



## ZONING APPLICATION

**Applicant (Name & Mailing Address)**

**Property Owner (Name & Mailing Address)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 Proposed Use \_\_\_\_\_

**Contact Person (Name & Mailing Address)**


**Status of Applicant**

**Requested Action**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Tax Parcel Number \_\_\_\_\_  
 Location Address \_\_\_\_\_

Owner Existing Zoning: \_\_\_\_\_  
 Option to Purchase Rezone to: \_\_\_\_\_  
 Area Resident Fee:\$ \_\_\_\_\_  
 Other Receipt #: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Acreage \_\_\_\_\_

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

Sign  Date: \_\_\_\_\_

**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: \_\_\_\_\_

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



**AUTHORIZATION OF PROPERTY OWNERS**

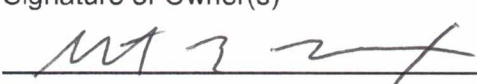
*Note: If the applicant is the property owner, please disregard this form.*

Name of owner(s) HM Enterprise Holdings, Inc.  
Address 1266 West Paces Ferry, Suite 268  
Atlanta, GA 30327  
Phone Number \_\_\_\_\_

Name of applicant(s) Genuine Mapping and Design, LLC  
Address PO Box 631  
Jefferson, GA 30549  
Phone Number 678-717-4631

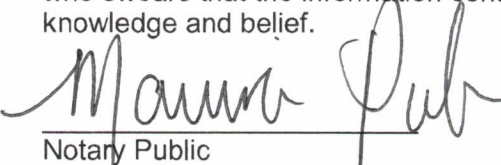
**I swear that I am the owner of the property which is the subject matter of the attached applications as shown in the records of Hall County, Georgia.**

**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  
Grant LeRoux

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

  
Notary Public

1/30/2023  
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).

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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: \_\_\_\_\_

Applicant's/Owner's Name (Printed): \_\_\_\_\_

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Name of Official(s): \_\_\_\_\_ Office: \_\_\_\_\_

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

Applicant's/Owner's Signature: Grant M. LePoux Date: 1/30/23

Applicant's/Owner's Name (Printed): Grant M. LePoux