

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. Box 97) Mailbox
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

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

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

Print Matthew P. Mize

Date: 5/20/2025

Sign Matthew P. Mize

Date: 5/22/2025

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 Matthew P. Mize

Date: 7/16/2025

Staff Use Only

Application Date: _____

Taken by: _____

Tentative Planning Commission Date: _____

Tentative County Commission Date: _____

County Commission District: _____