

ZONING APPLICATION

* **Applicant (Name & Mailing Address)**

C. Sam McGee
6969 Fellowship Ln.
Flowery Branch, GA 30542
 Phone 770-654-6832
 Email Address CSAM.McGee@gmail.com
 Proposed Use Mini storage units

Contact Person (Name & Mailing Address)

C. SAM McGee
6969 Fellowship Lane
Flowery Branch, GA 30542
 Phone 770-654-6832
 Email Address CSAM.McGee@gmail.com
 Tax Parcel Number 15042000016J
 Location Address 7038 Spout Springs Rd Flowery Branch, GA 30542

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

Sign C. Sam McGee Date: 11-30-20

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: 12/14/2020
 Tentative Planning Commission Date: Feb 1, 2021
 County Commission District: (1)

Taken by: Katie [Signature]
 Tentative County Commission Date: MARCH 11, 2021

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: C. Sam McGee

Date: 11-30-20

Applicant's/Owner's Name (Printed): C. Sam McGee

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



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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: Artie Thomas Hogan

Date: 12/3/2020

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



Hall County Planning Department

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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.

Form with fields for Name of Official(s), Office, Dollar (\$) Amount, Date of Contribution, and Applicant's Signature. Includes handwritten signature 'Shirley Hogan' and date '12/18/2020'.



**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)

The Opal H. Atkinson Revocable Trust

Address

6242 White Oak Dr.

Flowery Branch, GA 30542

Phone Number

770-967-3642

Name of applicant(s)

C. Sam M^cGee

Address

6969 Fellowship LN.

Flowery Branch, GA 30542

Phone Number

770-654-6832

Purpose of Permit

ZONING App.

Site Address

7038 Sports Springs Rd.

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.

Signature of Owner(s)

Shirley Hogan

Personally appeared before me

Kelly Goins

Notary Public (Print Name)



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

Kelly Goins
Notary Public Signature

Dec. 15, 2024
Date

PLANNING AND DEVELOPMENT DEPARTMENT
2875 BROWNS BRIDGE ROAD, GAINESVILLE, GA, 30504
MAILING ADDRESS: PO BOX 1435, GAINESVILLE, GA 30503
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Name of owner(s) The Opal H. Atkinson Revocable Trust
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Flowery Branch, GA. 30542
Phone Number 770-967-3642

Name of applicant(s) C. Sam McGee
Address 6969 Fellowship Ln.
Flowery Branch, GA 30542
Phone Number 770-654-6832

} add.

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)
Arlee Thomas Hogan POA add Shirley

Personally appeared before me
Arlee Thomas Hogan

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

Kelly Goins
Notary Public

Dec. 3, 2020
Date

