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



CONDITIONAL USE APPLICATION

Applicant (Name & Mailing Address)	Property Owner (Name & Mailing Address)				
NABEEL GROUP OF COMPANIES, INC.	PHILLIP V	PHILLIP W WILLIAMS			
	6054 LIGHTS FERRY ROAD				
4850 Sugarloaf Pkwy 209-313 Lawrenceville, GA 30044	fLOWER)	FLOWERY BRANCH 30542			
Phone 770-855-5149	Phone	770-540-1379			
Email Address NABEEL@NGC.US	Email Add	ress			
Proposed Use GASOLINE STATION AND CONVENIE	NCE STORE				
Contact Person (Name & Mailing Address) SANIYA VIRANI 4050 CHOARLOAE BARKWAY CHITE 200 242	Sta	atus of Applicant Owner	Fee:\$ Receipt #: Check #:		
4850 SUGARLOAF PARKWAY SUITE 209-313		Option to Purchase			
LAWRENCEVILLE GA 30044		- □ Area Resident - □ Other			
Phone	_				
Tax Parcel Number08119 000003	Acre	i:			
Applicant must complete all information above. Fa application. The Planning Department has 15 day application. If the application is found insufficient, a submitted. Please note that the Planning Com	ilure to comple s to review all a n agenda date	te this section will re applications and wil will not be set until (Date: 05/24/2024 esult in the refusal of the I set the dates for each the required information is		
Application Withdrawal: I hereby withdraw the application	on.				
Sign			Date:		
Staff Use Only					
Application Date:	Taken by:				
Tentative Planning Commission Date:	Tentative 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)	PHILLIP W WILLIAMS		Phw		
Address	_ 6054 LIGHTS FERRY R	OAD MARIETTA GA 30542	ر ۴		
Phone Number	770-540-1379				
Name of applicant(s)	NABEEL GROUP OF CO	OMPANIES, INC			
Address	4850 SUGARLOAF PARKWAY SUITE 209-313 LAWRENCEVILLE, GA 30044				
Phone Number	770-855-6356				
I swear that I am the		which is the subject matter of cords of Hall County, Georgia		s as	
I authorize the perso		applicant in the pursuit of a ce of this property.	rezoning, permissive us	e, or	
Signature of Owner(s)	s William				
Personally appeared t	pefore me	_			
who swears that the ir knowledge and belief.		authorization is true and corre	ct to the best of his/her		
Motary Public	Lacustes	05/24/2024 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 rea	ad the above and that:		
	I have**	I have not X	
within the two years immediat to any local government offici			n(s) aggregating \$250.00 or more nis application.
**If you have made such cont this application.	ributions, you must pro	vide the data required	below within ten (10) days of filing
Name of Official(s):		Offi	ce:
Dollar Amount:	g	-	e of Contribution:
Applicant's/Owner's Signature		Dat	e: 06/07/2024
Applicant's/Owner's Name (Pri	inted): NAB	EEL MEMOR	J

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I hereby certify that I have read the ab	ove 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 this application.	, you must provide	the data require	d below within ten (10) days of filing	
Name of Official(s):		Of	ffice:	
Dollar Amount:			ate of Contribution:	
Applicant's/Owner's Signature:	the Whi	Wars De	s For Estate of Eleanor Williams	
Applicant's/Owner's Name (Printed):	Phillip_	William	s For Estate of	
			EleANOR Williams	