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)	e & Mailing Address) Property Owner (Name & Mailing Address)				
Tim Ferguson	Ashley Xitaly Ruelas				
PO Box 597 Dahlonega, Georgia 30533	2529 HOLLOW DRIVE				
	GAINESVILLE, GA 30504				
Phone 706-265-5270	Phone 706-265-5270				
Email Addresstimcferguson@yahoo.com	Email Address timcferguson@yahoo.com				
Proposed Use residential development with	th thirteen townhomes a	nd parking			
Contact Person (Name & Mailing Address)	Status of Applicant	Requested Action			
Madison Winship	_ Owner	Existing Zoning: H-B			
	_ □ Option to Purchase	Rezone to: PRD			
	_ □ Area Resident	Fee:\$450.00			
Phone706-926-0316	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Receipt #:			
Email Address Submittals@davisengineers.com	_	Check #:			
Tax Parcel Number 00122 002013 & 00122 002014 & 00122 002015 & 00122 0	002016 Acreage 2				
Location Address 2030, 2036, 2038 & 2040 Spring Ro	ad, Gainesville GA 30504				
I hereby certify that the above information and all attached	l information are true and corre	ct.			
Sign		Date: December 15, 2023			
Applicant must complete all information above. Failure application. The Planning Department has 15 days to application. If the application is found insufficient, an assubmitted. Please note that the Planning Commission	o review all applications and will genda date will not be set until t	l set the dates for each he required information is			
Application Withdrawal: I hereby withdraw the application.					
Sign		_Date:			
Staff Use Only					
Application Date: Ta	aken by:				
Tentative Planning Commission Date: Te	entative County Commission Date:				
County Commission District					

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# **AUTHORIZATION OF PROPERTY OWNERS**

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

Name of owner(s) _	Ashley Xitaly Ruelas	
Address	2030, 2036, 2038 & 2040 Spring Road, Gainesville GA 30504	
Phone Number	(770) 878-7920	
Name of applicant(s) _	Tim Ferguson	
Address		_
Phone Number	706-265-5270	-
	shown in the records of Hall County, Georgia.  on named above to act as applicant in the pursuit of a rezoning, permovariance of this property.	
Danasally assessed by	noforo mo	
Personally appeared by the second sec	eyy	
who swears that the in knowledge and belief.	formation contained in this authorization is true and correct to the best of	his/her
Notary Public Ruy	Date  12 18 7023  Date	

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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 ab	ove and that:		
	I have**	I have not_	_
within the two years immediately prece to any local government official involve			bution(s) aggregating \$250.00 or more of this application.
**If you have made such contributions this application.	, you must provide	e the data requ	uired below within ten (10) days of filing
Name of Official(s):			Office:
Dollar Amount:	4 0	<del> </del>	Date of Contribution:
Applicant's/Owner's Signature:	Sta		Date: 1/1/25
Applicant's/Owner's Name (Printed): _	'/in t	-ergu	£ 0/

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I hereby certify that I have read the above and that:	
I have** I have	e not <u>LG</u>
within the two years immediately preceding this date, made an to any local government official involved in the review or consider	
**If you have made such contributions, you must provide the d	ata required below within ten (10) days of filing
Name of Official(s):	Office:
Dollar Amount:	Date of Contribution:
Applicant's/Owner's Signature:	Date: 12/28/23
Applicant's/Owner's Name (Printed):Ludivina Gallardo	

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I hereby certify that I have read the above		DS	
I h	ave**	I have not $\ell$	
within the two years immediately preceding to any local government official involved in			
**If you have made such contributions, yo this application.	ou must provide	the data required bel	ow within ten (10) days of filing
Name of Official(s):		Office:	
Dollar Amount:			Contribution:
Applicant's/Owner's Signature: USHUEU	LRUELIS BD4A4	Date: _	12/29/2023
Applicant's/Owner's Name (Printed):ASHL	LEY RUELAS		