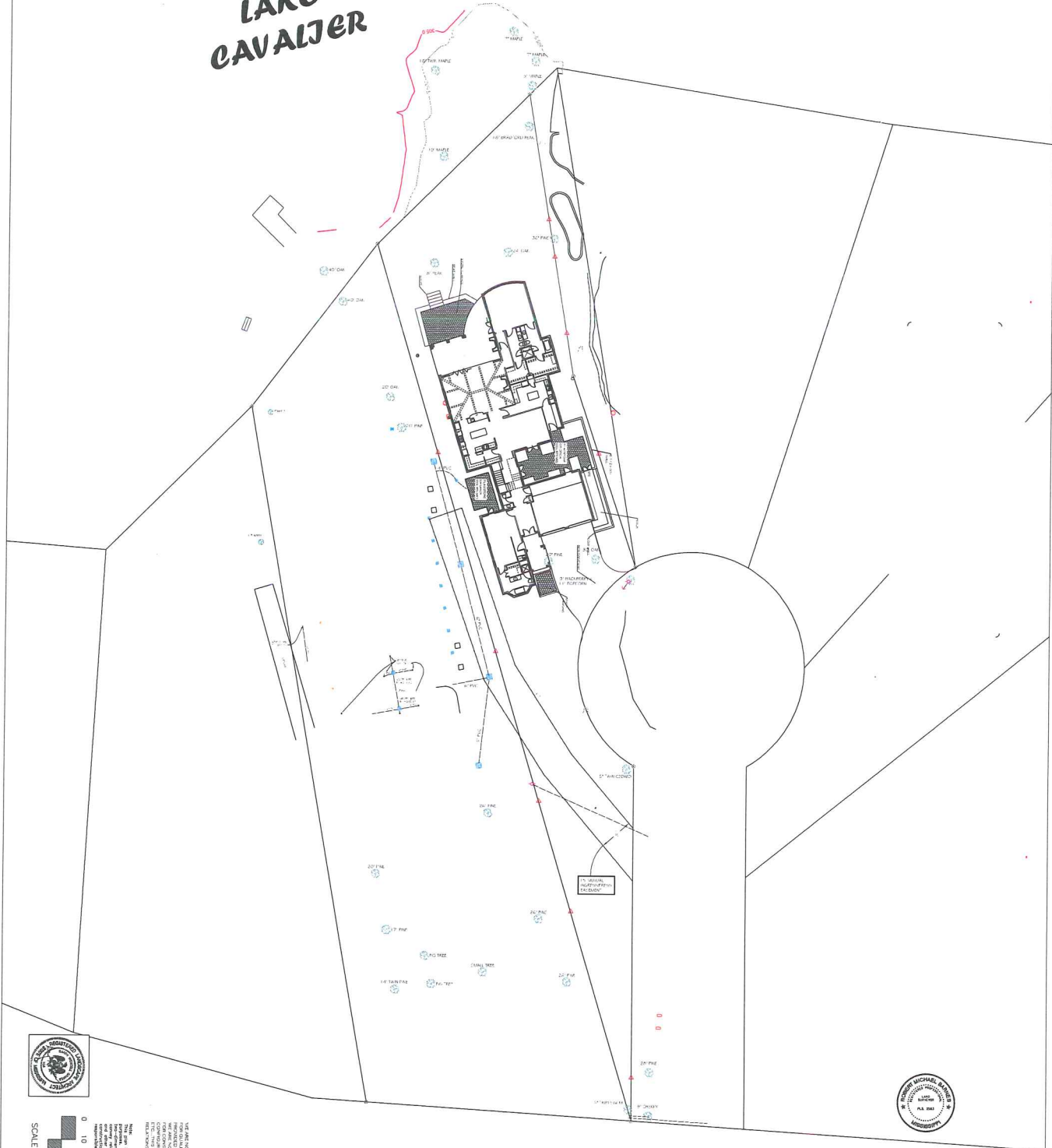
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2. A two (2) foot variance into west side setback to allow for a roof overhang.

By my signature below, I approve these variances so described above.

Respectfully Submitted,

  
Jamie Ward

# LAKE CAVALIER

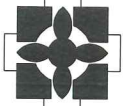


SCALE IN FEET

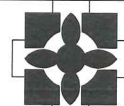
NOTES:  
 1. THIS PLAN IS TO BE CONSIDERED A PRELIMINARY DESIGN AND IS NOT TO BE USED FOR CONSTRUCTION OR FOR ANY OTHER PURPOSE WITHOUT THE WRITTEN CONSENT OF THE ARCHITECT.  
 2. THE ARCHITECT IS NOT RESPONSIBLE FOR THE ACCURACY OF ANY INFORMATION PROVIDED BY OTHER PROFESSIONALS OR AGENCIES.  
 3. THE ARCHITECT IS NOT RESPONSIBLE FOR THE ACCURACY OF ANY INFORMATION PROVIDED BY OTHER PROFESSIONALS OR AGENCIES.  
 4. THE ARCHITECT IS NOT RESPONSIBLE FOR THE ACCURACY OF ANY INFORMATION PROVIDED BY OTHER PROFESSIONALS OR AGENCIES.  
 5. THE ARCHITECT IS NOT RESPONSIBLE FOR THE ACCURACY OF ANY INFORMATION PROVIDED BY OTHER PROFESSIONALS OR AGENCIES.



JOB: **TERRY**  
 ADDRESS: \_\_\_\_\_  
 DRAWN BY: **GG**  
 DESIGNED BY: **GG**



GARRY GRAVES'  
**LANDSCAPES**  
 INCORPORATED  
 2580 LAKELAND DRIVE JACKSON, MS (601) 939-5442



SHEET: 1 OF \_\_\_\_\_  
 SCALE: 1" = 20'  
 REVISIONS: \_\_\_\_\_  
 SHEET TITLE: \_\_\_\_\_  
**SITE PLAN**