



ZONING APPLICATION

Applicant (Name & Mailing Address)

Josh Boling
 6525 The Corners Parkway
 Peachtree Corners, GA 30092
 Phone 678-894-3990
 Email Address jboling@acmapts.com
 Proposed Use PID

Property Owner (Name & Mailing Address)

Josh Boling
 6525 The Corners Parkway
 Peachtree Corners, GA 30092
 Phone 678-894-3990
 Email Address jboling@acmapts.com

Contact Person (Name & Mailing Address)

Josh Boling
 6525 The Corners Parkway
 Peachtree Corners, GA 30092
 Phone 678-894-3990
 Email Address jboling@acmapts.com
 Tax Parcel Number 15007000254
 Location Address 4745 Cagle Mill Rd

Status of Applicant

- Owner
- Option to Purchase
- Area Resident
- Other

Requested Action

Existing Zoning: AR-III
 Rezone to: _____
 Fee:\$ _____
 Receipt #: _____
 Check #: _____

Acreege 10.59

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

Sign _____ Date: _____

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) John Davenport for CBD Investments, LLC

Address TWO RAVINIA DR, SUITE 850
ATLANTA, GA 30346

Phone Number _____

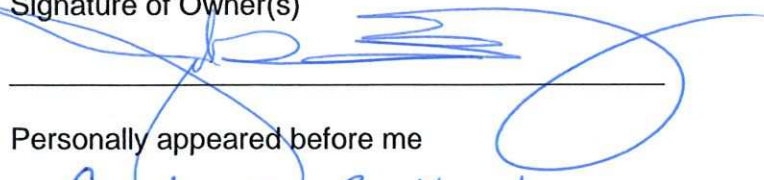
Name of applicant(s) Josh Boling

Address 6525 The Corners Parkway, Suite 216
Peachtree Corners, GA 30092

Phone Number 678-894-3990

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
Cindy E. Ballard

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

Cindy E. Ballard
Notary Public

Mandy E. Ballard
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): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: Josh Boling

Date: 5/16/2022

Applicant's/Owner's Name (Printed): Josh Boling