



# Hall County Government

## PLANNING AND ZONING

POST OFFICE DRAWER 1435  
GAINESVILLE, GA 30503

t: 770.531.6809 | f: 770.531.3902

**To:** David Gibbs, Chairman  
Kathy Cooper, District 1 Commissioner  
Billy Powell, District 2 Commissioner  
Gregg Poole, District 3 Commissioner  
Jeff Stowe, District 4 Commissioner

**From:** Katie Ahmed, Planning & Zoning Administrator

**Date:** March 6, 2026

**Subject:** **7355 Tribble Gap Road | Special Use** | for Institutional Residential | on a 1.70± acre tract located on the west side of Tribble Gap Road approximately 1,100 feet from its intersection with Cornelia Highway | Zoned AR-1; Tax Parcel 09030 000022 | **Proposed Use: Institutional Residential** | Commission District 3 | **Haley Stapleton, applicant**

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Dear Commissioners,

This application was tabled at the February 26, 2026, Board of Commissioners meeting to March 12, 2026, at the request of the applicant.

The applicant has requested withdrawal of this application effective March 6, 2026.

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



### SPECIAL / CONDITIONAL USE APPLICATION

Applicant (Name & Mailing Address)

Haley Stapleton  
7505 Tribble Gap Rd  
Alto Ga 30510

Property Owner (Name & Mailing Address)

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

Phone [REDACTED]

Phone [REDACTED]

Email Address [REDACTED]

Email Address [REDACTED]

Proposed Use personal care home

Contact Person (Name & Mailing Address)

Haley Stapleton  
7505 Tribble Gap Rd  
Alto Ga 30510

Status of Applicant

Requested Action

Owner

Type of Request:

Option to Purchase

SU  CUP

Area Resident

Fee: \$ \_\_\_\_\_

Other

Receipt #: \_\_\_\_\_

Phone [REDACTED]

Email Address [REDACTED]

Zoning: AR1

Check #: \_\_\_\_\_

Tax Parcel Number 09030 000022

Acreage 1.7 AC

Location Address 7355 Tribble Gap Rd Alto Ga 30510

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. Steinto

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 [Signature]

Date: 3/6/24

#### Staff Use Only

Application Date: \_\_\_\_\_

Taken by: \_\_\_\_\_

Tentative Planning Commission Date: \_\_\_\_\_

Tentative County Commission Date: \_\_\_\_\_

County Commission District: \_\_\_\_\_

## SUP withdrawal

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**From** Kaitlyn Elliott (Planning) <kelliott@hallcounty.org>  
**Date** Mon 3/9/2026 10:52 AM  
**To** Kaitlyn Elliott (Planning) <kelliott@hallcounty.org>

**From:** Haley Stapleton [REDACTED]  
**Sent:** Monday, March 9, 2026 8:00 AM  
**To:** Katie G. Ahmed (Planning) <kahmed@hallcounty.org>  
**Subject:** SUP withdrawal

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

This is my formal request to withdraw my request for the special use permit on property 7355 Tribble Gap Rd Alto, GA 30510. Let me know if you have any questions or concerns.  
Thanks for your help and time on this matter,  
Haley Stapleton  
Owner  
The Little Mountain Clinic

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**Haley Stapleton**

P: [REDACTED]

E: [REDACTED]