



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

### SPECIAL / CONDITIONAL USE APPLICATION

**Applicant (Name & Mailing Address)**

**Property Owner (Name & Mailing Address)**

\_\_\_\_\_  
\_\_\_\_\_  
Keith Bell

\_\_\_\_\_  
\_\_\_\_\_  
Charles D Bell  
J. Mmic Sue Bell

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Proposed Use \_\_\_\_\_

**Contact Person (Name & Mailing Address)**

**Status of Applicant**

**Requested Action**

\_\_\_\_\_  
Keith Bell

Owner

Type of Request:

Option to Purchase

SU  CUP

Area Resident

Fee: \$ \_\_\_\_\_

Other

Receipt #: \_\_\_\_\_

Phone \_\_\_\_\_

Zoning: \_\_\_\_\_ Check #: \_\_\_\_\_

Email Address \_\_\_\_\_

Tax Parcel Number \_\_\_\_\_

Acreage \_\_\_\_\_

Location Address 5351 LANIER JOLAND PARKWAY

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

Sign [Signature]

Date: 12-9-24

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: \_\_\_\_\_



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**AUTHORIZATION OF PROPERTY OWNERS**

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

Name of owner(s) Charles and Jimmie Sue Bell  
Address 3582 Carter Road  
Buford GA 30518  
Phone Number [REDACTED]

Name of applicant(s) Keith Bell  
Address 3604 Carter Rd  
Buford GA 30518  
Phone Number [REDACTED]

**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)  
Charles Bell Jimmie Bell

Personally appeared before me

\_\_\_\_\_

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

Pamela B Jones  
Notary Public

12/9/2024  
Date

Pamela B Jones  
NOTARY PUBLIC  
Hall County, GEORGIA  
My Commission Expires 04/16/2025



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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: Charles Bell Jimmie Bell Date: 12-19-24

Applicant's/Owner's Name (Printed): Charles Bell Jimmie Sur Bell



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Name of Official(s): \_\_\_\_\_

Office: \_\_\_\_\_

Dollar Amount: \_\_\_\_\_

Date of Contribution: \_\_\_\_\_

Applicant's/Owner's Signature: Keith Bell

Date: 12-9-24

Applicant's/Owner's Name (Printed): KEITH BELL