

# Revised 2/6/23

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)

Northeast Georgia Health Systems, Inc.  
743 Spring St. N.E.  
Gainesville, GA 30501  
Phone 678-677-5393  
Email Address Rudy.Lonergan@nghs.com  
Proposed Use Planned Office Development

### Property Owner (Name & Mailing Address)

The Medical Center Foundation, Inc. attn: Real Estate  
743 Spring St. N.E.  
Gainesville, GA 30501  
Phone 678-677-5393  
Email Address Rudy.Lonergan@nghs.com

### Contact Person (Name & Mailing Address)

Rudy Lonergan  
743 Spring St. N.E.  
Gainesville, GA 30501  
Phone 678-677-5393  
Email Address Rudy.Lonergan@nghs.com

### Status of Applicant

- Owner
- Option to Purchase
- Area Resident
- Other

### Requested Action

Existing Zoning: AR-III & H-B & R-1  
Rezone to: POD  
Fee: \$ 1500.00  
Receipt #: \_\_\_\_\_  
Check #: \_\_\_\_\_

Tax Parcel Number 10104 000031, 10104 000020, 10104 000022, 10104 000023 & 10104 000059

Acreage 43.887

Location Address 3675 Thompson Bridge Road, 3709 Price Road, 3719 Price Road & 3510 Southers Road, Gainesville, GA 30506  
3739 Price Road

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

Sign [Signature]

Date: 12/15/2022

**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: \_\_\_\_\_ Taken by: \_\_\_\_\_

Tentative Planning Commission Date: \_\_\_\_\_ Tentative County Commission Date: \_\_\_\_\_

County Commission District: \_\_\_\_\_



### 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: 12/15/2022

Applicant's/Owner's Name (Printed): Northeast Georgia Health Systems, Inc.

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Dollar Amount: \_\_\_\_\_ Date of Contribution: \_\_\_\_\_

Applicant's/Owner's Signature: *[Signature]* Date: 12/15/2022

Applicant's/Owner's Name (Printed): The Medical Center Foundation, Inc. attn: Real Estate