

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



ZONING APPLICATION

Applicant (Name & Mailing Address)

Koons Environmental Design, Inc. Attn: Josh Koons
675 Pulaski Street, Suite 2000
Athens, Georgia 30602
Phone 706-353-3838 x 106

Email Address lizmarie@koonsdesign.com josh@koonsdesign.com

Proposed Use Short term rental, event space, campground

Property Owner (Name & Mailing Address)

Elimelech Rosner
5196 Belmore Ct

Suwanee, Georgia 30024

Phone

Email Address

Contact Person (Name & Mailing Address)

Koons Environmental Design, Inc. Attn: Liz Marie Swift
675 Pulaski Street, Suite 2000
Athens, Georgia 30602
Phone 706-353-3838 x 106

Email Address lizmarie@koonsdesign.com josh@koonsdesign.com

Tax Parcel Number Parcel A: 11135-000001
Parcel B: 11135-000001E

Location Address 6700 and 6702 Yellow Creek Road, Murrayville, GA

Status of Applicant

- ☐ Owner
☐ Option to Purchase
☐ Area Resident
☒ Other

Requested Action

Existing Zoning: V-C

Rezone to: PCD

Fee: \$

Receipt #:

Check #:

Parcel A: 6.85 AC
Acreage Parcel B: 40.29 AC Total Acreage: 47.14 AC

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

Sign  Date: 01/31/2025

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) Elimelech Rosner

Address 5196 Belmore Ct
Suwanee, Georgia 30024

Phone Number [REDACTED]

Name of applicant(s) Koons Environmental Design, Inc. Attn: Josh Koons

Address 675 Pulaski Street, Suite 2000
Athens, Georgia 30602

Phone Number 706-353-3838 x 106

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 before me

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

See Attached

Notary Public

Date

1/16/25

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: 1/16/25

Applicant's/Owner's Name (Printed): ~~ELIMELECH~~ ROSNER ELIMELECH

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

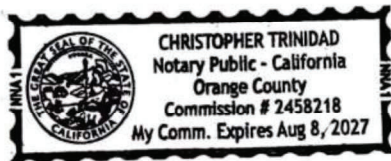
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
 County of Orange
 On January 16, 2025 before me, Christopher Trinidad, Notary Public,
 Date Here Insert Name and Title of the Officer
 personally appeared Rosner E. Imelech
 Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Signature]
 Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____
 Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
 Signer Is Representing: _____

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
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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: _____

Date: 02/06/2025

Applicant's/Owner's Name(Printed): Joshua H Koons



GEORGIA CORPORATIONS DIVISION

GEORGIA SECRETARY OF STATE
BRAD RAFFENSPERGER

[HOME \(/\)](#)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: **KOONS ENVIRONMENTAL DESIGN, INC.** Control Number: **06107114**

Business Type: **Domestic Profit Corporation** Business Status: **Active/Owes Current Year AR**

Business Purpose: **NONE**

Principal Office Address: **675 Pulaski Street, Suite 2000, Athens, GA, 30601, USA** Date of Formation / Registration Date: **12/19/2006**

State of Formation: **Georgia** Last Annual Registration Year: **2024**

REGISTERED AGENT INFORMATION

Registered Agent Name: **Koons, Joshua Hamilton**

Physical Address: **675 Pulaski Street Suite 2000, Athens, GA, 30601, USA**

County: **Clarke**

OFFICER INFORMATION

Name	Title	Business Address
Joshua H Koons	CEO	205 Clover Street, Athens, GA, 30606, USA
Joshua H Koons	Secretary	205 Clover Street, Athens, GA, 30606, USA
Joshua H Koons	CFO	205 Clover Street, Athens, GA, 30606, USA

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