

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)

CMWB COMPANY, LLC

3343 PEACHTREE RD. NE

SUITE 145-835, ATLANTA, GA. 30326

Phone 404-548-7128

Email Address CGROGAN@WILLIAMS BROTHERSDEV.COM

Proposed Use PLANNED RESIDENTIAL DEVELOPMENTS - APARTMENTS

Contact Person (Name & Mailing Address)

STEVEN P. GILLIAM

SMITH, GILLIAM, WILLIAMS, AND MILES, P.A.

340 JESSE JEWELL PARKWAY SE, SUITE 300, GAINESVILLE, GA 30501

Phone 770-536-3381

Email Address SGILLIAM@SGWMFIRM.COM

Tax Parcel Number 09113 000001

Location Address SEE ATTACHED EXHIBIT A

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

Sign

Date: 7/21/2022

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: 9/19/22

Taken by:

Tentative Planning Commission Date: 11/07

Tentative County Commission Date: 12/08

County Commission District: 3

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AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) MR. & MRS. Garry Wood

Address (property) 2581 Ramsey Circle Gainesville Ga.
(Garry Wood) 4006 White Sulphur Rd Gainesville Ga. 30507

Phone Number 678-997-5886

Name of applicant(s) CMWB COMPANY, LLC

Address 3343 PEACHTREE RD. NE
SUITE 145-835, ATLANTA, GA. 30326

Phone Number 404-548-7128

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
 EXP: 8-13-23

KIM BOWMAR
 NOTARY
 PUBLIC
 HALL COUNTY, GEORGIA

7-25-22

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: 7/21/2022

Applicant's/Owner's Name (Printed): CAMERON GROGAN, AUTHORIZED SIGNATOR FOR CMWB COMPANY, LLC

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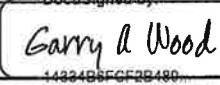
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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature:  DocuSigned by: _____

7/28/2022 | 1:21 PM EDT

Date: _____

Applicant's/Owner's Name (Printed): _____

Garry A. Wood