2875 BROWNS BRIDGE ROAD, GAINESVILLE, GA, 30504 MAILING ADDRESS: PO BOX 1435, GAINESVILLE. GA 30503 t: 770-531-6809 I f: 770-531-3902



## **ZONING APPLICATION**

Applicant (Name & Mailing Address) BCBTR, LLC	Property Owner (Name & Mailing Address)				
5616 Peachtree Rd, Suite 120	CBD Investments LLC				
	Two Ravinia Dr, Suite 850				
Atlanta, GA 30341	Atlanta, GA 30346				
Phone 678-894-3990	Phone				
Email Address_jboling@acmapts.com	Email Address jdavenport@epiqglobal.com				
Proposed Use Residential Subdivision, Residentia	al Mix (RX)				
Contact Person (Name & Mailing Address)	Status of Applicant	Requested Action			
Josh Boling	<b>X</b> Owner	Existing Zoning: AR-III			
5616 Peachtree Rd, Suite 120	□ Option to Purcha	DV			
Atlanta, GA 30341	□ Area Resident	Fee:\$			
Phone678-894-3990		Receipt #:			
Email Address jboling@acmapts.com		Check #:			
Tax Parcel Number 15007000254 & 1501900043	Acreage 130.84				
Location Address 4745 Cagle Mill Rd & 4691 Noah	n Martin Dr				
I hereby certify that the above information and all attac	hed information are true and co				
Applicant must complete all information above. Fai application. The Planning Department has 15 day application. If the application is found insufficient, a submitted. Please note that the Planning Com	ilure to complete this section wi s to review all applications and n agenda date will not be set un	Il result in the refusal of the will set the dates for each til the required information is			
Application Withdrawal: I hereby withdraw the application	on.				
Sign		Date:			
Staff Use Only	- W - W - W - W - W - W - W - W - W - W				
Application Date:	Taken by:				
Tentative Planning Commission Date:	Tentative County Commission Date:				
County Commission District:					

Name of owner(s)

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## **AUTHORIZATION OF PROPERTY OWNERS**

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

John Davenport for CBD Investments, LLC

Address	O RAVINIA DR, SUITE 850				
	ATLANTA, GA 30346				
Phone Number _					
Name of applicant(s)	BCBTR, LLC				
Address	5616 Peachtree Road Suite 120				
	Atlanta, GA 30341				
Phone Number	678 894 3990				
	e owner of the property which is the subject matter of the attached applications as shown in the records of Hall County, Georgia.  on 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 to the control of the c					
who swears that the in knowledge and belief.	nformation contained in this authorization is true and correct to the best of his/her				
ander E.B					



#### GEORGIA SECRETARY OF STATE

# **BRAD RAFFENSPERGER**

HOME (/)

## **BUSINESS SEARCH**

**BUSINESS INFORMATION** 

Business Name: CBD INVESTMENTS, LLC

**Domestic Limited** 

**Business Type: Liability Company** 

Business Purpose: **NONE** 

9420 Prestwick Club Dr,

Principal Office Address: Johns Creek, GA, 30097,

**USA** 

State of Formation: Georgia

Business Status: Active/Compliance

Control Number: 0369477

Date of Formation / 12/22/2003

Registration Date:

Last Annual Registration 2025

Year:

#### **REGISTERED AGENT INFORMATION**

Registered Agent Name: JOHN DAVENPORT, W. JR

Physical Address: 9420 Prestwick Club Dr, Johns Creek, GA, 30097, USA

County: Fulton

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Name History

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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).

bution(s) aggregating \$250.00 or more of this application.
uired below within ten (10) days of filing
Office:
Date of Contribution:
Date: 0 17 25

# STATE OF GEORGIA

# **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

Annual Registration \*Electronically Filed\*

Secretary of State

Filing Date: 04/02/2025 16:44:02

#### **BUSINESS INFORMATION**

BUSINESS NAME : BCBTR, LLC CONTROL NUMBER : 23114095

BUSINESS TYPE : Domestic Limited Liability Company

**ANNUAL REGISTRATION PERIOD** : 2025

#### **BUSINESS INFORMATION CURRENTLY ON FILE**

PRINCIPAL OFFICE ADDRESS : 5616 Peachtree Road, Suite 120, Chamblee, GA, 30341, USA

**REGISTERED AGENT NAME** : National Registered Agents, Inc.

REGISTERED OFFICE ADDRESS : 289 South Culver Street, Lawrenceville, GA, 30046-4805, USA

REGISTERED OFFICE COUNTY : Gwinnett

#### **UPDATES TO ABOVE BUSINESS INFORMATION**

PRINCIPAL OFFICE ADDRESS : 5616 Peachtree Road, Suite 120, Chamblee, GA, 30341, USA

**REGISTERED AGENT NAME** : National Registered Agents, Inc.

REGISTERED OFFICE ADDRESS : 289 South Culver Street, Lawrenceville, GA, 30046-4805, USA

**REGISTERED OFFICE COUNTY** : Gwinnett

#### **AUTHORIZER INFORMATION**

AUTHORIZER SIGNATURE : Andrew Schwarz

AUTHORIZER TITLE : Authorized Person

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I hereby certify that I have read the ab	pove and that:		
	I have**	I have not_X	<u>/</u>
within the two years immediately prectors any local government official involved	eding this date, ma ed in the review or	ade any contrib consideration	oution(s) aggregating \$250.00 or mo of this application.
**If you have made such contributions this application.	s, you must provide	the data requ	ired below within ten (10) days of fili
Name of Official(s):			Office:
Dollar Amount:			Date of Contribution:
Applicant's/Owner's Signature:	X S		Date: 5/18/22
Applicant's/Owner's Name (Printed):	John	DAVER	Sort Ja
	9		