

PLANNING AND DEVELOPMENT DEPARTMENT
 2875 BROWNS BRIDGE ROAD, GAINESVILLE, GA, 30504
 MAILING ADDRESS: PO BOX 1435, GAINESVILLE, GA 30503
 t: 770-531-6809 | f: 770-531-3902

CONDITIONAL USE APPLICATION

Applicant (Name & Mailing Address)

Genuine Mapping and Design, LLC
 Ben Drerup, Principal/General Manger
 PO Box 631, Jefferson, GA 30549

Phone 678-717-4631
 Email Address bdrerup@ genuinemapping.com
 Proposed Use Boat & Camper Storage

Property Owner (Name & Mailing Address)

HMEnterprise Holdings, Inc.
 1266 West Paces Ferry Rd, Suite 268
 Atlanta, GA 30327

Phone _____
 Email Address grantleroux@ mail.com

Contact Person (Name & Mailing Address)

David Johnson
 PO Box 631
 Jefferson, GA 30549
 Phone 678-557-0384
 Email Address david@ genuinemapping.com
 Tax Parcel Number 07330 001006B
 Location Address 6515 New Bethany Road

Status of Applicant


- Owner
- Option to Purchase
- Area Resident
- Other

Zoning: PID
 Acreage 1.86

Requested Action

Permissive Use:
 HCPC HCC
 Fee:\$ 450.00
 Receipt #: _____
 Check #: _____

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

Sign  Date: 9/6/2024

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: _____

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AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) HM Enterprise Holdings, Inc.

Address 1266 West Paces Ferry, Suite 268

Atlanta, GA 30327

Phone Number 678-315-6521

Name of applicant(s) Genuine Mapping and Design, LLC

Address P.O. Box 631

Jefferson, GA 30549

Phone Number 678-717-4631

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)

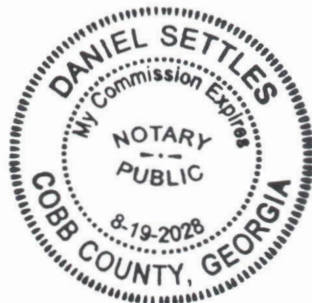
[Handwritten Signature]

Personally appeared before me

[Handwritten Signature: Daniel Settles]

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

[Handwritten Signature: Daniel Settles]
Notary Public



9/4/2024
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 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: 9/6/2024

Applicant's/Owner's Name (Printed): Benjamin Drerup

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- (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: *Grant M. LeRoux*

Date: 9/4/24

Applicant's/Owner's Name (Printed): Grant M. LeRoux



BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: **HM ENTERPRISE HOLDINGS, INC.**

Control Number: **11014477**

Business Type: **Domestic Profit Corporation**

Business Status: **Active/Compliance**

Business Purpose: **NONE**

Principal Office Address: **1266 W PACES FERRY RD.,
STE 268, Atlanta, GA,
30327, USA**

Date of Formation /
Registration Date: **2/16/2011**

State of Formation: **Georgia**

Last Annual Registration
Year: **2024**

REGISTERED AGENT INFORMATION

Registered Agent Name: **Helen Moore**

Physical Address: **6900 Holiday Rd, Buford, GA, 30518, USA**

County: **Hall**

OFFICER INFORMATION

Name	Title	Business Address
Grant LeRoux	CFO	1266 W Paces Ferry Rd., Suite 268, Atlanta, GA, 30327, USA
Grant LeRoux	Secretary	1266 W Paces Ferry Rd., Suite 268, Atlanta, GA, 30327, USA
Sharon LeRoux	CEO	1266 W Paces Ferry Rd., Suite 268, Atlanta, GA, 30327, USA

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