

ZONING APPLICATION

Applicant (Name & Mailing Address)
 Abernathy Engineering Group

Property Owner (Name & Mailing Address)
 Leslie Ann Scales

PO BOX 1886

7213 Brickey Lane

Buford, GA 30515

Knoxville, TN 37918

Phone 770-231-9013

Phone 423-715-8002

Email Address guy@abernathyeng.com

Email Address [redacted]

Proposed Single Family Residential PRD

Contact Person (Name & Mailing Address)
 Guy Abernathy, Abernathy Engineering Group

PO BOX 1886

Buford, GA 30515

Phone 770.231.9013

Email Address Guy@abernathyeng.com

Tax Parcel Number 15048 000034

Status of Applicant

Requested Action

Owner

Existing Zoning: SFR ARIII

Option to Purchase

Rezone to: PRD

Area Resident

Fee: \$ _____

Other

Receipt #: _____

Check #: _____

Acreage 38.45+/-

Location Address 5991 Swansey Rd., Flowery Branch, GA 30542

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

Sign [Signature] Date: 6.7.24

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

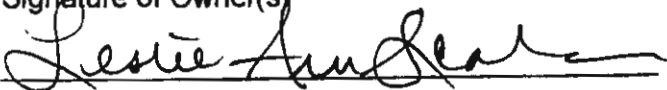
Note: If the applicant is the property owner, please disregard this form.

Name of owner(s) **Leslie Ann Scales**
Address **37918**
7213
Brickey Lane
Knoxville, TN Phone Number **423-715-8002**

Name of applicant(s) **Guy Abernathy, Abernathy Engineering Group, LLC**
Address **Buford, GA**
PO Box 30515 Phone Number **770-231-9013**
1886


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.

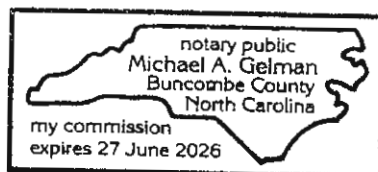
NC, HENDERSON
Signature of Owner(s)


Personally appeared before me
LESLIE ANN SCALES

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


Notary Public

JUNE 5th, 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: _____

Date: 5.22.24

Applicant's/Owner's Name (Printed): _____

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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: Leslie Ann Scales

Date: June 5, 2024

Applicant's/Owner's Name (Printed): Leslie Ann Scales

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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: _____

Date: 6/7/24

Applicant's/Owner's Name (Printed): MICHAEL COOPER