### PLANNING AND DEVELOPMENT DEPARTMENT

2875 BROWNS BRIDGE ROAD, GAINESVILLE GA 30504
MAILING ADDRESS PO BOX 1435 GAINESVILLE GA 30503
1 770-531-6809 L 770-531-3902



#### **ZONING APPLICATION**

Applicant (Name & Mailing Address)	Property Owner (Name & Mailing Address)		
(Donnie Hunt	Darim Bong In	westment Inc	
1001 Riverside Dr. Suite A	3773 Wickto	ord in.	
Gaines ville, GA 30501	Peachtree Corn	ers, GA 30096	
Phone 770 - 931 - 1770	Phone		
Email Address hunt@hunt and taylor. Co	M Email Address	1 0 1	
Proposed Use Rezone to S.S. for grocery, gas station & Retail			
Contact Person (Name & Mailing Address)	Status of Applicant	Requested Action	
> SAME INFO	Owner	Existing Zoning:	
	Option to Purchase	Rezone to: S-S	
	Area Resident	Fee:\$ 550.00	
Phone	X Other	Receipt #:	
Email Address	_	Check #:	
Tax Parcel Number 120 25 000036	Acreage6.5		
Location Address 4053 Cleveland Hu	uf		
I hereby certify that the above information and all attach	ed information are true and corre	ct.	
Sign Ourld T. Hen		_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			
	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)	Darim Bang Investment / Jang Cho		
Address	6049 New Peachtree RD		
Address	Doraville, GA 30340		
Phone Number	770-688-5544		
Name of applicant(s)	Donnie Hunt		
Address	1001 Riverside DR Suite A		
	Gainesville, GA 30501		
Phone Number	770-831-7770		
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		
Jana G			
who swears that the knowledge and belie	information contained in this authorization is true and correct to the best of his/her f.  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	t:
I have**	I have not X
within the two years immediately preceding this da to any local government official involved in the rev	ate, made any contribution(s) aggregating \$250.00 or more iew or consideration of this application.
**If you have made such contributions, you must p this application.	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:	
Applicant's/Owner's Name (Printed):	CHO

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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, made any to any local government official involved in the review or conside	
**If you have made such contributions, you must provide the dat this application.	ta required below within ten (10) days of filing
Name of Official(s):	Office:
Dollar Amount:	Date of Contribution:
Applicant's/Owner's Signature:	Date: 6/16/23
Applicant's/Owner's Name (Printed):	· Hunt