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) Highlands Residential, LLC	Property Owner (Name & Mailing Address) GA Hall Uninco 347, LLC			
3200 Windy Hill Road, Atlanta, GA 30339	1777 Peachtree Street, Atlanta, GA 30309			
West Tower, Suite 755	Suite 200			
404-694-1861 Phone	404-694-1861 Phone			
Email Address_hholliday@highlandsresidential.com	hholliday@highlandsresidential.com Email Address			
Proposed Use Conditional Use Request for the Mas				
Contact Person (Name & Mailing Address) Hunter Holliday 3200 Windy Hill Road, Atlanta, GA 30339 West Tower, Suite 755	Status of Applicant X Owner Option to Purchase	Requested Action Existing Zoning: PCD Rezone to:		
404-694-1861		Fee:\$_\$350		
Phone				
Application Withdrawal: I hereby withdraw the application Sign		_Date:		
Staff Use Only				
Application Date:	Taken by:			
	Tentative County Commission Date:			
County Commission District:				

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



AUTHORIZATION OF PROPERTY OWNERS

	Note: If the applicant is the property owner, please disregard this form.	
Name of owner(s)	GA Hall Uninco 347, LLC / Dave Loeffel	
Address	1777 Peachtree Street, Atlanta, GA 30309	
	Suite 200	_
Phone Number	404-694-1861	_
Name of applicant(s)	Highlands Residential, LLC / Dave Loeffel	
Address	3200 Windy Hill Road, Atlanta, GA 30339	
	West Tower, Suite 755	
Phone Number	404-694-1861	_
I swear that I am th	e owner of the property which is the subject matter of the attached a shown in the records of Hall County, Georgia.	pplications as
I authorize the pers	on named above to act as applicant in the pursuit of a rezoning, permoderate variance of this property.	nissive use, or
Signature of Owner(s		
Personally appeared	before me	

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

Notary Public

PARTICION DE LA CONTRACTOR DE LA CONTRAC

Date

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



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 a	bove and that:	
	I have**	I have not_X
within the two years immediately pred to any local government official involv	ceding this date, ma red in the review or	ide any contribution(s) aggregating \$250.00 or more consideration of this application.
**If you have made such contribution this application.	s, you must provide	the data required below within ten (10) days of filing
Name of Official(s):		Office:
Dollar Amount:		Date of Contribution:
Applicant's/Owner's Signature:		Date: 1/11/2023
Applicant's/Owner's Name (Printed): _	GA Hall Uninco 3	47, LC/ Dave Loeffel

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



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 a	bove and that:			
		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 this application.	s, you must provid	e the data required below within ten (10) days of filing		
Name of Official(s):		Office:		
Dollar Amount:		Date of Contribution:		
Applicant's/Owner's Signature:		Date: 1/11/2023		
Applicant's/Owner's Name (Printed):				