

Office Use Only
 Date Received: 4/4/19
 Public Hearing Date: 5/2/19
 File # R219-05-01
 BOC Meeting Date: 5/21/19
 Commission District: 4

ZONING APPLICATION

COLUMBIA COUNTY, GEORGIA

PLEASE SELECTION ONE

Type of Application: Rezoning Plan Revision Variance Variation Conditional Use

Date of Application: 4/4/19

Rezoning: The undersigned requests that the property described be rezoned from M1/R1 to S-1.

Plan Revision¹: The undersigned requests a revision to the current N/A zoning.

Variance²: The undersigned requests a variance to Section N/A of the Columbia County Code of Ordinances.

Variation³: The undersigned requests a variation to Section N/A of the Columbia County Code of Ordinances.

NOTE: Please see footnotes on the backside of this sheet.

PROPERTY INFORMATION:

Tax Map # 068 Parcel # 958 B Address: GATEWAY BLVD
 (For multiple properties, please use a separate sheet of paper.) Road Frontage: 825 feet on the North / South / East / West (circle one) side of GATEWAY BLVD. Property area is approximately 52 acres and is located ~3500 feet from the intersection of GATEWAY BLVD + HORIZON SOUTH PARK. The attached plat for the property was prepared by CRANSTON ENGINEERING and dated REV: 1/17/17

PROPOSED USE (for rezoning):

If approved, the property will be used for the following purpose(s):

MEDICAL MIXED-USE CAMPUS.

OWNERSHIP AND APPLICANT INFORMATION:

OWNER: AU MEDICAL CENTER, INC
 ADDRESS: 1120 15TH STREET
 CITY: AUGUSTA STATE: GA ZIP: 30912
 PHONE #: 706-721-6951

APPLICANT: (SAME) CATALYST DESIGN GRP
 ADDRESS: 5016 CENTENNIAL BLVD, SUITE 200
 CITY: NASHVILLE STATE: TN ZIP: 37209
 PHONE #: 615-866-2410

Email (or) Fax: WDUNAWAY@AUGUSTA.EDU

Email (or) Fax: J.HEINZEE@CATALYST-DG.COM

DISCLOSURE

Does any local government official or member of their family have a financial interest in the property, or has the applicant made campaign contributions in the aggregate of \$250 or more within the past two years to any local government official? (Yes or No) Yes **If yes, a full written disclosure must be submitted with this application.**

I hereby depose and say under the penalty of perjury that all of the statements contained in or submitted with this application are true.

LeeAnn Leiska

 Owner's Signature
 LeeAnn Leiska

LeeAnn Leiska

 Applicant's Signature
 LeeAnn Leiska

Printed Name _____ Printed Name _____
 Subscribed and sworn to before me on 4th day of APRIL 20 19.
 By: Phel C. Peltier Notary Public

Please return original notarized application with all supporting documentation and fees, to the Columbia County Planning Department, P.O. Box 498, Evans, GA 30809. Refer to Fee Schedule.

