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JUN 10 2022

Planning & Zoning Department



PLANNING AND DEVELOPMENT DEPARTMENT
2875 BROWNS BRIDGE ROAD, GAINESVILLE, GA, 30504
MAILING ADDRESS: PO BOX 1435, GAINESVILLE, GA 30503
t: 770-531-6809 f: 770-531-3902

ZONING APPLICATION

Applicant (Name & Mailing Address)

Michael James Remodeling
3413 Thompson Bridge Road
Gainesville, Georgia 30506

Phone 770.599.2575

Email Address admin@michaeljamesremodeling.com Email Address michael@michaeljamesremodeling.com

Proposed Use business office

Contact Person (Name & Mailing Address)

Fate Cheramie
3413 Thompson Bridge Road
Gainesville, Georgia 30506

Phone 470.1091.0998

Email Address fate@michaeljamesremodeling.com

Tax Parcel Number

Location Address 3413 Thompson Bridge Road, Gainesville, Georgia 30506

I hereby certify that the above information and all attached information are true and correct.

Sign

Date: 6/13/22

Acreage 6.73 ±

Status of Applicant

Owner

Option to Purchase

Area Resident

Other

Existing Zoning: R-1

Rezone to: O-1

Fee: \$ 550.00

Receipt #: 899010

Check #: 5174

Application Withdrawal: I hereby withdraw the application.

Sign _____ Date: _____

Staff Use Only

Application Date: 6/13/22

Taken by: _____

Tentative Planning Commission Date: 8/1

Tentative County Commission Date: 9/8

County Commission District: 2

ZON 2022-00059

Revised December 2019

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AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) Michael G. James

Address 450 W. Main Street

Dahlonega, Georgia 30533

Phone Number 070.853.0031

Name of applicant(s) Michael James Remodeling

Address 3413 Thompson Bridge Road

Gainesville, Georgia 30501

Phone Number 770.599.2515

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)

Personally appeared before me

who swears that the information contained in this authorization is true and correct to the best of his/her knowledge and belief.

Notary Public



10/13/2022

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.

OCGA § 36-67A-3[C] Disclosure of campaign contributions:

- (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 above and that:

I have** I have not X

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.

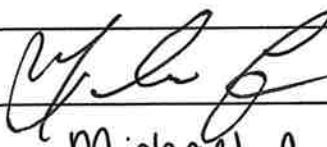
****If you have made such contributions, you must provide the data required below within ten (10) days of filing this application.**

Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: 

Date: 10/13/2022

Applicant's/Owner's Name (Printed): Michael G. James

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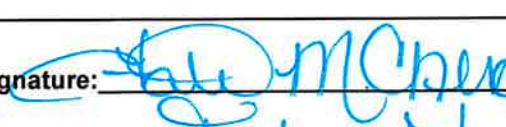
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Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature:  _____

Date: 10/13/2022 _____

Applicant's/Owner's Name (Printed): Tanya M. Cheramie _____