



VARIANCE APPLICATION

Applicant (Name and Mailing Address)

Bradley Cox
 6042 Spout Springs Road
 Flowery Branch, GA 30542
 Phon [REDACTED]
 Email Address [REDACTED]

Property Owner (Name and Mailing Address)

Bradley Cox
 6042 Spout Springs Road
 Flowery Branch, GA 30542
 Phone [REDACTED]
 Email Address [REDACTED]

Location of Property 6042 Spout Springs Road, Flowery Branch, GA 30542

Present Zoning AG-1 Existing Structures None

Type of Appeal:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Setback Variance | <input checked="" type="checkbox"/> Front Yard | From <u>40</u> ft. to <u>15</u> ft. |
| <input type="checkbox"/> Road Frontage Variance | <input type="checkbox"/> Right Side Yard | From <u> </u> ft. to <u> </u> ft. |
| <input type="checkbox"/> Sign Variance | <input type="checkbox"/> Left Side Yard | From <u> </u> ft. to <u> </u> ft. |
| <input type="checkbox"/> Hardship Mobile Home | <input type="checkbox"/> Rear Yard | From <u> </u> ft. to <u> </u> ft. |
| <input type="checkbox"/> GCOD Variance | <input type="checkbox"/> Road Frontage | From <u> </u> ft. to <u> </u> ft. |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Sign Area | From <u> </u> ft. to <u> </u> ft. |
| | <input type="checkbox"/> Sign Height | From <u> </u> ft. to <u> </u> ft. |
| | <input type="checkbox"/> Doctor's Letter | <input type="checkbox"/> 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 Bradley Cox Date 2/19/2026

Sign Bradley Cox Date 2/19/2026

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: _____

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: Bradley Cox

Date: 2/19/2026

Applicant's/Owner's Name (Printed): Bradley Cox