



VARIANCE APPLICATION

Applicant (Name and Mailing Address)

Charline Benfield
4124 Ridge Rd
Buford GA 30519

Phone 770 601 9196

Email Address [REDACTED]

Property Owner (Name and Mailing Address)

Christine Papp
912 GAINESVILLE HWY
SUITE A, BUFORD GA 30518

Phone [REDACTED]

Email Address [REDACTED]

Location of Property 5461 UNION CHURCH RD FLOWERY BRANCH, 30542

Present Zoning A1 Existing Structures 1

Type of Appeal:

- Setback Variance
- Road Frontage Variance
- Sign Variance
- Hardship Mobile Home
- GCOD Variance
- Other: (2) LOT

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

- From 90 ft. to 50 ft.
- From 90 ft. to 50 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 CHRISTINE PAPP

Date FEB 5, 26

Sign Christine Papp

Date FEB 5, 26

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: _____

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



AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) CHRISTINE PAPP

Address 912 GAINESVILLE HWY
SUTTEA, BUFORD GA 30518

Phone Number [REDACTED]

Name of applicant(s) CHARLINE BENIFIELD

Address 4124 RIDGE RD.
BUFORD GA 30519

Phone Number 770 601 9196
5461 UNION CHURCH RD Flowery Branch

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.

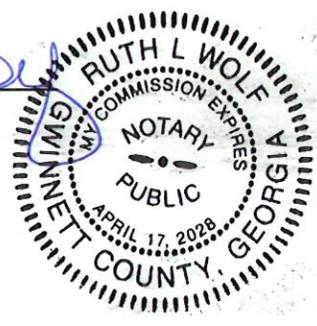
I authorize the person named above to act as applicant in the pursuit of a rezoning, permissive use, or variance of this property.

Signature of Owner(s)
Christine Papp

Personally appeared before me
Sandra Beatey & Ruth L. Wolf

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

Ruth L. Wolf
Notary Public



2.5.2026
Date

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: Charlene Benifield

Date: 2/5/26

Applicant's/Owner's Name (Printed): CHARLINE BENIFIELD

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- (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.
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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.

Name of Official(s): NA Office: _____

Dollar Amount: _____ Date of Contribution: _____

Applicant's/Owner's Signature: Christine Papp Date: 2/5/26

Applicant's/Owner's Name (Printed): CHRISTINE PAPP