

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)

John S. Hemphill
3382 Small Woods Ln
Gainesville GA 30506

Phone 404 915 9691

Email Address johnshemphill@comcast.net

Proposed Use Self Storage facility

Property Owner (Name & Mailing Address)

Northeast Georgia Health Systems Inc
743 Spring St. NE
Gainesville, GA 30501

Phone 678-776-3014 or 770-219-8404

Email Address amy.eifrid@NGHS.com

Proposed Use with Boat + RV Parking

Contact Person (Name & Mailing Address)

John S Hemphill
3382 Small Woods Ln
Gainesville, GA 30506

Phone 404 915 9691

Email Address johnshemphill@comcast.net

Tax Parcel Number 1202900001113

Location Address 4916 Cleveland Hwy, Gainesville GA 30506

Status of Applicant

- Owner
- Option to Purchase
- Area Resident
- Other

Requested Action

Existing Zoning: OI
 Rezone to: PCD
 Fee: \$ _____
 Receipt #: _____
 Check #: _____

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

Sign John S Hemphill

Date 01-26-23

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: _____

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AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) Northeast Georgia Health System, Inc.

Address 743 Spring Street, Gainesville GA 30501

Phone Number 770-219-8404

Name of applicant(s) _____

Address _____

Phone Number _____

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
Lisa A. McDowell

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



Notary Public

9/5/2022

Date



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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

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: 10/20/22

Applicant's/Owner's Name (Printed): Brian D. Steines

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Name of Official(s): _____ Office: _____
Dollar Amount: _____ Date of Contribution: _____
Applicant's/Owner's Signature: John S. Hemphill Date: 9-30-22
Applicant's/Owner's Name (Printed): John S. Hemphill