PLANNING AND ZONING DEPARTMENT
2875 BROWNS BRIDGE ROAD, GAINESVILLE, GA, 30504
MAILING ADDRESS: PO BOX 1435, GAINESVILLE. GA 30503
T: 770-531-6809 I Email: planning@hallcounty.org

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ZONING APPLICATION

Applicant (Name & Mailing Address)

DCCM Infrastructure, Inc.
425 Oak St.
Gainesville, GA 30501
Phone [redacted]
Email bgarmon@dccm.com

Property Owner (Name & Mailing Address)

Charles Curtis Clark c/o Betsy Turner as Executor
P.O.Box 871
Flowery Branch, GA 30542
Phone
Email

Contact Person (Name & Mailing Address)

Beth Garmon
425 Oak St.
Gainesville, GA 30501
Phone [redacted]
Email bgarmon@dccm.com

Status of Applicant

- ☐ Owner
- ☐ Option to Purchase
- ☐ Area Resident
- ☑ Other: Developer's Agent

Requested Action

Current Zoning: AR-1
Rezone to: R-X

Property Information

Location Address(es): 6651 Spout Springs Road, Flowery Branch, GA 30542
Tax Parcel Number(s): 15042 000093
Acreage: 33.27 acres
Existing Use(s): single-family residence
Proposed Use(s): 120-lot residential development

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

Applicant Name Printed: Beth Garmon
Applicant Signature: Elizabeth Garmon
Date: September 3, 2026

Applicant must complete all required information above. Incomplete applications will not be accepted. The Planning Department has 15 days after application deadline to review each submittal and will assign scheduling dates during that review period. If an application is determined to be insufficient, no agenda date will be set until all required information has been provided.

Application Withdrawal: I hereby **withdraw** the application.

Applicant Signature: _____ Date: _____

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SPECIAL/CONDITIONAL USE APPLICATION

Applicant (Name & Mailing Address)

DCCM Infrastructure, Inc.
425 Oak St.
Gainesville, GA 30501
Phone [redacted]
Email bgarmon@dccm.com

Property Owner (Name & Mailing Address)

Charles Curtis Clark c/o Betsy Turner (executor)
P.O. Box 871

Phone
Email

Contact Person (Name & Mailing Address)

Beth Garmon
425 Oak St.

Phone [redacted]
Email bgarmon@dccm.com

Status of Applicant

- ☐ Owner
- ☐ Option to Purchase
- ☐ Area Resident
- ☑ Other: Developer's Agent

Requested Action

- ☑ Special Use
- ☑ Conditional Use

Property Information

Location Address(es): 6651 Spout Springs Road, Flowery Branch, GA 30542
Tax Parcel Number(s): 15042 000096
Acreage: 33.27 acres
Existing Use(s): single-family residence
Zoning: AR-1
Proposed Use(s): Special use for subdivision of property rezoned to R-X (see related rezoning application)

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

Applicant Name Printed: Beth Garmon
Applicant Signature: Elizabeth Garmon
Date: September 21, 2026

Applicant must complete all required information above. Incomplete applications will not be accepted. The Planning Department has 15 days after application deadline to review each submittal and will assign scheduling dates during that review period. If an application is determined to be insufficient, no agenda date will be set until all required information has been provided.

Application Withdrawal: I hereby **withdraw** the application.

Applicant Signature:
Date:

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PROPERTY OWNER AUTHORIZATION

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

Name of Property Owner as shown on deed: Charles Curtis Clark c/o Betsy Turner as Executor

Name of Authorized Agent (if owner is a company): _____

Address: PO Box 871
Flowery Branch GA 30542

Phone: [redacted]

Email: [redacted]

Name of Applicant: DCCM Infrastructure, Inc.

Name of Authorized Agent (if applicant is a company): Beth Garmon

Address: 425 Oak St.
Gainesville, GA 30501

Phone: [redacted]

Email: bgarmon@dccm.com

Application Address & Description: 6651 Spout Springs Road, Flowery Branch - 120-lot residential development

☑ I have attached proof of Authorized Agent (if applicable)

I hereby 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, special/conditional use or variance of this property.

Charles Curtis Clark, Betsy Turner Executor — Owner Signature

Charles Curtis Clark, Betsy Turner, executor — Owner Printed Name

Personally appeared before me on 9/10/2026 **DATE** **who swears that the information contained in this authorization is true and correct to the best of his/her knowledge and belief.**

Courtney Head
Notary Printed Name

Notary Public Signature

COURTNEY HEAD
NOTARY PUBLIC
JACKSON COUNTY, GEORGIA
My Commission Expires May 7, 2030

9/10/2026
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: Disclosure of Campaign Contributions:

(a) When any applicant for rezoning action has made, within two years immediately preceding the filing of that applicant's application for the rezoning 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:

(1) The name and official position of the local government official to whom the campaign contribution was made; and

(2) 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 OCGA 1981, § 36-67A-3, enacted by Ga L. 1986, page 1269, § 1; Ga L. 1991, page 1365, § 1; Ga L. 1993, page 91, § 36).

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 contribution(s), 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 Name Printed: Beth Garmon

Applicant's/Owner's Signature: Elizabeth Garmon Date: September 3, 2026

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(1) The name and official position of the local government official to whom the campaign contribution was made; and

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****If you have made such contribution(s), 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 Name Printed: Charles Curtis Clark, Betsy Turner, executor

Applicant's/Owner's Signature: Charles Curtis Clark Date: 9-15-2026
Betsy Turner, executor