

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)

Capstone Acquisitions, LLC

PO Box 723

Gainesville, GA 30503

Phone 770-519-5598

Email Address jonathan@cp9llc.net

Proposed Use Multi-Family

Property Owner (Name & Mailing Address)

Howard LT Holdings 1, LLC

Howard LT Holdings 2, LLC

PO Box 723 Gainesville, GA 30503

Phone 770-529-5598

Email Address jonathan@cp9llc.net

Contact Person (Name & Mailing Address)

Jonathan Collins

PO Box 723

Gainesville, GA 30503

Phone 770-519-5598

Email Address jonathan@cp9llc.net

Tax Parcel Number 15021 000085

Location Address 2866 NE Lanier Tech DR Gainesville, GA 30506

Status of Applicant

Owner

Option to Purchase

Area Resident

Other

Requested Action

Existing Zoning: L-I

Rezone to: R-MF

Fee: \$ 1,500

Receipt #: _____

Check #: 1066

Acreage 58.23 +/-

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

Sign [Signature]

Date: 8-12-22

Applicant must complete all information above. Failure to complete this section will result in the refusal of the application. The Planning Department has 15 days to review all applications and will set the dates for each application. If the application is found insufficient, an agenda date will not be set until the required information is submitted. Please note that the Planning Commission and County Commission dates are tentative.

Application Withdrawal: I hereby **withdraw** the application.

Sign _____ Date: _____

Staff Use Only

Application Date: 8/12

Taken by: _____

Tentative Planning Commission Date: 9/14 10/3

Tentative County Commission Date: 9/27 9/10

County Commission District: 3

ZON2022-00077

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AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) Howard LT Holdings 1, LLC
Address Po Box 723
Gainesville, GA 30503
Phone Number 770-519-5595

Name of applicant(s) Capstone Acquisitions, LLC
Address Po Box 723
Gainesville, GA 30503
Phone Number 770-519-5595

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)
[Handwritten Signature]

Personally appeared before me
Amanda Friction

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

[Handwritten Signature]
Notary Public

8/11/22
Date



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AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) Howard LT Holdings 2, LLC

Address Po Box 723

Gainesville, GA 30503

Phone Number 770-519-5598

Name of applicant(s) Capstone Acquisitions, LLC

Address Po Box 723

Gainesville, GA 30503

Phone Number 770-519-5598

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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)
[Signature]

Personally appeared before me
Amanda Friction

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

[Signature]
Notary Public

8/11/22
Date



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

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: _____

Applicant's/Owner's Name (Printed): Jonathan Collins

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(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).

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Name of Official(s): _____ Office: _____

Dollar Amount: _____ Date of Contribution: _____

Applicant's/Owner's Signature:  Date: _____

Applicant's/Owner's Name (Printed): Jonathan Collier - manager