

ZON 2021-00008



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

CONDITIONAL USE APPLICATION

Applicant (Name & Mailing Address)
Sacred Heart Tattoo IV
2206 Browns Bridge Rd
Gainesville, Ga 30501
Phone (307)414-0263
Email Address MiguelOlivas86@gmail.com
Proposed Use Tattoo - Body Art Business

Property Owner (Name & Mailing Address)
Jennings Bryan
2295 Skelton Rd, Suite C-3
Gainesville, Ga 30504
Phone 770 540-5188
Email Address JBryan2890@aol.com

Contact Person (Name & Mailing Address)
Miguel Olivas Ph.D, MBA
2206 Browns Bridge Rd
Gainesville, Ga 30501
Phone (307)414-0263
Email Address MiguelOlivas86@gmail.com
Tax Parcel Number 00122001013
Location Address 2206 Browns Bridge Rd, Gainesville, GA 30501

Status of Applicant
 Owner
 Option to Purchase
 Area Resident
 Other
Requested Action
Permissive Use:
 HCPC HCC
Fee: \$ 450
Receipt #: _____
Check #: _____

I hereby certify that the above information and all attached information are true and correct.
Sign [Signature] Date: 2/01/2021

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: 2/15/2021 Taken by: [Signature]
Tentative Planning Commission Date: 3/1/2021 Tentative County Commission Date: 3/25/2021
County Commission District: Four

AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) JENNINGS BRYAN
Address 4797 J M TURK ROAD
FLOWERY BRANCH, GA 30542
Phone Number 770.540.5188

Name of applicant(s) ANTHONY M OLIVAS
Address 4525 NOHL CREST DRIVE
FLOWERY BRANCH, GA 30542
Phone Number 404.226.8137

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)
[Handwritten Signature]

Personally appeared before me
J. SUSAN RECTOR

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

J. Susan Rector
Notary Public

2/1/21
Date



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: 

Date: 02/01/2021

Applicant's/Owner's Name (Printed): Miguel Olivas

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**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: _____

Date: 2-4-2021

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

JENNINGS BRYAN