

use @ rezone



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)

Viktor Vlad
914 Old Hog Mountain Rd.
Hoschton, GA 30548
Phone 404-379-9915

Property Owner (Name & Mailing Address)

Vlad Master Built, LLC
914 Old Hog Mountain Rd.
Hoschton, GA 30548
Phone 404-379-9915

Email Address vladmasterbuilt@gmail.com Email Address vladmasterbuilt@gmail.com

Proposed Use Residential - I (R-I) 5-LOT S/D

Contact Person (Name & Mailing Address)

Viktor Vlad
914 Old Hog Mountain Rd.
Hoschton, GA 30548
Phone 404-379-9915

Status of Applicant

- ☒ Owner
☐ Option to Purchase
☐ Area Resident
☐ Other

Requested Action

Existing Zoning: AR-1V
Rezone to: R-I
Fee: \$ 300.00
Receipt #: 858934
Check #: 208

Email Address vladmasterbuilt@gmail.com

Tax Parcel Number 15039 000067

Acreage 5.01

Location Address 5630 Union Church Rd., Braselton, GA 30517

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

Sign BB Date: 11-4-21

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 BB error v.v. Date: _____

Staff Use Only

Application Date: 12/09/2021 Taken by: miduler
Tentative Planning Commission Date: 04/07/22 Tentative County Commission Date: 03/10/22
County Commission District: 1

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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: BBury

Date: 11-4-21

Applicant's/Owner's Name (Printed): Viktor Vlad

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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: B. B. [Signature]

Date: 11-5-21

Applicant's/Owner's Name (Printed): _____

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Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: B. B. [Signature]

Date: 11-5-21

Applicant's/Owner's Name (Printed): _____

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Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: BIB my

Date: 11-4-21

Applicant's/Owner's Name (Printed): _____