

PLANNING AND DEVELOPMENT 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)

BOBBY SHOEMAKER
5163 INDIAN CIRCLE
GAINESVILLE, GA 30506

Phone [REDACTED]

Email Address [REDACTED]

Property Owner (Name and Mailing Address)

LINA FRANCO
3428 MOONEY DR
GAINESVILLE, GA 30504

Phone [REDACTED]

Email Address [REDACTED]

Location of Property 3428 Mooney Dr, Gainesville Tax Parcel: 08024 005004C

Present Zoning AR-1 Existing Structures mobile home to be replaced w/a new manufactured home
Contact: Ed Myers

Type of Appeal: ede myers-and-co.com

- ☒ Setback Variance
☐ Road Frontage Variance
☐ Sign Variance
☐ Hardship Mobile Home

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

- From 40 ft. to 20 ft.
From ft. to ft.
From ft. to ft.
From 25 ft. to 9 ft.
From ft. to 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

Fee (Must be paid for application to be complete): \$ 350

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.

Sign Bobby Shoemaker Date 11-19-2025

I hereby withdraw this application.

Sign _____ Date _____

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) LINA FRANCO

Address 3428 MOONEY DR

GAINESVILLE, GA 30504

Phone Number [REDACTED]

Name of applicant(s) BOBBY SHOEMAKER

Address 5163 INDIAN CIRCLE

GAINESVILLE, GA 30504

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)

[Signature]

Personally appeared before me

Emily Herrin

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

Emily Herrin
Notary Public

11/20/2025
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 X

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: Bob Schenker

Date: 11-19-2025

Applicant's/Owner's Name (Printed): BOBBY SCHENKER

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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: 

Date: 11/20/2025

Applicant's/Owner's Name (Printed): Lina Franco

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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: Bob Schenker

Date: 11-19-2025

Applicant's/Owner's Name (Printed): BOBBY SCHENKER