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

HALL COUNTY
GEORGIA
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VARIANCE APPLICATION

Applicant (Name and Mailing Address)

Vital Foods, LLC (Juan Carlos Lomas) c/o
Gaskins + LeCraw
1266 Powder Springs Road, Marietta, GA 30064

Phone 678.546.8100

Email Address dblumenthal@gaskinslecraw.com

Property Owner (Name and Mailing Address)

Vital Foods, LLC (Juan Carlos Lomas)
P.O. BOX 1746, Gainesville, GA 30503

Phone 770.780.4622

Email Address juancarlos.lomas@vitalfoods.us

Location of Property 2196 Centennial Drive

Present Zoning I-1 Existing Structures N/A

Type of Appeal:

_____ Setback Variance	___ Front Yard	From ___ ft. to ___ ft.
_____ Road Frontage Variance	___ Right Side Yard	From ___ ft. to ___ ft.
_____ Sign Variance	___ Left Side Yard	From ___ ft. to ___ ft.
_____ Hardship Mobile Home	___ Rear Yard	From ___ ft. to ___ ft.
_____ GCOD Variance	___ Road Frontage	From ___ ft. to ___ ft.
X Other: Parking Variance	___ Sign Area	From ___ ft. to ___ ft.
	___ Sign Height	From ___ ft. to ___ ft.
	___ Doctor's Letter	___ Terms Agreement

Supporting Documents: ___ Plat of Property ___ Site Plan
___ Deed of Property ___ Floor Plans
___ Hardship Statement ___ Other

Fee (Must be paid for application to be complete): $ _____

Hardship Mobile Home:

I understand that, if granted, the mobile home must be removed from the property when my hardship ceases to exist.

_____
(Signature)

I hereby certify that the above information is true & correct to the best of my knowledge.

Print Juan Carlos Lomas Date _____

Sign _____ SIGN HERE Date 6/20/25

I hereby withdraw this application. Date _____

Sign _____

Staff Use Only

Application Date: _____ Taken by: _____

Tentative Planning Commission Date: _____ If Appealed 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) Vital Foods, LLC (Juan Carlos Lomas)

Address P.O. BOX 1746, Gainesville, GA 30503

Phone Number 770.780.4622

Name of applicant(s) Vital Foods, LLC (Juan Carlos Lomas) c/o Gaskins + LeCraw

Address P.O. BOX 1746, Gainesville, GA 30503

1266 Powder Springs Road, Marietta, GA 30064 (Representative)

Phone Number 770.780.4622, 678.546.8100 (Representative)

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) SIGN HERE

Personally appeared before me WITNESS

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

WITNESS

Notary Public

06/19/2025
Date

SHAIRYNIRYTH ROLLA PORSALLU VIDES
NOTARY PUBLIC
MY COMMISSION EXPIRES
02/21/2028
HALL COUNTY, GEORGIA

STATE OF GEORGIA

Secretary of State

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

Amended Annual Registration

Electronically Filed
Secretary of State
Filing Date: 4/17/2025 11:46:29 AM

BUSINESS INFORMATION

BUSINESS NAME	: Vital Foods, LLC
CONTROL NUMBER	: 15025409
BUSINESS TYPE	: Domestic Limited Liability Company
FILING TYPE	: Amended Annual Registration

CURRENT INFORMATION ON FILE FOR PRINCIPAL ADDRESS AND REGISTERED AGENT

PRINCIPAL OFFICE ADDRESS	: 909 Atlanta Hwy, Gainesville, GA, 30501, USA
REGISTERED AGENT NAME	: JUAN CARLOS LOMAS-VIITAL
REGISTERED OFFICE ADDRESS	: 3587 southers rd, Gainesville, GA, 30506, USA
REGISTERED OFFICE COUNTY	: Hall

CHANGES TO THE ABOVE CURRENT INFORMATION ARE INDICATED BELOW

PRINCIPAL OFFICE ADDRESS	: 909 Atlanta Hwy, Gainesville, GA, 30501, USA
REGISTERED AGENT NAME	: JUAN CARLOS LOMAS-VIITAL
REGISTERED OFFICE ADDRESS	: 3587 southers rd, Gainesville, GA, 30506, USA
REGISTERED OFFICE COUNTY	: Hall

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE	: Shairyniryth Porsallu
AUTHORIZER TITLE	: Authorized Person

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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: _____ SIGN HERE **Date:** 6/20/25

Applicant's/Owner's Name (Printed): Juan Carlos Lomas