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	Property Owner (Name & Mailing Address)			
Salomon Sancer		Ber	Bernardo Perez			
3569 Al Mangum 12		41	41 ophelia dave			
30515 G	bainsville, GA	Gai	Gainesville Georgia			
Phone <u>770</u>	374 2262	20,000	Phone 678-617-8089.			
Email Address FASIX Street MCQ ghailicon		, ,	Email Address			
Proposed Use RETAIL SALES						
Contact Person (I	Name & Mailing Address)	St	atus of Applicant	Requested Action		
5×lonor 8	Sance	_ □	Owner	Existing Zoning: R-I		
			Option to Purchase	Rezone to: H-B		
			Area Resident	Fee:\$ 450,50		
Phone		_ 2	Other	Receipt #: 858994		
Email Address		_		Check#: CASIT		
Tax Parcel Number		Ac	reage 0.89			
Location Address_	2002 MEMORIAL PARK	_				
I hereby certify the	at the above information and all attached	l informatio	on are true and corre	ct.		
Sign	il fr			_ 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: 1 Pereby withdraw the application. Sign Date: 8 1 2 4						
Staff Use Only Application Date: Tentative Planning Co County Commission D	ommission Date: 7/5/22 Te	ken by: <u></u>	tidule. ty Commission Date:	8/11/22.		

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HALL COUNTY
We have it all in Hall

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AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) _ Address	Bernado Perez 41 Ophella drive				
Phone Number _	678 - 617 - 8089				
Name of applicant(s)	Salama Sancer				
Address	3569 al margun Cl				
Phone Number	710 314 2262				
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 b	FI HAS NOTARY THESE T				
who swears that the information contained in this authorization is true and correct to the best of his/her knowledge and belief.					
Notary Public	5 6 22 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 above	ve and that:		
1	have**	I have not_	
within the two years immediately preced to any local government official involved			
**If you have made such contributions, y this application.	ou must provide	e the data req	uired below within ten (10) days of filing
Name of Official(s):			Office:
Dollar Amount:			Date of Contribution:
Applicant's/Owner's Signature:	and for	_	Date: 5/5/2022
Applicant's/Owner's Name (Printed):	Bernardo	Pece2	

PLANNING AND DEVELOPMENT DEPARTMENT

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I hereby certify that I have read the above and that:	
l have** I have not/_	_
within the two years immediately preceding this date, made any contrib to any local government official involved in the review or consideration	
**If you have made such contributions, you must provide the data requithis application.	red below within ten (10) days of filing
Name of Official(s):	Office:
Dollar Amount:	Date of Contribution:
Applicant's/Owner's Signature: SaloMon Soven	Date: 5/5/2022
Applicant's/Owner's Name (Printed):	100