

PLANNING AND ZONING 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)

Lean on me Recovery Residences
5674 Bark Camp Rd.
Murrayville, GA. 30564

Phone [REDACTED]

Email Address Lean on me Recovery Center
@gmail.com

Proposed Use Recovery Residence / Sobriety Living / Transitional House

Property Owner (Name & Mailing Address)

Living Waters Outreach, Inc. (Church)
5833 Bark Camp Rd (P.O. Bx 97) mailing.
Murrayville, GA 30564

Phone [REDACTED]

Email Address [REDACTED]

Contact Person (Name & Mailing Address)

Matthew P. Mize
5758 Hopewell Ch. Rd.
Gainesville, GA. 30506

Phone [REDACTED]

Email Address Lean on me Recovery Center
@gmail.com

Tax Parcel Number 11083 002001

Location Address 5674 Bark Camp Rd. Murrayville, GA. 30564

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

Print Matthew P. Mize

Sign Matthew P. Mize

Status of Applicant
Requested Action

☐ Owner

Type of Request:

☐ Option to Purchase

☐ SU

☐ CUP

☐ Area Resident

Fee: \$

☒ Other

Receipt #: _____

Zoning: AR-1

Check #: _____

Acreage 0.4189 acres

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) Jammie A. Fortner Living Waters Outreach, Inc.

Address 5833 Bank Camp P.O. Bx 97
Murrayville, GA 30564

Phone Number [REDACTED]

Name of applicant(s) Matthew P. Mize

Address 5158 Hopewell Ch. Rd.
Gainesville, GA 30506

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.

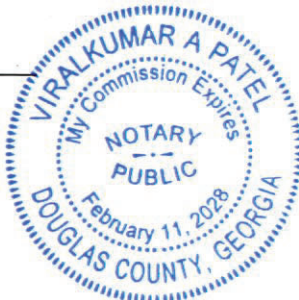
Signature of Owner(s)
Jammie A. Fortner

Personally appeared before me

JAMMIE ANN FORTNER

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

[Signature]
 Notary Public



5/20/25
 Date



GEORGIA CORPORATIONS DIVISION

GEORGIA SECRETARY OF STATE
BRAD RAFFENSPERGER

[HOME \(/\)](#)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name:	Lean On Me Recovery Residences, Inc.	Control Number:	25041314
Business Type:	Domestic Nonprofit Corporation	Business Status:	Active/Compliance
NAICS Code:	Health Care and Social Assistance	NAICS Sub Code:	Residential Mental Health and Substance Abuse Facilities
Principal Office Address:	5158 Hopewell Church Rd, Gainesville, GA, 30506, USA	Date of Formation / Registration Date:	2/24/2025
State of Formation:	Georgia	Last Annual Registration Year:	NONE

REGISTERED AGENT INFORMATION

Registered Agent Name: **Matthew P Mize**
Physical Address: **5158 Hopewell Church RD, Gainesville, GA, 30506, USA**
County: **Hall**

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GEORGIA CORPORATIONS DIVISION

GEORGIA SECRETARY OF STATE
BRAD RAFFENSPERGER

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BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: **LIVING WATERS
OUTREACH, INC.**

Control Number: **J000202**

Business Type: **Domestic Nonprofit
Corporation**

Business Status: **Active/Compliance**

Business Purpose: **NONE**

Principal Office Address: **PO BOX 97,
MURRAYVILLE, GA,
30564-0097**

Date of Formation /
Registration Date: **1/7/1980**

State of Formation: **Georgia**

Last Annual Registration
Year: **2026**

REGISTERED AGENT INFORMATION

Registered Agent Name: **JAMMIE A. FORTNER**

Physical Address: **2147 EMORY STEPHENS RD., MURRAYVILLE, GA, 30564, USA**

County: **Hall**

OFFICER INFORMATION

Name	Title	Business Address
Jammie A Fortner	CFO	P O BOX 51, MURRAYVILLE, GA, 30564, USA
JAMMIE A. FORTNER	CEO	P O BOX 51, MURRAYVILLE, GA, 30564, USA
JAMMIE A. FORTNER	Secretary	P O BOX 51, MURRAYVILLE, GA, 30564, USA

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Office of the Georgia Secretary of State Attn: 2 MLK, Jr. Dr. Suite 313, Floyd West Tower Atlanta, GA 30334-1530,
Phone: (404) 656-2817 Toll-free: (844) 753-7825, WEBSITE: <https://sos.ga.gov/>

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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 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: Matthew P. Mize

Date: 8/20/2025

Applicant's/Owner's Name(Printed): MATTHEW P. MIZE



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- (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.
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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: Jammie A. Fortner

Date: 5-20-25

Applicant's/Owner's Name (Printed): Jammie A. Fortner