

### SPECIAL / CONDITIONAL USE APPLICATION

Applicant (Name & Mailing Address)

Property Owner (Name & Mailing Address)

Don McDaniel  
5831 Hilltop Drive  
Flowery Branch GA 30542

Douglas Porter McDaniel  
5831 Hilltop Drive  
Flowery Branch GA 30542

Phone [REDACTED]

Phone [REDACTED]

Email Address don@castelstone.com

Email Address don@castelstone.com

Proposed Use Amend The Conditions

Contact Person (Name & Mailing Address)

Status of Applicant

Requested Action

Don McDaniel  
5831 Hilltop Drive  
Flowery Branch GA 30542

Owner

Type of Request:

Option to Purchase

SU  CUP

Area Resident

Fee: \$ \_\_\_\_\_

Other

Receipt #: \_\_\_\_\_

Phone [REDACTED]

Zoning: \_\_\_\_\_

Check #: \_\_\_\_\_

Email Address don@castelstone.com

Acreage +/- 3.56 Acres

Tax Parcel Number 08133-003006

Location Address 5831 Hilltop Drive Flowery Branch, GA 30542

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

Print Don McDaniel

Date: 3/26/2026

Sign [Signature]

Date: 3/26/2026

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.

DOUGLAS R. McDANIEL  
Date: 5-5-26

Sign [Signature]

Date: \_\_\_\_\_

#### Staff Use Only

Application Date: \_\_\_\_\_

Taken by: \_\_\_\_\_

Tentative Planning Commission Date: \_\_\_\_\_

Tentative County Commission Date: \_\_\_\_\_

County Commission District: \_\_\_\_\_