

ZONING APPLICATION

Applicant (Name & Mailing Address)

Shadow Stone Partners, LLC

3120 Frontage Road

Gainesville, GA 30504

Phone 678-267-7138

Email Address keith@thecookandcompany.com

Proposed Use Single-Family Detached Planned Residential Development

Property Owner (Name & Mailing Address)

Shadow Stone Partners, LLC / Fred Gober/Carolyn Gober Family LLP

3120 Frontage Road / 2762 Dover Road NW

Gainesville, GA 30504 / Atlanta, GA 30327

Phone 678-207-1500

Email Address info@thecookandcompany.com

Contact Person (Name & Mailing Address)

Keith Cook

3120 Frontage Road

Gainesville, GA 30504

Phone 678-207-1508

Email Address keith@thecookandcompany.com

Tax Parcel Number 10050-000008 & 10033-000001

Location Address 4035 & 3955 Leach Road - Gainesville, GA 30506

Status of Applicant

Owner

Option to Purchase

Area Resident

Other

Requested Action

Existing Zoning: R-1/AR-III

Rezone to: PRD

Fee: \$ _____

Receipt #: _____

Check #: _____

Acreage 174.44 Acres

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

Sign  Date: 9/22/2023

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



AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) Shadow Stone Partners, LLC

Address 3120 Frontage Road - Gainesville, GA 30504

Phone Number (678) 207-1500


Name of applicant(s) Shadow Stone Partners, LLC

Address 3120 Frontage Road - Gainesville, GA 30504

Phone Number (678) 207-1500

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
Robert Michael Santi

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


Notary Public

9/22/23
Date



AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) H. Fred Gober and Carolyn M. Gober Family LLLP

Address 2762 Dover Road - Atlanta, GA 30327

Phone Number 404-316-1125

Name of applicant(s) Shadow Stone Partners, LLC

Address 3120 Frontage Road - Gainesville, GA 30504

Phone Number (678) 207-1500

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)

Elisabeth Ann Tedesco

Elisabeth Ann Tedesco and
Personally appeared before me

Elisabeth Ann Tedesco and

James A Gober

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

James A. Gober

James A Gober,
Managing General Partners

[Signature]

Notary Public

8-11-2023

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 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): N/A

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature:  _____

Date: _____

Applicant's/Owner's Name (Printed): Shadow Stone Partners, LLC (Keith Cook - Agent)



CAMPAIGN CONTRIBUTIONS DISCLOSURE FORM

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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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****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): N/A Office: _____

Dollar Amount: _____ Date of Contribution: _____

Applicant's/Owner's Signature: James A. Gober
Ann Gober Tedesco Date: August 11, 2023
H. Fred Gober and

Applicant's/Owner's Name (Printed): Carolyn M. Gober Family LEP LLLP

By: Ann Gober Tedesco and
James A Gober,
Managing General Partners