

ZONING APPLICATION

Applicant (Name & Mailing Address)

John Roberts
Po Box 32
Gainesville, GA 30503
 Phone 678-316-6774
 Email Address jwr1247@gmail.com
 Proposed Use Residential Subdivision

Property Owner (Name & Mailing Address)

Estate of Carrie Hatfield
Thomas Hensley, Trustee
P.O. Box 158, Baldwin, GA. 30506
 Phone 706-770-5700
 Email Address Tomhensley@fielddale.com

Contact Person (Name & Mailing Address)

John Roberts
Po Box 32
Gainesville, GA 30503
 Phone 678-316-6774
 Email Address jwr1247@gmail.com
 Tax Parcel Number 10074 000004
 Location Address 4200 Chaco Rd. Gainesville 30506

Status of Applicant

- Owner
- Option to Purchase
- Area Resident
- Other

Requested Action

Existing Zoning: AR-III
 Rezone to: R-1
 Fee: \$ _____
 Receipt #: _____
 Check #: _____

Acreage 43.51

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

Sign [Signature] Date: 8-25-2023

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: _____

PLANNING AND DEVELOPMENT DEPARTMENT
2675 BROWNS BRIDGE ROAD GAINESVILLE, GA 30506
MAILING ADDRESS: P.O. BOX 443 GAINESVILLE, GA 30502
(770)531-6388 or (770)531-3372



AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) Thomas M. Hensley, Jr., Trustee Carrie M. Hatfield
Address POB 535
Baldwin, GA 30506
Phone Number 706-770-5700

Name of applicant(s) John Roberts
Address P.O. Box 32
Gainesville, GA 30503
Phone Number 678-316-6774

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)
Thomas M. Hensley, Jr.

Personally appeared before me
Thomas M. Hensley, Jr.

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

Lynne Graves Ramsaur
Notary Public

April 12, 2024
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).

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: 8-11-2023

Applicant's/Owner's Name (Printed): John Roberts

PLANNING AND DEVELOPMENT DEPARTMENT
2875 BROWNS BRIDGE ROAD, GAINESVILLE, GA 30504
MAILING ADDRESS: PO BOX 1435, GAINESVILLE, GA 30503
T 770-531-6669 F 770-531-3972



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 - (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.

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Name of Official(s): _____ Office: _____

Dollar Amount: _____ Date of Contribution: _____

Applicant's/Owner's Signature:  _____ Date: 8/12/2023

Applicant's/Owner's Name (Printed): Thomas M. Hensley, Jr.