

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)

Property Owner (Name & Mailing Address)

Bill Stark Properties, Inc. _____ Bill Stark Properties, Inc. _____
 P.O. Box 927 _____ P.O. Box 927 _____
 Flowery Branch, Georgia 30542 _____ Flowery Branch, Georgia 30542 _____
 Phone 678-960-3333 _____ Phone 678-960-3333 _____
 Email Address _____ Email Address _____

Proposed Use Special Use to amend the conditions to allow covered (canopy) and enclosed parking units

Contact Person (Name & Mailing Address)

Status of Applicant

Requested Action

Steven P. Gilliam, Attorney _____
 340 Jesse Jewell Parkway, Suite 300 _____
 Gainesville, Georgia 30501 _____
 Phone 770-536-3381 _____
 Email Address sgilliam@sgwmfirm.com _____
 Tax Parcel Number 08133 003001 and 08133 003016 _____
 Location Address 5912 and 5908 Atlanta Highway, Flowery Branch, Georgia 30542

Owner
 Option to Purchase
 Area Resident
 Other
 Zoning: Commercial Development PCD - Planned
 Check #: _____

Type of Request:
 SU CUP
 Fee: \$450.00
 Receipt #: _____

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

Print Steven P. Gilliam, Attorney for Applicant _____ Date: December 31, 2025
 Sign _____ Date: December 31, 2025

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: _____



GEORGIA
CORPORATIONS DIVISION

GEORGIA SECRETARY OF STATE
BRAD RAFFENSPERGER

[HOME \(/\)](#)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name: **BILL STARK
PROPERTIES, INC.** Control Number: **J505478**

Business Type: **Domestic Profit
Corporation** Business Status: **Active/Owes Current
Year AR**

Business Purpose: **NONE**

Principal Office Address: **3719 Winder Hwy, Suite
100, Flowery Branch,
GA, 30542, USA** Date of Formation /
Registration Date: **4/9/1985**

State of Formation: **Georgia** Last Annual Registration
Year: **2025**

REGISTERED AGENT INFORMATION

Registered Agent Name: **Stark, William B**

Physical Address: **5074 Bristol Industrial Way , Suite B Buford, GA 30518, Buford, GA, 30518,
USA**

County: **Hall**

OFFICER INFORMATION

Name	Title	Business Address
WILLIAM B STARK, JR	CFO	5074 BRISTOL INDUSTRIAL WAY, BUFORD, GA, 30518, USA
WILLIAM B STARK, JR	CEO	5106B BRISTOL INDUSTRIAL WAY, S300, BUFORD, GA, 30518, USA
WILLIAM B. STARK, JR.	Secretary	5074 BRISTOL INDUSTRIAL WAY, BUFORD, GA, 30518, USA

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AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) Bill Stark Properties, Inc.

Address 3719 Winder Highway, Suite 100

Flowery Branch, Georgia 30542

Phone Number 678-960-3333

Name of applicant(s) Bill Stark Properties, Inc.

Address 3719 Winder Highway, Suite 100

Flowery Branch, Georgia 30542

Phone Number 678-960-3333

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)

William B. Stark

Personally appeared before me

Amanda Graham

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

Amanda Graham
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: William B Stark Jr. Date: 12/19/2025

Applicant's/Owner's Name (Printed): William B Stark Jr.

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- (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.

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Name of Official(s): _____ Office: _____

Dollar Amount: _____ Date of Contribution: _____

Applicant's/Owner's Signature: [Signature] Date: December 30, 2025

Applicant's/Owner's Name (Printed): Steven P. Gilliam, Attorney for Applicant