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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)	Property Owner (Name & Mailing Address)
Rochester DCCM - Bill Schmid, AICP	Billy Garrett Credit Shelter Trust B,
425 Oak Street, NW	Guerry W. Garrett and Chris Morgan Garrett, Trustees
Gainesville, GA 30501	PO Box 1328, Cleveland, GA 30528
Phone 678-450-5121	Phone (770) 861-6856
Email Address <u>weschmid@rochester-assoc.com</u>	Email Address <u>guerrygarrett@windstream.net</u>
Proposed Use <u>Highway-Business (HB) Consistent with GCOD</u>	

Contact Person (Name & Mailing Address)	Status of Applicant	Requested Action
Applicant Info above	<input type="checkbox"/> Owner	Existing Zoning: <u>AR-IV</u>
	<input type="checkbox"/> Option to Purchase	Rezone to: <u>H-B</u>
	<input type="checkbox"/> Area Resident	Fee: \$ <u>450.00</u>
	<input checked="" type="checkbox"/> Other	Receipt #: <u>859075</u>
Phone _____		Check #: <u>2076</u>
Email Address _____		
Tax Parcel Number <u>15039A0000024</u>	Acreage <u>1.343 acres +/-</u>	
Location Address <u>5937 Union Church Road aka Lot 11, Mulberry Hills</u>		

I hereby certify that the above information and all attached information are true and correct.
Sign *Bill Schmid* Date: 11/29/2022

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: 11/29/22 Taken by: *Nicholas*
Tentative Planning Commission Date: 01/17/23 Tentative County Commission Date: 02/03/23
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) Guerry W. Garrett

Address P.O. Box 1328

Cleveland, GA 30528

Phone Number (770) 861-6856

Name of applicant(s) Rochester | DCCM - Bill Schmid, AICP

Address 425 Oak Street, NW

Gainesville, GA 30501

Phone Number 678-450-5121

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) 

as Trustee for the Billy Garrett Trust Credit Shelter B

Personally appeared before me

Guerry W. Garrett

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


Notary Public



November 28, 2022

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) Chris Morgan Garrett

Address P.O. Box 1328
Cleveland, GA 30528

Phone Number (770) 861-6856

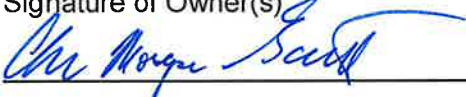
Name of applicant(s) Rochester | DCCM - Bill Schmid, AICP

Address 425 Oak Street, NW
Gainesville, GA 30501

Phone Number 678-450-5121

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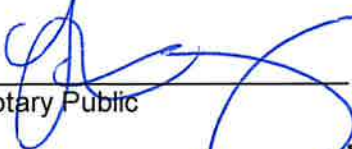
I authorize the person named above to act as applicant in the pursuit of a rezoning, permissive use, or variance of this property.

Signature of Owner(s)  as Trustee for the Billy Garrett Trust Credit Shelter B

Personally appeared before me

Chris Morgan Garrett

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


Notary Public



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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 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: *Guerry W. Garrett* Date: 11/28/22

Applicant's/Owner's Name (Printed): Guerry W. Garrett, As Trustee for the Billy Garrett Trust Credit Shelter B

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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: Chris Morgan Garrett

Date: 11/20/2022

Applicant's/Owner's Name (Printed): Chris Morgan Garrett, As Trustee for the Billy Garrett Trust Credit Shelter B

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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: William E. Schmid

Date: 11/28/2022

Applicant's/Owner's Name (Printed): William E. Schmid, AICP of Rochester | DCCM