

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)

Ziad (Tony) Akly
Restaurants Consulting Group,
6017 Sandy Springs Circle, Sandy Springs, GA
 Phone [REDACTED]
 Email Address Takly@Restaurantsconsultinggroup.com
 Location of Property 6381 Lakeview Drive, Buford, GA 30518
 Present Zoning Res Existing Structures Yes - Home

Property Owner (Name and Mailing Address)

Rory & Gertie
192 Tara Drive
Dawsonville, GA 30534
 Phone 706-974-9556
 Email Address [REDACTED]

Type of Appeal:

- Setback Variance
- Road Frontage Variance
- Sign Variance
- Hardship Mobile Home
- Lot Coverage

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

- From ft. to ft.
- From 10 ft. to 5 ft.
- From 10 ft. to 5 ft.
- From ft. to 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

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.

Sign Ziad Akly Date 02.13.26

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) Rory Puckett Gertie Puckett
Address 192 Tara Drive Dawsonville GA 30534
Phone Number 706 974 9556
Name of applicant(s) Tony Akly
Address 4521 Hampton Woods
Marietta GA 30068
Phone Number [REDACTED]

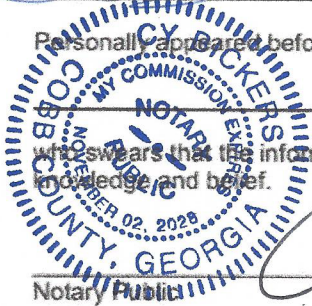
I swear that I am the owner of the property which is the subject matter of the attached applications as shown in the records of Hall County, Georgia.

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] [Signature]

Personally appeared before me



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

Notary Public

[Signature]

02.05.2026
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): N/A

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: [Signature]

Date: 2/16/2026

Applicant's/Owner's Name (Printed): ZIAD AKLY

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Name of Official(s): _____ Office: _____

Dollar Amount: _____ Date of Contribution: _____

Applicant's/Owner's Signature: Date: _____

Applicant's/Owner's Name (Printed): Rory Puckett Gertie Puckett