

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



ZONING APPLICATION

Applicant (Name & Mailing Address)

Halley Stapleton Owner
The Little Mountain Clinic 7505 Tribble
Gap Rd. Alto Ga 30510

Phone [REDACTED]

Email Address [REDACTED]

Proposed Use personal care home

Property Owner (Name & Mailing Address)

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

Phone [REDACTED]

Email Address [REDACTED]

Contact Person (Name & Mailing Address)

Halley Stapleton
7505 Tribble Gap Rd
Alto Ga 30510

Phone [REDACTED]

Email Address [REDACTED]

Tax Parcel Number 09030 000022

Location Address 7355 Tribble Gap Rd Alto Ga 30510

Status of Applicant

- Owner
- Option to Purchase
- Area Resident
- Other

Requested Action

Existing Zoning: AR-1
Rezone to: R-TF
Fee: \$ _____
Receipt #: _____
Check #: _____

Acreage 1.7 Acre

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

Print: Halley Stapleton

Date: 3/9/26

Sign: Halley V. Stapleton

Date: 3/9/26

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: _____

STATE OF GEORGIA
Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF REINSTATEMENT

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

THE LITTLE MOUNTAIN CLINIC LLC
a Domestic Limited Liability Company

was formed on 12/06/2022, and later administratively dissolved on 09/13/2024. Said entity has filed an application for reinstatement and has paid all fees and penalties due to the Secretary of State. Attached hereto is a true and correct copy of said application.

WHEREFORE, said entity is hereby reinstated as of 01/29/2025, having met the requirements for reinstatement under Title 14 of the Official Code of Georgia Annotated. The reinstatement shall relate back to and take effect as of the date of the administrative dissolution and the entity may resume its business as if the administrative dissolution had never occurred.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **02/04/2025**.



Brad Raffensperger

Brad Raffensperger
Secretary of State

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

Application for Reinstatement

Electronically Filed

Secretary of State

Filing Date: 1/29/2025 3:18:51 PM

BUSINESS INFORMATION

BUSINESS NAME : THE LITTLE MOUNTAIN CLINIC LLC

CONTROL NUMBER : 22255695

BUSINESS TYPE : Domestic Limited Liability Company

ADMINISTRATIVE DISSOLUTION DATE : 09/13/2024

Ground(s) for the administrative dissolution either did not exist or have been eliminated. All taxes owed by the entity have been paid.

ADDRESS AND REGISTERED AGENT AT TIME OF ADMINISTRATIVE DISSOLUTION

PRINCIPAL OFFICE ADDRESS : 7505 TRIBBLE GAP ROAD, ALTO, GA, 30510, USA

REGISTERED AGENT NAME :

REGISTERED OFFICE ADDRESS : NONE

REGISTERED OFFICE COUNTY : NONE

UPDATES TO ADDRESS AND REGISTERED AGENT

PRINCIPAL OFFICE ADDRESS : 7505 TRIBBLE GAP ROAD, ALTO, GA, 30510, USA

REGISTERED AGENT NAME : HALEY STAPLETON

REGISTERED OFFICE ADDRESS : 7505 TRIBBLE GAP ROAD, ALTO, GA, 30510, USA

REGISTERED OFFICE COUNTY : Hall

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE : HALEY STAPLETON

AUTHORIZER TITLE : Member

I, Haley Stapleton, do certify that I was the managing member of **The Little Mountain Clinic, LLC** at the time it was administratively dissolved. I have knowledge of and do hereby by asset to the application for reinstatement.

Haley Stapleton

Haley Stapleton

Managing Member

NOTARY ACKNOWLEDGEMENT

State of Georgia

County of Habersham

This instrument was acknowledged before me on this 3rd day of February 2025 by Haley Stapleton.

Personally Known

(seal)



Marlena Irvin Sosebee

Signature of Notary

Marlena Irvin Sosebee

Name of Notary

State of Georgia

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: *Haley V. Stapleton*

Date: 3/9/26

Applicant's/Owner's Name(Printed): Haley V. Stapleton