

VARIANCE APPLICATION

Applicant (Name and Mailing Address)

Kevin Herbert c/o Fast Lube Solutions, LLC.

2490 Highway 105, Demorest, GA 30535

Phone [REDACTED]

Email Address [REDACTED]

Location of Property 2017 Athens Highway, Gainesville, GA 30507

Present Zoning AR-IV Existing Structures Metal Building ONLY

Type of Appeal:

Setback Variance (Zoning Buffer)
 Road Frontage Variance
 Sign Variance
 Hardship Mobile Home

Front Yard From 25 ft. to 0 ft.
 Right Side Yard From ft. to ft.
 Left Side Yard From ft. to ft.
 Rear Yard From ft. to ft.
 Road Frontage From ft. to ft.
 Sign Area From ft. to ft.
 Sign Height From ft. to ft.
 Doctor's Letter _____
 Terms Agreement

Supporting Documents: Plat of Property

Deed of Property
 Hardship Statement

Site Plan

Floor Plans
 Other

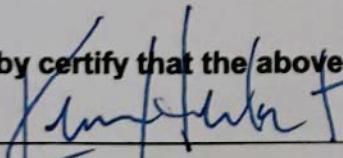
Fee (Must be paid for application to be complete): \$ 350.00

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.

Sign 

Date 11-26-25

I hereby withdraw this application.

Sign _____

Date _____

Staff Use Only

Application Date: _____

Taken by: _____

Tentative Planning Commission Date: _____

If Appealed County Commission Date: _____

County Commission District: _____

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



AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) Kevin Herbert C/o Fast Lube Solutions, LLC.

Address 2490 Highway 105, Demorest, GA 30535

Phone Number [REDACTED]

Name of applicant(s) Kevin Herbert

Address 2490 Highway 105, Demorest, GA 30535

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.

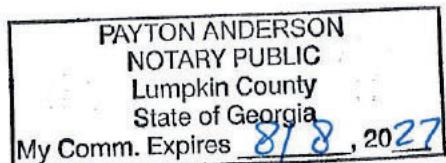
Signature of Owner(s)

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.

Notary Public

9/17/25
Date



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.

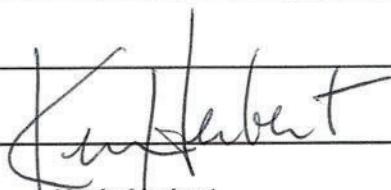
****If you have made such contributions, you must provide the data required below within ten (10) days of filing this application.**

Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: 

Date: 9-17-2025

Applicant's/Owner's Name (Printed): Kevin Herbert