

**CONDITIONAL USE APPLICATION**

**Applicant (Name & Mailing Address)**

EL ALAMO PROPERTIES, LLC  
3210 JOE PARKER ROAD  
GAINESVILLE, GA 30507

Phone 678 936 4498

Email Address loalmaguermar@gmail.com

Proposed Use EVENT FACILITY

**Property Owner (Name & Mailing Address)**

LETICIA CAMACHO  
4943 WEAVER ROAD  
GAINESVILLE, GA 30507

Phone 404 392 2688

Email Address camalet31@gmail.com

**Contact Person (Name & Mailing Address)**

LORENA ALMAGUER  
3415 Spartan Ct.  
Gainesville, GA 30507

Phone 678 936 4498

Email Address loalmaguermar@gmail.com

Tax Parcel Number \_\_\_\_\_

Location Address 3210 JOE PARKER ROAD, GAINESVILLE, GA 30507

**Status of Applicant**

- Owner
- Option to Purchase
- Area Resident
- Other

**Requested Action**

Permissive Use:

HCPC  HCC

Fee: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

Check #: \_\_\_\_\_

Zoning: PCD

Acreage 20.01

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

Sign *Lorena Almaguer*

Date: 10-04-2023

**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: \_\_\_\_\_

**AUTHORIZATION OF PROPERTY OWNERS**

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

Name of owner(s) LETICIA CAMACHO

Address 4943 WEAVER ROAD

GAINESVILLE, GA 30507

Phone Number 404 392 2688

Name of applicant(s) EL ALAMO PROPERTIES, LLC

Address 3210 JOE PARKER ROAD

GAINESVILLE, GA 30507

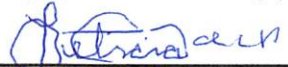
Phone Number 678 936 4498

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**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

B/ ~~LETICIA~~ & Brendon Coats

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



Notary Public

10/04/2023  
Date

BRENDON COATS  
NOTARY PUBLIC  
Hall County  
State of Georgia  
My Comm. Expires Aug. 23, 2025

AUTHORIZATION OF PROPERTY OWNERS  
I, the undersigned, being the owner of the property described in this form:

Name of owner(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of applicant(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

I swear that the above named property is the subject matter of the unpaid application as shown in the records of this County, Jersey.

I authorize the person named above to act as applicant in the purchase of a recording certificate and to execute the same in my name.

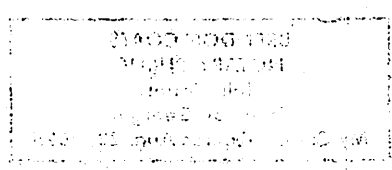
Signature of Owner(s)

\_\_\_\_\_  
 Personally signed before me  
 Notary Public

Who aware that the information contained in this subscription is true and correct to the best of his/her knowledge and belief.

10/01/2005  
 Date

\_\_\_\_\_  
 Notary Public



**AUTHORIZATION OF PROPERTY OWNERS**

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

Name of owner(s) ARMANDO BALLESTEROS

Address 4943 WEAVER ROAD

GAINESVILLE, GA 30507

Phone Number 404 391 5340

Name of applicant(s) EL ALAMO PROPERTIES, LLC

Address 3210 JOE PARKER ROAD

GAINESVILLE, GA 30507

Phone Number 678 936 4498

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**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)

Armando Ballesteros

Personally appeared before me

Cristel Vivaldo Rivera

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

Cristel Vivaldo

Notary Public



10-04-2023

Date

YANUARY 1988

NOTARY PUBLIC STATE OF TEXAS

AUTHORIZATION OF PROPERTY OWNERS

Name of owner(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name of applicant(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

I, the undersigned, hereby authorize the above named applicant(s) to execute and file with the appropriate authorities all documents necessary to carry out the purpose of this authorization.

Signature of Owner(s) \_\_\_\_\_

Signature of Applicant(s) \_\_\_\_\_

The undersigned hereby certifies that the information contained in the application is true and correct to the best of his/her knowledge.

10-01-88  
D&D



Notary Public \_\_\_\_\_

**AUTHORIZATION OF PROPERTY OWNERS**

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

Name of owner(s) Francisco Javier Ballesteros  
Address 4943 Weaver Road Gainesville GA 30507  
Phone Number 678-522-6304  
Name of applicant(s) El Alamo Property  
Address 3210 Joe Parker Road  
Phone Number 678-936-4498

**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)

Francisco J. Ballesteros

Personally appeared before me

Joshua D. Dixon

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

10/4/23

JOSHUA D. DIXON  
NOTARY PUBLIC  
Hall County  
State of Georgia  
My Comm. Expires Apr. 18, 2025

HALL COUNTY

OFFICE OF THE CLERK OF SUPERIOR COURT  
HALL COUNTY, GEORGIA  
COURT HOUSE  
COLUMBIANA, GEORGIA 30512

**AUTHORIZATION OF PROPERTY OWNERS**  
Total if the applicant is the present owner please disregard this form.

Name of owner(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Name of applicant(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_

I warrant that I am the owner of the property which is the subject matter of the several applications as shown in the records of Hall County, Georgia  
 I authorize the person named above to act as applicant in the event of a zoning administrative use or variance of this property.

Signature of Owner(s)

\_\_\_\_\_ (Signature)  
 I have read and approved this form before me.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 County Public

CLERK OF SUPERIOR COURT  
 HALL COUNTY, GEORGIA  
 COURT HOUSE  
 COLUMBIANA, GEORGIA 30512

### 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).

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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: *Leticia Camacho*

Date: 10-04-2023

Applicant's/Owner's Name (Printed): LETICIA CAMACHO



### CAMPAIGN CONTRIBUTIONS DISCLOSURE FORM

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(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.

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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: Armando Balcastros

Date: 10-04-2023

Applicant's/Owner's Name (Printed): Armando Balcastros

### CAMPAIGN CONTRIBUTIONS DISCLOSURE FORM

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(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.

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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: Francisco J. Balkesteros Date: 10/04/23

Applicant's/Owner's Name (Printed): Francisco J. Balkesteros