PLANNING AND DEVELOPMENT DEPARTMENT

2875 BROWNS BRIDGE ROAD, GAINESVILLE, GA, 30504 MAILING ADDRESS: PO BOX 1435, GAINESVILLE. GA 30503 1: 770-531-6809 I f: 770-531-3902





Plenning & Zoning Department

Applicant (Name & Mailing Address) Property Owner (Name & Mailing Address)			g Address)
Scott Puckett, Inc.	Brenda B. Williams		
3215 Thompson Mill Road	3774 Friends	ship Circle	
Buford, GA 30519	Buford, GA	30519	
Phone 678-761-4399	Phone		
Email Address wspuckett@gmall.com	Email Address		
Proposed Use_Residential Subdivision			
Contact Person (Name & Mailing Address)	Status o	of Applicant	Requested Action
M. Tyler Smith - Smith, Gilliam, Williams & Miles, P.	A. Down	er	Existing Zoning: R-3
P.O. Box 1098	_	on to Purchase	Rezone to: PRD
Gainesville, GA 30503-1098	□ Area	Resident	Fee:\$
Phone 770-536-3381	□ Othe	r	Receipt #:
Email Address tsmith@sgwmfirm.com	•8		Check #: 000 27804
Tax Parcel Number		1.5 acres of 3 a	icre tract //8-05±
Location Address 374 Friendship Circle, Buford, GA 3051	9		
I hereby certify that the above information and all attached	information are	true and correc	et.
Ill al helad			Date: 4/14/2-22
Sign			Butto. THE REEC
Applicant must complete all information above. Failure	-		
application. The Planning Department has 15 days to application. If the application is found insufficient, an ag			
submitted. Please note that the Planning Commiss			
Application Withdrawal: I hereby withdraw the application.			
Sign			Date:
Staff Use Only			
•	en by:		
County Commission District:	·		





Planning & Zoning Department

Applicant (Name & Mailing Address) Scott Puckett, Inc.	Property Owner (Name & Mailing Scott Puckett, Inc.	ng Address)
3215 Thompson Mill Road	3215 Thompson Mill Road	1
Buford, GA 30519	Buford, GA 30519	
Phone 678-761-4399	Phone 678-761-4399	
Email Address <u>wspuckett@gmail.com</u> Residential Subdivision Proposed Use	Email Address <u>wspuckett@g</u>	mail.com
Contact Person (Name & Mailing Address)	Status of Applicant	Requested Action
M. Tyler Smith	Owner	Existing Zoning: AR-III
Smith, Gilliam, Williams & Miles, P.A.	Option to Purchase	Rezone to: PRD
P.O. Box 1098, Gainesville, GA 30503-1098 770-536-3381	Area Resident	Fee:\$
Phonetsmith@sgwmfirm.com	Other	Receipt #:
Email Address15048 000025C Tax Parcel Number15048 000025C	Acreage6.2 acres	
Location Address 3746 Friendship Circle, Buford		
Applicant must complete all information above. Failu application. The Planning Department has 15 days application. If the application is found insufficient, an submitted. Please note that the Planning Comm	re to complete this section will re to review all applications and wil agenda date will not be set until	Date: 18, 2022 esult in the refusal of the li set the dates for each the required information is
Application Withdrawal: I hereby withdraw the application		
Sign		_ Date:
Staff Use Only		
Application Date:	Taken by:	4
Tentative Planning Commission Date:	Tentative County Commission Date: _	
County Commission District:		



Planning & Zoning Department

Applicant (Name & Mailing Address) Property Owner (Name & Mailing Address) Charles D. Bell, Alice Bell Pruett			
Scott Puckett, Inc.	Brenda Bell Williams,	Sandra Bell Dowdy	
3215 Thompson Mill Road	3774 Friendship Circle	EE	
Buford, GA 30519 678-761-4399			
Phonewspuckett@gmail.com	Email Address		
Proposed Use Residential Subdivision			
Contact Person (Name & Mailing Address) M. Tyler Smith Smith, Gilliam, Williams & Miles, P.A.		Requested Action AR-III Existing Zoning: PRD	
P.O. Box 1098	Option to Purchase	Rezone to:	
Gainesville, GA 30503-1098	_ □ Area Resident	Fee:\$	
770-536-3381 Phone	_ □ Other	Receipt #:	
Email Address_tsmith@sgwmfirm.com	<u>-</u>	Check #: 000 27805	
Tax Parcel Number 15048 000007 Location Address 15048 000007 Location Address 15048 000007	Acreage 37.98 ac GA 30519	res	
Sign Sign	d information are true and corre		
Applicant must complete all information above. Failur application. The Planning Department has 15 days to application. If the application is found insufficient, an a submitted. Please note that the Planning Commis	o review all applications and wil genda date will not be set until	I set the dates for each the required information is	
Application Withdrawal: I hereby withdraw the application.			
Sign		_ Date:	
Staff Use Only			
Application Date: Table 2	aken by:	•	
	entative County Commission Date:		
County Commission District:			





Applicant (Name & Mailing Address)	Property Owner (Name & Mailin David E. Williams	ng Address)
Scott Puckett, Inc.	Williams Family Holding	gs, LLLP
3215 Thompson Mill Road	6855 Lake Sterling Bou	levard
Buford, GA 30519	Flowery Branch, GA 305	42
Phone678-761-4399	Phone	
Email Addresswspuckett@gmail.com	Email Address	
Proposed Use Residential Subdivision		
Contact Person (Name & Mailing Address) M. Tyler Smith	Status of Applicant	Requested Action AR-III Existing Zoning:
Smith, Gilliam, Williams & Miles, P.A.	_	•
P.O. Box 1098	Option to Purchase	Rezone to: PRD
Gainesville, GA 30503-1098	□ Area Resident	Fee:\$
Phone 770-536-3381	_ □ Other	Receipt #:
Email Address_tsmith@sgwmfirm.com	-	Check #: 000 2786
Tax Parcel Number 15048 000008 Location Address 3654 Friendship Road, Buford, G	Acreage 76. 87	acres
I hereby certify that the above information and all attached	d information are true and corre	ct.
Applicant must complete all information above. Failure application. The Planning Department has 15 days to application. If the application is found insufficient, an assubmitted. Please note that the Planning Commission	e to complete this section will re o review all applications and wil genda date will not be set until	esult in the refusal of the Il set the dates for each the required information is
Application Withdrawal: I hereby withdraw the application.		
Sign		_ Date:
Staff Use Only		
Application Date: Ta	aken by:	8
	entative County Commission Date:	
County Commission District:		



AUTHORIZATION OF PROPERTY OWNERS

Note: If the applicant is the property owner, please disregard this form.

Name of owner(s)	Brenda Bell Williams		
Address	3774 Friendship Cir.		
, tagarooo	Buford, Georgia 30519		
Phone Number	(678)316-7434		
Name of applicant(s) _	Scott Puckett, Inc.		
Address	3215 Thompson Mill Rd.		
• इस्ताः ७७७	Buford, Georgia 30519		
Phone Number	(678)761-4399		
swear that am the	owner of the property which is the subject matter of the attached applications as shown in the records of Hall County, Georgia.		
I authorize the perso	n named above to act as applicant in the pursuit of a rezoning, permissive use, or variance of this property.		
Signature of Owner(s) Branda Bell Williams			
Personally appeared before me Brenda Bell Williams			
who swears that the in knowledge and bellef.	formation contained in this authorization is true and correct to the best of his/her		
Panla S Notary Public	3 Jun 2 3 2 2 Date		
Pamela B Jon NOTARY PUB	es LIC		

Hall County, GEORGIA My Commission Expires 04/16/2025

Hall County, GEORGIA

My Commission Expires 04/16/2025



AUTHORIZATION OF PROPERTY OWNERS

Name of owner(s)	Charles D. Bell		
Address	3582 Carter Rd.		
Manage	Buford, Georgia 30518		
Phone Number	(770)945-9683		
Name of applicant(s) _	Scott Puckett, Inc.		
Address	3215 Thompson Mill Rd.		
Vaniesa	Buford, Georgia 30519		
Phone Number	(678)761-4399		
I swear that I am the owner of the property which is the subject matter of the attached applications as shown in the records of Hall County, Georgia. I authorize the person named above to act as applicant in the pursuit of a rezoning, permissive use, or variance of this property.			
I authorize the person named above to act as applicant in the pursuit of a rezoning, permissive use, or variance of this property. Signature of Owner(s)			
Charlesp	. Bele_		
Personally appeared be Charles	D. Bell		
who swears that the in knowledge and belief.	formation contained in this authorization is true and correct to the best of his/her		
Hamle B Notary Public	$\frac{2(3)2022}{Date}$		
Pamela B Jones NOTARY PUBLIC			



AUTHORIZATION OF PROPERTY OWNERS

Note: If the applicant is the property owner, please disregard this form.

Name of owner(s)	Alice Bell Pruett	
Address	3592 Carter Rd.	
Lesiese	Buford, Georgia 30518	
Phone Number	(770)540-3227	
Name of applicant(s)	Scott Puckett, Inc.	
Address	3215 Thompson Mill Rd.	
Lidei aaa	Buford, Georgia 30519	
Phone Number _	(678)761-4399	
i ligite i tautisa		
I swear that I am the	owner of the property which is the subject matter of the attached applications as shown in the records of Hall County, Georgia.	
I authorize the person named above to act as applicant in the pursuit of a rezoning, permissive use, or variance of this property.		
Signature of Owner(s)	Parett.	
The second secon	ell Pryett	
who swears that the in knowledge and belief.	formation contained in this authorization is true and correct to the best of his/her	
Hamle B Notary Public	2/3/2022 Date	
Pamela B. Ion		

Pamela B Jones NOTARY PUBLIC Hall County, GEORGIA My Commission Expires 04/16/2025



AUTHORIZATION OF PROPERTY OWNERS

Name of owner(s)	Sandra Bell Dowdy		
Address	4438 Strickland Rd,		
1 1481 230	Flowery Branch, Georgia 30542		
Phone Number	(678)897-1575		
Name of applicant(s)	Scott Puckett, Inc.		
Address	3215 Thompson Mill Rd.		
₩dnieas	Buford, Georgia 30519		
Phone Number	(678)761-4399		
Liftis (45) (15)			
I swear that I am the	owner of the property which is the subject matter of the attached applications as shown in the records of Hall County, Georgia.		
I authorize the perso	on named above to act as applicant in the pursuit of a rezoning, permissive use, or variance of this property.		
Signature of Owner(s Sandra F Sandra F	Bell Donibly before me 3 e 11 Dowdy		
who swears that the information contained in this authorization is true and correct to the best of his/her knowledge and belief.			
NOTARY Hall Count	B Jones (PUBLIC y, GEORGIA Expires 04/16/2025		



AUTHORIZATION OF PROPERTY OWNERS

Name of owner(s)	David E. Williams
Address	1342 Fountain Dr.
10	Sugar Hill, Georgia 30518
Phone Number	(404)386-4782
Name of applicant(s) _	Scott Puckett, Inc.
Address	3215 Thompson Mill Rd.
	Buford, Georgia 30519
Phone Number	(678)761-4399
I authorize the perso	shown in the records of Hall County, Georgia. n named above to act as applicant in the pursuit of a rezoning, permissive use, or variance of this property.
I authorize the person Signature of Owner(s)	variance of this property.
20/25	Zhllin
Personally appeared be	efore me
regay De	nson
· W1 =	formation contained in this authorization is true and correct to the best of his/her \[\lambda \lamb



AUTHORIZATION OF PROPERTY OWNERS

Name of owner(s)	Williams Family Holdings, LLLP
Address	6855 Lake Sterling Blvd.
	Flowery Branch, GA 30542
Phone Number	(678) 761–4399
Name of applicant(s)	Scott Puckett, Inc.
Address	3215 Thompson Mill Rd.
	Buford, GA 30519
Phone Number	(678) 761–4399
	e owner of the property which is the subject matter of the attached applications as shown in the records of Hall County, Georgia. on named above to act as applicant in the pursuit of a rezoning, permissive use, o variance of this property.
Signature of Owner(s By: Joan Williams, Ger	Williams Family Holdings, LLLP
Personally appeared	before me
reggy De	enson
who swears that the i	nformation contained in this authorization is true and correct to the best of his/her
	Date Date
	GW S JOTAPY SO Z



CAMPAIGN CONTRIBUTIONS DISCLOSURE FORM

This form must be completed by the applicant and property owner, or person representing the property owner, for all zoning actions.

- (b) When any applicant for zoning action has made, within two years immediately preceding the filing of the applicant's application for the zoning action, campaign contributions aggregating \$250.00 or more to a local government official who will consider the application, it shall be the duty of the applicant to file a disclosure report with the governing authority of the respective local government showing:
- (3) The name and official position of the local government official to whom the campaign contribution was made; and
- (4) The dollar amount and description of each campaign contribution made by the applicant to the local government official during the two years immediately preceding the filing of the application for the rezoning action and the date of each such contribution.
 - (b) The disclosures required by subsection (a) of this Code section shall be filed within ten days after the application for the zoning action is first filed. (Code 1981, Section OCGA § 36-67A-3[C], enacted by GA L. 1986, page 1269, Section 1, GA L. 1991, page 1365, Section 1).

I hereby certify that I have read the a	above and that:		
	I have**	I have not	
within the two years immediately pre- to any local government official invol	ceding this date, ma ved in the review or	ade any contribution(consideration of this	s) aggregating \$250.00 or more application.
**If you have made such contribution this application.	ns, you must provide	e the data required b	elow within ten (10) days of filing
Name of Official(s):		Office	:
Dollar Amount:	1	Date	of Contribution:
Applicant's/Owner's Signature:	happy have	Date:	4/12/2022
Applicant's/Owner's Name (Printed):	W. Scott Pu	ckett, CEO	1
	30011	WIT, LAC.	



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			£)	
hereby certify that I have read the above	and that:			
		I have not		
within the two years immediately preceding this date, made any contribution(s) aggregating \$250,00 or more to any local government official involved in the review or consideration of this application.				
**If you have made such contributions, you this application.	ı must provide	le the data required below within ten (10) days of t	iling	
Name of Official(s):		Office:		
Dellar Ameunt:		Date of Contribution:		
Applicant's/Owner's Signature: <u>Roll</u>	nda Bol	U William Date: 2-3-22	-	
Applicant's/Owner's Name (Printed):	enda Bell Wi	illiams		



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	The second second	
hereby sertify that I have read the above and that:	<i>_</i>	
have** have not \(\sum_{} \)		
within the two years immediately preceding this date, made any contribution(s) aggregating \$250,00 or more to any local government official involved in the review or consideration of this application.		
**If you have made such contributions, you must provide the data requities application.	ired below within ten (10) days of filing	
Name of Official(s):	Office:	
Dollar Amount:	Date of Contribution:	
Applicant's/Owner's Signature: Charba D. Bell	Date: 2-3-22	
Applicant's/Owner's Name (Printed): Charles D. Bell		



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I hereby certify that I have read the above and that:		
I have**. I have not	\checkmark	
within the two years immediately preceding this date, made any contribution(s) aggregating \$250,00 or more to any local government official involved in the review or consideration of this application.		
**If you have made such contributions, you must provide the data re this application.	quired below within ten (10) days of filing	
Name of Official(s):	Office:	
Dollar Amount:	Date of Contribution:	
Applicant's/Owner's Signature: Clice Bell Paul	Date: 2-3-22	
Applicant's/Owner's Name (Printed); Alice Bell Pruett		



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hereby certify that I have read the above and that:		
I have** I have not		
within the two years immediately preceding this date, made any contribution(s) aggregating \$250,00 or more to any local government official involved in the review or consideration of this application.		
*If you have made such contributions, you must provide the data required below within ten (10) days of filing his application.		
Name of Official(s): Office:		
Dellar Amount: Date of Contribution:		
Applicant's/Owner's Signature: Sandra Bell Dowdy Applicant's/Owner's Name (Printed): Sandra Bell Dowdy		



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- (3) The name and official position of the local government official to whom the campaign contribution was made; and
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I hereby certify that I have read the above and that:		
l have** I have not_✓	_	
within the two years immediately preceding this date, made any contribution(s) aggregating \$250.00 or more to any local government official involved in the review or consideration of this application.		
**If you have made such contributions, you must provide the data required below within ten (10) days of filing this application.		
Name of Official(s):	Office:	
Dollar Amount: \sqrt{A}	Date of Contribution:	
Applicant's/Owner's Signature: 45. 266	Date: 1/21/2022	
Applicant's/Owner's Name (Printed):David E. Williams	3	



CAMPAIGN CONTRIBUTIONS DISCLOSURE FORM

This form must be completed by the applicant and property owner, or person representing the property owner, for all zoning actions.

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I hereby certify that I have read the above and that:
I have** I have not_
within the two years immediately preceding this date, made any contribution(s) aggregating \$250,00 or more to any local government official involved in the review or consideration of this application.
**If you have made such contributions, you must provide the data required below within ten (10) days of filing this application.
Name of Official(s): Office:
Dollar Amount: Date of Contribution:
Applicant's/Owner's Signature: Williams Daniely Holdings Per Date: 1/21/22
Williams Family Holdings, LLLP by Joan Williams, General Fatches
Applicant's/Owner's Name (Printed):