



ZONING APPLICATION

Applicant (Name & Mailing Address)

DCCM
425 Oak St.
Gainesville, GA 30501
Phone [REDACTED]
Email Address bdunckel@dccm.com

Property Owner (Name & Mailing Address)

William R. Powell
3734 Timber Walk Drive
Phon [REDACTED]
Email Address [REDACTED]

Proposed Use Highway Business Uses

Contact Person (Name & Mailing Address)

Bradley Dunckel
425 Oak St.
Phone [REDACTED]
Email Address bdunckel@dccm.com
Tax Parcel Number 10071 000136
Location Address 2632 Sardis Road, Gainesville, GA 30506

Status of Applicant

- Owner
- Option to Purchase
- Area Resident
- Other

Requested Action

Existing Zoning: R-1
Rezone to: H-B
Fee: \$ 750.00
Receipt #: _____
Check #: _____

Acreage 25.9 +/-

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

Print: Bradley Dunckel Date: 3/27/26
Sign: Bradley Dunckel Date: 3/27/26

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: _____

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) William R. Powell

Address 3734 Timber Walk Drive

Gainesville, GA 30506

Phone Number [REDACTED]

Name of applicant(s) DCCM

Address 425 Oak St.

Gainesville, GA 30501

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)
William R. Powell

Personally appeared before me
William R. Powell

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

Scott G. Grant
Notary Public

03-25-2026
Date

Scott G Grant
NOTARY PUBLIC
JACKSON COUNTY, GEORGIA
My Commission Expires 02/27/2029



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: Bradley Dunckel, DCCM

Date: 3/27/26

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

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Dollar Amount: _____ Date of Contribution: _____

Applicant's/Owner's Signature: William R Powell Date: 3/27/26

Applicant's/Owner's Name (Printed): William R. Powell