

VARIANCE APPLICATION

Applicant (Name and Mailing Address)

Heather Chandler

3131 Broome Rd

Gainesville, GA 30507

Phone [REDACTED]

Email Address Heather@lhecontractor.com

Location of Property 3131 Broome Road Gainesville, Ga 30507

Present Zoning AR-IV Existing Structures House, Metal Building, Pool

Property Owner (Name and Mailing Address)

Herman Chandler

3131 Broome Rd

Gainesville, GA 30507

Phone [REDACTED]

Email Address Heather@lhecontractor.com

Type of Appeal:

☒ Setback Variance

☐ Road Frontage Variance

☐ Sign Variance

☐ Hardship Mobile Home

☒ Front Yard
☐ ~~Right~~ Side Yard
☐ Left Side Yard
☐ Rear Yard
☐ Road Frontage
☐ Sign Area
☐ Sign Height
☐ Doctor's Letter

From 40 ft. to 34 ft.
From ft. to ft.
From ft. to 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

Fee (Must be paid for application to be complete): \$

Hardship Mobile Home:

I understand that, if granted, the mobile home must be removed from the property when my hardship ceases to exist.

(Signature)

I hereby certify that the above information is true & correct to the best of my knowledge.

Sign Heather Chandler Date 07/01/2026

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: _____



**HALL COUNTY PLANNING AND DEVELOPMENT
AUTHORIZATION OF PROPERTY OWNERS**

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

Name of owner(s) HERMAN CHANDLER

Address 3131 BROOME RD
GAINESVILLE, GA 30507

Phone Number 678-697-5655

Name of applicant(s) HEATHER CHANDLER

Address 3131 BROOME RD
GAINESVILLE, GA 30507

Phone Number 678-697-5655

Purpose of Permit SET BACK VARIANCE REQUEST

Site Address 3131 BROOME RD GAINESVILLE, GA 30507

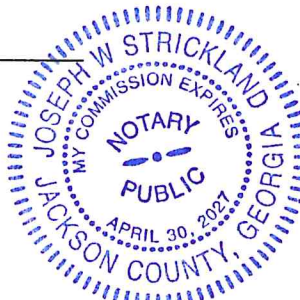
I swear that I am the owner of the property, which is the subject matter of the attached applications as shown in the records of Hall County, Georgia. I authorize the person named above to act as applicant in the pursuit of a permit as described above for the subject property.

Herman Chandler
Signature of Owner(s)

HERMAN CHANDLER
Printed Name of Owner(s)

State of Georgia County of Jackson
Sworn to before me and signed in my presence this 4th day of August, 2026

[Signature]
Notary Public Signature
Commission Expires: 04/30/27



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: Heather Chandler

Date: 07-01-2026

Applicant's/Owner's Name (Printed): Heather Chandler

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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: Herman Chandler

Date: 5/28/2026

Applicant's/Owner's Name (Printed): Herman Chandler