

ZONING APPLICATION

Applicant (Name & Mailing Address)

Anchor Inn RV & Boat Storage
6127 Lights Ferry Rd
Flowery Branch, GA 30542
 Phone 770-945-9524
 Email Address rgmarine@bellsouth.net
 Proposed Use RV & Boat Storage

Property Owner (Name & Mailing Address)

Anchor Inn, LLC
6127 Lights Ferry Rd
Flowery Branch, GA 30542
 Phone 770-945-9524
 Email Address rgmarine@bellsouth.net

Contact Person (Name & Mailing Address)

Rodney Hellemu
6127 Lights Ferry Rd
Flowery Branch, GA 30542
 Phone 770-945-9524
 Email Address rgmarine@bellsouth.net
 Tax Parcel Number 08119 ~~000003~~ 000253
 Location Address 5820 McEver Rd
5871

Status of Applicant

- Owner
- Option to Purchase
- Area Resident
- Other

Requested Action

Existing Zoning: AR-III
 Rezone to: H-B
 Fee: \$ 550.00
 Receipt #: 859053
 Check #: 5648
 (1000.00 for CAP and zoning)
 Acreage 9.004 AC

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

Sign [Signature] Date: 10/13/22

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: 10/14/2022 Taken by: D. Webb
 Tentative Planning Commission Date: 12/5 Tentative County Commission Date: 1/12/2023
 County Commission District: 2

AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) Anchor Inn, LLC

Address 6127 Lights Ferry Rd
Flowery Branch, GA 30542

Phone Number 770-945-9524

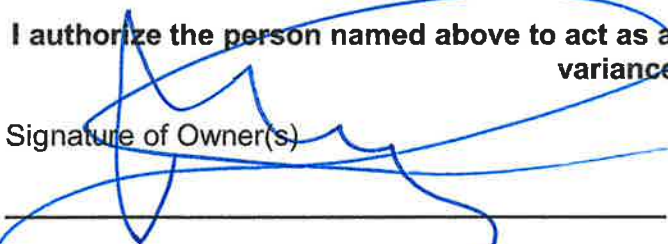
Name of applicant(s) Rodney Hellemn

Address 6127 Lights Ferry Rd
Flowery Branch, GA 30542

Phone Number 770-945-9524

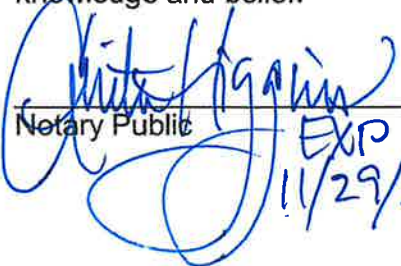
I swear that I am the owner of the property which is the subject matter of the attached applications as shown in the records of Hall County, Georgia.

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
Rodney Hellemn

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 11/29/25



10/13/22
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 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: 10-13-22

Applicant's/Owner's Name (Printed): Rodney Hellen