PLANNING AND DEVELOPMENT DEPARTMENT

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



ZONING APPLICATION

Applicant (Name & Mailing Address)	Property Owner (Name & Mailing Address)		
Williams Brothers Development, LLC and Charter Mellon, LLC	Pierce Family, L.P.		
3343 Peachtree Rd. NE Suite 145-835	1525 Blue Ridge Parkway		
Atlanta, GA 30326	Gainesville, GA 30501		
Phone 404-548-7128	Phone 770-531-2771		
Email Address cgrogan@williamsbrothersdev.com	Email Address hdpierce@bellsouth.net		
Proposed Use Amend Condition #1 for the development approved at the	February 10, 2022 Hall County Board of	Commissioners Meeting	
Contact Person (Name & Mailing Address)	Status of Applicant	Requested Action	
Cameron Grogan	_ Owner	Existing Zoning: PRD	
5875 Pine Brook Rd	_ X Option to Purchase	Rezone to: Amend Condition	
Atlanta, GA 30328	_	Fee:\$	
Phone 404-548-7128	_ Other	Receipt #:	
Email Address cgrogan@williamsbrothersdev.com	_	Check #:	
Tax Parcel Number Attached Survey. Tracts 1/2/4/5/6/7	Acreage_ 31 +/-		
Location Address 536 Crescent Dr.			
I hereby certify that the above information and all attached	I information are true and corre	ct.	
Sign (19)		Date: 11/30/2022	
Applicant must complete all information above. Failure application. The Planning Department has 15 days to application. If the application is found insufficient, an agreement submitted. Please note that the Planning Commission	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: Ta	aken by:		
Tentative Planning Commission Date: Te	entative County Commission Date:		
County Commission District			

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AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s)	PIERCE FAMILY, L.P.			
Address	1525 BLUE RIDGE DR.			
	GAINESVILLE, GA 30501			
Phone Number _	770-531-2771			
Name of applicant(s)	CM HOLDING COMPANY			
Address	3343 PEACHTREE RD NE SUITE 145-835			
	ATLANTA, GA 30326			
Phone Number	404-548-7128			
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 of Owner(s) Henbert David lience				
NANLY L. LU	before me , Addice Addice			

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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	e 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, y this application.	ou must provide	the data required below wi	thin ten (10) days of filing	
Name of Official(s):		Office:		
Dollar Amount:			ibution:	
Applicant's/Owner's Signature:	aily, IP by Sen	Havilfaces, Date: Nov	Jenster 29, 2022	
Applicant's/Owner's Name (Printed):	ERCE FAMILY, L	P by HERbERT DAVIS	Pierce parlan	

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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:11/30/2022			
Applicant's/Owner's Name (Printed): _Cameron Grogan				