

PLANNING AND DEVELOPMENT DEPARTMENT
2875 BROWNS BRIDGE ROAD, GAINESVILLE, GA, 30504
MAILING ADDRESS: PO BOX 1435, GAINESVILLE, GA 30503
t: 770-531-6809 | f: 770-531-3902



ZONING APPLICATION

Applicant (Name & Mailing Address)

Rabun Gap Holdings
3349 Wolfcreek Rd.

Rabun Gap, GA 30568

Phone 404-680-1339

Email Address omar@zavalacapital.net

Proposed Use Planned Residential Development (PRD)

Property Owner (Name & Mailing Address)

Randall Keith Pirtle, Administrator of Estate,
4321 E. Meadow Dr.

Duluth, GA 30096

Phone 404-403-4392

Email Address

Contact Person (Name & Mailing Address)

Omar Zavala

3349 Wolfcreek Rd.

Rabun Gap, GA 30568

Phone 404-680-1339

Email Address omar@zavalacapital.net

Tax Parcel Number 15042 000018

Location Address 6904 Spout Springs Rd., Flowery Branch, GA 30542

Status of Applicant

☐ Owner

☒ Option to Purchase

☐ Area Resident

☐ Other

Requested Action

Existing Zoning: PCFD

Rezone to: PRD

Fee: \$

Receipt #:

Check #:

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

Sign Omar Zavala

Date: 9/27/21

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: 9-27-2021

Taken by: JH

Tentative Planning Commission Date: 11-1-2021

Tentative County Commission Date: 12-9-2021

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) Randall Keith Pickle Administrator Estate of Jerry R Pickle
Address 4321 E. Meadows Dr
Daluth Ga 30096
Phone Number 404 403 4392

Name of applicant(s) Rebun Gap Holdings
Address 3349 Wolfcreek Rd.
Rebun Gap, GA 30568
Phone Number 404-680-1339

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)

Randall Keith Pickle

Personally appeared before me

Larry E. Marcus

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

Larry E. Marcus
Notary Public



9/21/2021
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[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: Omer Zavalde

Date: 9/22/21

Applicant's/Owner's Name (Printed): Omer Zavalde

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I hereby certify that I have read the above and that:

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I have not X

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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: Randall Keith Pickle Date: 9/21/2021

Applicant's/Owner's Name (Printed): Randall Keith Pickle
, Administrator Estate of Jerry R Pickle