

VARIANCE APPLICATION

Applicant (Name and Mailing Address)

Dwayne Bradley WALTON
5773 Conner Rd.
Flower Branch GA 30542
Phone 078-687-1428

Email Address [REDACTED]

Location of Property 5769 & 5773 Conner Rd. Flower Branch GA 30542 08110 000151
08110 000015

Present Zoning ARI Existing Structures Home, Winery TASTING ROOM

Property Owner (Name and Mailing Address)

Same As Applicant

Phone [REDACTED]

Email Address [REDACTED]

Type of Appeal:

Setback Variance
 Road Frontage Variance
 Sign Variance
 Hardship Mobile Home
 GCOD Variance
 Other: _____

Front Yard
 Right Side Yard
 Left Side Yard
 Rear Yard
 Road Frontage
 Sign Area
 Sign Height
 Doctor's Letter

From 200 ft. to 3410 ft. (200 to 3410)
From 300 ft. to 2435 ft. (300 to 2435)
From ____ ft. to ____ ft.
____ 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): \$ _____

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 Dwayne Bradley Walton
Sign Dwayne Bradley Walton

Date 11/25/25
Date 11/25/25

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: _____

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



AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s)

Nora Ann Walton

Address

5709 Conner Rd.

Flower Branch Ga 30542

Phone Number

[REDACTED]

Name of applicant(s)

Dwayne Bradley Walton

Address

5773 Conner Rd.

Flower Branch Ga 30542

Phone Number

(678-687-1428)

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)

Nora Ann Walton

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.

Kylie Stasiewski
Notary Public



10/15/25

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

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: Nora Ann Walton

Date: 10/17/25

Applicant's/Owner's Name (Printed): Nora Ann Walton



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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: Dwayne Bradley Walton Date: 10/16/25

Applicant's/Owner's Name (Printed): Dwayne Bradley Walton