PLANNING AND DEVELOPMENT DEPARTMENT 2875
BROWNS BRIDGE ROAD, GAINESVILLE, GA, 30504 MAILING
ADDRESS: PO BOX 1435, GAINESVILLE. GA 30503 t: 770-531-6809 I
f: 770-531-3902



ZONING APPLICATION

Applicant (Name & Mailing Address)	Property Owner (Name & Mailing Ad		
James + Amanda Edwards	James + Aman	da Edwaras	
6195 Christy in	Co195 Christy	<u>un</u>	
Flowery Branch GA 30542	Flowery Bran	ch GH 305 42	
Phone 7063721559	Phone 70637215	59	
	Email Address K 10027		
Email Address Klobutto gmail Can			
Proposed Use Family homes pers	onal Use		
Contact Person (Name & Mailing Address)	Status of Applicant	Requested Action	
Amanda Edwards		Existing Zoning: R-T-T-T	
Colas Christy Ch	Y Option to Purchase	Rezone to: AR-III	
Flowery Branch GA 30542	Υ Area Resident	Fee:\$ 600	
Phone 7063721559	Υ Other	Receipt #:	
Email Address kloazragmail. com	000000	Check #:	
Email Address <u>kloazr@gmail.com</u> 000100 Check#: Tax Parcel Number 15046-00087, 15046-000881 Acreage 17, 141 Location Address 6195 Christy in Flowery Branch GA 30542			
Location Address 6195 Christy in Flowery Branch GA 30592			
I hereby certify that the above information and all attached information and all attached information.	ormation are true and correct.	10 00011	
Sign What III		Date: 2-12-2024	
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:			

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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 above and the	at:
I have	e** I have not_X
within the two years immediately preceding this of government official involved in the review or cons	date, made any contribution(s) aggregating \$250.00 or more to any local sideration of this application.
**If you have made such contributions, you must application.	provide the data required below within ten (10) days of filing this
Name of Official(s):	Office:
Dollar Amount:	Date of Contribution:
Applicant's/Owner's Signature:	Date: 2-12-2024
Applicant's/Owner's Name (Printed):	as Clean Edwards

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I hereby certify that I have read the above and that:	
I have**	_ I have not <u>X</u>
to any local government official involved in the revie	e, made any contribution(s) aggregating \$250.00 or more w or consideration of this application. ovide the data required below within ten (10) days of filing
Name of Official(s):	Office:
Dollar Amount: Applicant's/Owner's Signature:	Date: 2-2-2024
Applicant's/Owner's Name (Printed): Amada	a Edwards