

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



SPECIAL / CONDITIONAL USE APPLICATION

Applicant (Name & Mailing Address)

KEITH BELL
3604 CARTER RD
BUFORD GA 30518

Phone [REDACTED]

Email Address [REDACTED]

Proposed Use Amend conditions of zoning - Remove Cond #5

Property Owner (Name & Mailing Address)

Charles and Jimmie Sue Bell
3582 CARTER RD
BUFORD GA 30518

Phone [REDACTED]

Email Address N/A

Contact Person (Name & Mailing Address)

KEITH BELL
3604 CARTER RD
BUFORD GA 30518

Phone [REDACTED]

Email Address [REDACTED]

Tax Parcel Number _____

Location Address 5351 LANIER ISLAND PKWAY BUFORD GA 30518

Status of Applicant

- Owner
- Option to Purchase
- Area Resident
- Other

Requested Action

Type of Request:
 SU CUP
Fee: \$ _____
Receipt #: _____
Check #: _____

Zoning: _____ Acreage _____

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

Print KEITH BELL Date: _____

Sign [Signature] Date: _____

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: _____

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AUTHORIZATION OF PROPERTY OWNERS

Note: If the applicant is the property owner, please disregard this form.

Name of owner(s) Charles and Jimmie Sue Bell

Address 3582 Carter Rd
Buford GA 30518

Phone Number [REDACTED]

Name of applicant(s) Keith Bell

Address 3604 Carter Rd
Buford GA 30518

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)
Charles Bell / Jimmie Sue Bell

Personally appeared before me
Charles Bell / Jimmie Sue Bell

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

Marie Williams
Notary Public

Date 3/25/2026



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: Chris Bell Jimmie Sue Bell Date: 3/25/2020

Applicant's/Owner's Name (Printed): Charles Bell Jimmie Sue Bell



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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: Keith Bell

Date: 3-26-26

Applicant's/Owner's Name (Printed): KEITH BELL