

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



VARIANCE APPLICATION

Applicant (Name and Mailing Address)

Yajaira Rodriguez

Property Owner (Name and Mailing Address)

Alexis Rodriguez

Phone [REDACTED]

Phone [REDACTED]

Email Address Yajaira.Rodriguez@Hallcountyga.gov Email Address [REDACTED]

Location of Property 5001 Bryant Quarter rd Gillsville GA 30543

Present Zoning _____ Existing Structures _____

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 _____ ft. to _____ ft.
- From 40 ft. to 52 ft.
- From _____ ft. to _____ ft.
- From _____ ft. to _____ ft.
- _____ Terms Agreement

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

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

 (Signature)

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

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

Print Yajaira Rodriguez

Date 12-19-25

Sign Yajaira Rodriguez

Date 12-19-25

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) Alexis Rodriguez

Address 5001 Bryant Quarter rd Gillsville GA 30543

Phone Number [REDACTED]

Name of applicant(s) Yajaira Rodriguez

Address 5001 Bryant Quarter rd Gillsville GA 30543

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)
Alexis Rodriguez

Personally appeared before me
Brittany Passmore - witness / Rakel Hernandez

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

[Signature]
Notary Public

12/19/2025
Date



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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

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: Yajaira Rodriguez Date: 12-19-25

Applicant's/Owner's Name (Printed): Yajaira Rodriguez