

ZONING APPLICATION

Applicant (Name & Mailing Address)

Property Owner (Name & Mailing Address)

Robert L. Ratcliffe
5348 Channel Drive
Gillsville, GA 30543

Phone 770-605-8988

Phone 770-605-8988

Email Address robertbucky@yahoo.com

Email Address robertbucky@yahoo.com

Proposed Use Separate property for DM-1 Single Family Dwelling

Contact Person (Name & Mailing Address)

Status of Applicant

Requested Action

Robert L. Ratcliffe

Owner

Existing Zoning: AR-IV(c)

5348 Channel Dr.

Option to Purchase

Rezone to: AR-IV

Gillsville, GA 30543

Area Resident

Fee: \$ 600.00

Phone 770-605-8988

Other

Receipt #: _____

Email Address robertbucky@yahoo.com

Check #: _____

Tax Parcel Number _____

Acreage 5 acs

Location Address 5348 Channel Dr. Gillsville, GA 30543

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

Sign Robert L. Ratcliffe

Date: 10/19/2023

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



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: *Diane L. Ratcliffe*

Date: 10/31/2023

Applicant's/Owner's Name (Printed): Diane L. Ratcliffe

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Office: _____

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Date of Contribution: _____

Applicant's/Owner's Signature: Robert L. Ratcliffe

Date: 10/19/2023

Applicant's/Owner's Name (Printed): Robert L. Ratcliffe

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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: Jason Hollis

Date: 10/29/23

Applicant's/Owner's Name (Printed): Jason Hollis

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Name of Official(s): _____ Office: _____

Dollar Amount: _____ Date of Contribution: _____

Applicant's/Owner's Signature: *Cynthia C. Hollis* Date: 10/25/23

Applicant's/Owner's Name (Printed): Cynthia C. Hollis