

ZONING APPLICATION

Applicant (Name & Mailing Address)

RASHMIRANTAN JYOTIPRANATH
8540 SPYGLASS DR
DULUTH, GA - 30097

Phone 847 800 7725

Email Address RASHMISHITA@GMAIL.COM

Proposed Use RESIDENTIAL

Property Owner (Name & Mailing Address)

SAALEE MOSS OVERLOOK LLC
(RASHMIRANTAN JYOTIPRANATH & SHITA JYOTIPRANATH)
8540 SPYGLASS DR, DULUTH.

Phone 847 530 5573

Email Address _____

Contact Person (Name & Mailing Address)

NAVEEN KOMMINENI

1760 MASSIA OVERLOOK DR

CUMMING GA 30041

Phone 770-298-1014

Email Address NAVEEN@jnjhomes.com

Tax Parcel Number 10085 000061

Acreage 4.83

Location Address 2466 OldFork Rd, Gainesville GA 30506

Status of Applicant

Owner

Option to Purchase

Area Resident

Other

Requested Action

Existing Zoning: _____

Rezone to: _____

Fee: \$ _____

Receipt #: _____

Check #: _____

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

Sign [Signature]

Date: 06/02/2024

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: _____

CONDITIONAL USE APPLICATION

Applicant (Name & Mailing Address)

RASHMIRANJAN JYOTIPRAKASH
8540 SPYGLASS DR
DULUTH, GA - 30097

Phone 847 800 7725
 Email Address RASHMIISMITA@GMAIL.COM

Proposed Use RESIDENTIAL

Property Owner (Name & Mailing Address)

SAALEE MOSS OVERLOOK LLC
(RASHMIRANJAN JYOTIPRAKASH & SHITA JYOTIPRAKASH)
8540 SPYGLASS DR, DULUTH, GA - 30097

Phone 847 530 5573
 Email Address _____

Contact Person (Name & Mailing Address)

NAVEEN KOMMINENI
1760 MARCIA OVERLOOK DR,
CUMMING GA 30041

Phone 770-298-1014
 Email Address NAVEEN@YNTHOMES.COM

Tax Parcel Number 10085 000061
 Location Address 2466 OldFork Rd, Gainesville GA 30506

Status of Applicant

- Owner
- Option to Purchase
- Area Resident
- Other

Requested Action

Permissive Use:
 HCPC HCC
 Fee: \$ _____
 Receipt #: _____
 Check #: _____

Zoning: _____
 Acreage 4.83

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

Sign _____ Date: 06/02/2024

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: _____

AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) RASHMIRAJAN JYOTIPRAKASH & SMITA JYOTIPRAKASH

Address 8540 SPYGLASS DR, DULUTH, GA - 30097.

Phone Number (847) 800 - 7725.

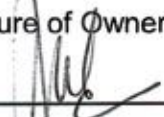
Name of applicant(s) NAVEEN KOMMINENI

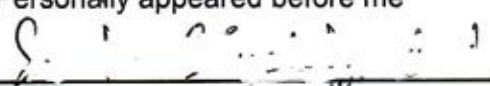
Address 1760 MARCIA OVERLOOK DR,
CUMMING GA 30041

Phone Number 770 - 298 - 1014

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)
 Smita Jyoti Prakash.

Personally appeared before me
 Shailesh Barot

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

Shailesh Barot
Notary Public



06/04/2024
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

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:  Smita Sijapati Date: 06/14/2024

Applicant's/Owner's Name (Printed): RASHMIRANJAN JYOTIPRAKASH & SMITA JYOTIPRAKASH

CAMPAIGN CONTRIBUTIONS DISCLOSURE FORM

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 - (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).

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Name of Official(s): _____ Office: _____

Dollar Amount: _____ Date of Contribution: _____

Applicant's/Owner's Signature: *R. Naveen* Date: *06/14/2024*

Applicant's/Owner's Name (Printed): *Naveen Kommaneni*