### PLANNING AND DEVELOPMENT DEPARTMENT

2875 BROWNS BRIDGE ROAD, GAINESVILLE, GA. 30504 MAILING ADDRESS PO BOX 1435, GAINESVILLE, GA 30503 t: 770-531-6809 l f: 770-531-3902



## **ZONING APPLICATION**

Applicant (Name & Mailing Address)	Property Owner (Name & Mailir	ng Address)	
Tim Wilbanks	Celebration Bubtis		
811 Sherwood Road	Mike Day PO BOX	1664	
Ganesville, GA 30501		h, GA 30542	
Phone 770-654-0084	Phone 770 - 833 -	7140	
Email Address tim develops ga agmail, com	_ Email Address _m; ke @cel	ebration family, con	
Proposed Use Apartments of Future His		*	
Contact Person (Name & Mailing Address)	Status of Applicant	Requested Action	
Kent Henderson	_ Owner	Existing Zoning: AR-IV	
6071 Mount Vernon Road	Option to Purchase	Rezone to: H-B 1 PCD	
Murayville, GA 30564	_ Area Resident	Fee:\$7 <i>50</i>	
Phone 770-861-8880	Other	Receipt #: 1,500	
Email Address henderson 5266 eyaha	20.Com	Check #: 011256	
Tax Parcel Number 15041 000190	Acreage 10.0-	7	
Location Address 1731 Friendship Re	oad		
I hereby certify that the above information and all attached information are true and correct.			
Sign / Mic WAS		Date: $7/21/23$	
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	VII		
Application Date: 7/21/23 Taken by: Nath			
Tentative Planning Commission Date: 9/18 T	entative County Commission Date: _	10/26	
County Commission District:			

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NOTARY PUBLIC - GEORGIA

JACKSON COUNTY

My Commission Expires Feb. 22, 2020



### **AUTHORIZATION OF PROPERTY OWNERS**

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

Name of owner(s) _	Celebration Baptist ministries Mike Day			
Address	1731 Friendship Road Flowery Branch Ga 30542			
Phone Number	770-833-7140			
Name of applicant(s)_	Tim Wilbanks			
Address	811 Sherwood Road Gainesville, Ga. 30501			
Phone Number	[770-654-0084			
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 to	pefore 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	Date			
LAUR	OFFICIAL SEAL A MOORE STUMPFF BY PUBLIC - GEORGIA			

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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, 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: Medeal Day	Date: 7.23-2023	
Applicant's/Owner's Name (Printed): Michael DAT Cele	PRATIN BAPTIST MINISTER IN	

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Name of Official(s):	Office:		
Dollar Amount:	Date of Contribution:		
Applicant's/Owner's Signature: Time William	Date: 7. 24 - 2023		
Applicant's/Owner's Name (Printed):			