2875 BROWNS BRIDGE ROAD, GAINESVILLE GA 30504
MAILING ADDRESS PO BOX 1435 GAINESVILLE GA 30503
1 770-531-5809 1 f 770-531-3902



# CONDITIONAL USE APPLICATION

Applicant (Name & Mailing Address)	Property Owner (Name & Mailing Address)	
Kinghan II Zax	Timother Guy FORD	
1612 Garatt Royal	P.O. Box 1469	
9-12 Galler 130518	Plue Ridge CoA, 30513	
151450 Ga. 30370	770-652-3849	
Phone <u>7909-601-3557</u>	Phone I W Anthony	
Email Address Kinzaxsellsagmail	Email Address Thorago Marting	
Proposed Use KPSidential	5 lot sub.	
Contact Person (Name & Mailing Address)	Status of Applicant Requested Action	
Lee Chambers	Owner Permissive Use:	
	Option to Purchase ☐ HCPC	
	Area Resident Fee:\$_400,000	_
Phone (278-943-9020)	Other Receipt #:	<b>-</b> ):
Email Address Deelama 13 & gmail	Con Check #:	
Tax Parcel Number 08131 002 0946	Acreage 5.28	-
Location Address 5941 Pocahontas	S Drive, Howery branch, G.T.	
I hereby certify that the above information and all attached	d information are true and correct.	
Sign	Date: 5 3 3 3 3	_
Just all information above. Failur	re to complete this section will result in the refusal of the	
Desertment had 15 days to	V LONDA SII SUUICATIONS and Am Set the acted in a ser	S
	ission and County Commission dates are tentative.	•
Submitted. Please note that the hammy		_
Application Withdrawal: I hereby withdraw the application.		
Sign	Date:	_
	1	_
Staff Use Only	Sec.	
Application Date: T	Faken by:	
Tentative Planning Commission Date: T	Fentative County Commission Date:	į.
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)	Timothy Guy FORD				
	2612 PARKEN Trail CORINESVILLE CA. 30506				
Address	ling Address P.O. Box 1469 Blue Ridge 6A. 305/3				
Phone Number _	770-652-3849				
Name of applicant(s)	Kimberly Zax				
Address	6512 Garrett Road				
	Buford, GIA 30518				
Phone Number	QQQQ 404-661-3337				
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, o variance of this property.					
Signature of Owner(s	7///				
Personally appeared	before me				
who swears that the iknowledge and belief	nformation contained in this authorization is true and correct to the best of his/her    Automation contained in this authorization is true and correct to the best of his/her    Automation contained in this authorization is true and correct to the best of his/her    Automation contained in this authorization is true and correct to the best of his/her    Automation contained in this authorization is true and correct to the best of his/her    Automation contained in this authorization is true and correct to the best of his/her    Automation contained in this authorization is true and correct to the best of his/her    Automation contained in this authorization is true and correct to the best of his/her    Automation contained in this authorization is true and correct to the best of his/her    Automation contained in this authorization is true and correct to the best of his/her    Automation contained in this authorization is true and correct to the best of his/her    Automation contained in this authorization is true and correct to the best of his/her    Automation contained in this authorization is true and correct to the best of his/her    Automation contained in this authorization is true and correct to the best of his/her    Automation contained in this authorization is true and correct to the best of his/her   Automation contained in this authorization is true and correct to the best of his/her   Automation contained in this authorization is true and correct to the best of his/her   Automation contained in this authorization is true and correct to the best of his/her   Automation contained in this authorization is true and correct to the best of his/her   Automation contained in this authorization is true and correct to the best of his/her     Automation contained in this authorization contained in this authorization is true and correct to the best of his/her     Automation contained in this authorization contained in this authorization is true and correct to the best of his/her     Automation contained in th				

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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, m to any local government official involved in the review o	
**If you have made such contributions, you must provid this application.	e the data required below within ten (10) days of filing
Name of Official(s): NA	Office: NA
Dollar Amount: NA	Date of Contribution: NA
Applicant's/Owner's Signature: Kimberly zax	Date: 5/11/23
Applicant's/Owner's Name (Printed): Kimberly Zax	7

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I hereby certify that I have read the ab	oove and that:				
	I have**	I have not <u></u> ✓	_		
within the two years immediately prector any local government official involve					
**If you have made such contributions this application.	s, you must provide	e the data requ	ired below wit	hin ten (10) days of filing	
Name of Official(s):			Office:		
Dollar Amount:			Date of Contribution:		
Applicant's/Owner's Signature:	7-72		Date:	05-11-2023	
Applicant's/Owner's Name (Printed):	Tim Ford				