

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



ZONING APPLICATION

Applicant (Name & Mailing Address)	Property Owner (Name & Mailing Address)
<u>BOBBY WOOD</u>	<u>SABLO SALES / WASTE HAND LLC</u>
<u>2764 MERRETT DRIVE</u>	<u>PO Box 1493</u>
<u>BUFORD, GA 30518</u>	<u>GAINESVILLE, GA 30503</u>
Phone <u>678-571-5680</u>	Phone <u>678-873-6534</u>
Email Address <u>bobbywood460@gmail.com</u>	Email Address <u>bobbywood460@gmail.com</u>
Proposed Use <u>Dumpster Rental Company, lot to serve for employees to pickup AND dropoff dumpsters.</u>	

Contact Person (Name & Mailing Address)	Status of Applicant	Requested Action
<u>BOBBY WOOD</u>	<input type="checkbox"/> Owner	Existing Zoning: <u>Heavy Industrial / Agricultural</u>
<u>2764 MERRETT DRIVE</u>	<input type="checkbox"/> Option to Purchase	Rezone to: <u>Heavy Industrial</u>
<u>BUFORD, GA 30518</u>	<input type="checkbox"/> Area Resident	Fee: \$ _____
Phone <u>678-571-5680</u>	<input checked="" type="checkbox"/> Other tenant under contract to purchase	Receipt #: _____
Email Address <u>bobbywood460@gmail.com</u>		Check #: _____
Tax Parcel Number <u>15032F000028 / 15032F000028B</u>	Acreage <u>~.98 Acres per legal description</u>	
Location Address <u>2367 / 2371 / 0 MERRETT DRIVE GAINESVILLE, GA 30507</u>		

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

Sign [Signature] Date: Aug 30, 2023

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: _____



HALL COUNTY PLANNING AND DEVELOPMENT AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) WASTE LAND, LLC

Address PO Box 1493

Cummins, GA 30503

Phone Number 770-294-0411

Name of applicant(s) TRASH PANDA RENTALS / BOB BY WOOD

Address 2764 MERRETT DRIVE

BUFORD, GA 30518

Phone Number 678-571-5680

Purpose of Permit Rezone and combine parcels

Site Address 2371 + 2367 MONROE DRIVE, CUMMINS

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 permit as described above for the subject property.

Signature of Owner(s)
William Evenson

Personally appeared before me
Melisa Jean Harbison
Notary Public (Print Name)



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

[Signature]
Notary Public Signature

9-1-23
Date

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AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) Sabco Sales & Waste Land LLC by Greg Preston
Address P.O. Box 1493 2367 MONROE DRIVE
Gainesville, GA 30503
Phone Number 678-873-6534

Name of applicant(s) TRASH PANDA / BOBBY WOOD
Address 2764 MERRETT DR
RUFORD, GA 30518
Phone Number 678-365-0299

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)

[Handwritten Signature]

Personally appeared before me

April D. Worley

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

April D. Worley
Notary Public

6/27/23
Date

APRIL D. WORLEY
NOTARY PUBLIC
Jackson County
State of Georgia
My Comm. Expires February 26, 2026

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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

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: William Evenson Date: 9/1/2023

Applicant's/Owner's Name (Printed): William Evenson

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Name of Official(s): _____ Office: _____

Dollar Amount: _____ Date of Contribution: _____

Applicant's/Owner's Signature: *Gregory Preston* Date: 9/11/23

Applicant's/Owner's Name (Printed): Gregory Preston

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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature:

Date: Aug 30, 2023

Applicant's/Owner's Name (Printed): Bobby Ward