

SPECIAL / CONDITIONAL USE APPLICATION

Applicant (Name & Mailing Address)

Haley Stapleton
7505 Tribble Gap Rd
Alto Ga 30510

Phone [REDACTED]

Email Address [REDACTED]

Proposed Use personal care home

Property Owner (Name & Mailing Address)

Haley Stapleton
The Little Mountain Clinic
7505 Tribble Gap Rd Alto Ga 30510

Phone [REDACTED]

Email Address [REDACTED]

Contact Person (Name & Mailing Address)

Haley Stapleton
7505 Tribble Gap Rd
Alto Ga 30510

Phone [REDACTED]

Email Address [REDACTED]

Tax Parcel Number 09030 000022

Location Address 7355 Tribble Gap Rd Alto Ga 30510

Status of Applicant

- Owner
- Option to Purchase
- Area Resident
- Other

Requested Action

Type of Request:

SU CUP

Fee: \$ _____

Receipt #: _____

Check #: _____

Mapping: ARI

Acreage 1.7 AC

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

Print Haley Stapleton

Date: 11/19/25

Sign Haley V. Stenke

Date: 11/19/25

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 _____ Date: _____

Staff Use Only

Application Date: _____ Taken by: _____

Tentative Planning Commission Date: _____ Tentative County Commission Date: _____

County Commission District: _____



HALL COUNTY PLANNING AND DEVELOPMENT AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) Haley V. Stapleton (owner of the little
Address mountain clinic) 7505 Tribble
Gap Rd Alto Ga 30510
Phone Number 

Name of applicant(s) Haley Stapleton under Leslie Overstreet
Address 7505 Tribble Gap Rd
Alto Ga 30510
Phone Number 

Purpose of Permit remodeling interior of commercial
space
Site Address 7355 Tribble, Gap Rd Alto Ga 30510

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 permit as described above for the subject property.

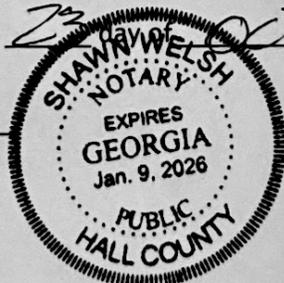
Haley V. Stapleton
Signature of Owner(s)

Haley V. Stapleton
Printed Name of Owner(s)

State of GA County of Hall

Sworn to before me and signed in my presence this 22nd day of OCT, 2025

[Signature]
Notary Public Signature
Commission Expires: 1/9/2026





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: *Halley Stapleton* Date: 9/19/25

Applicant's/Owner's Name (Printed): Halley Stapleton