



ANNEXATION APPLICATION

I HEREBY REQUEST THE MAYOR AND COUNCIL OF THE CITY OF DALTON ANNEX THE PROPERTY DESCRIBED BELOW IN THIS APPLICATION.

PLEASE LIST THE APPLICANT NAME REQUESTING ANNEXATION

Form with fields for APPLICANT NAME: Hamilton Medical Center, Inc., APPLICANT ADDRESS: 1200 Memorial Drive, Dalton, GA 30720, CITY, STATE & ZIP: Dalton, GA 30720, TELEPHONE NUMBER: 706.272.6411

PROPOSED PROPERTY TO BE ANNEXED

Form with fields for (1) STREET ADDRESS OF PROPERTY TO BE ANNEXED: See Attached, (2) SUBDIVISION OF THE PROPERTY TO BE ANNEXED: N/A, (3) LOT(S) NUMBER OF THE PROPERTY TO BE ANNEXED: N/A, (4) FUTURE INTENDED USE OF THE PROPERTY TO BE ANNEXED: Medical Offices

- PROPOSED ZONING CLASSIFICATION: C-2, General Commercial
• PROPOSED AMOUNT OF ACREAGE TO BE ANNEXED: 30.41 Acres
• TAX MAP NUMBER/PARCEL NUMBER: See Attached
• HOUSING UNITS: None

- (1) IF RESIDENTIAL PROPERTY AT THE TIME OF THIS CONTRACT, LIST THE NUMBER OF REGISTERED VOTERS [N/A]
(2) IF RESIDENTIAL PROPERTY AT THE TIME OF THIS CONTRACT, LIST THE NUMBER OF ADULTS OF VOTING AGE, IF DIFFERENT NUMBER THAN SHOWN IN NUMBER (1) [N/A]
(3) IF RESIDENTIAL PROPERTY AT THE TIME OF THIS CONTRACT, LIST THE NUMBER OF ADULTS IN THE HOUSEHOLD. [N/A]
(4) IF RESIDENTIAL PROPERTY AT THE TIME OF THIS CONTRACT, LIST THE NUMBER OF CHILDREN IN THE HOUSEHOLD. [NA]
(5) IF RESIDENTIAL PROPERTY AT THE TIME OF THIS CONTRACT, LIST THE NUMBER OF HOUSING UNITS. [N/A]

- (6) IF RESIDENTIAL PROPERTY AT THE TIME OF THIS CONTRACT, PLACE NUMBER OF RESIDENTS IN APPLICABLE BOX. [] CAUCASIAN [] LATINO [] AFRICAN AMERICAN [] OTHER

- (7) IF RESIDENTIAL PROPERTY AT THE TIME OF THIS CONTRACT, LIST THE NUMBER OF PERSONS WHOSE PRIMARY LANGUAGE IS OTHER THAN ENGLISH. [N/A]

Hamilton Medical Center, Inc.

SIGNATURE OF APPLICANT(S) [Handwritten Signature]

DATE: 10-16-23

OWNERSHIP VERIFICATION

The undersigned is the / an owner of an interest in the lands described in the attached Annexation Contract, which proposes to amend the Official Zoning Map of Dalton, Georgia, and concurs in the application. The undersigned's interest in the lands described in the application is as follows:

*Describe parcel or parcels and nature of interest
and percentage of interest*

100% interest owned in fee simple by Hamilton Medical Center, Inc.

I hereby appoint

J. Tom Minor, IV

my attorney in fact with full authority, my name, place, and stead, to apply for the zoning amendment as set forth in the attached annexation contract.

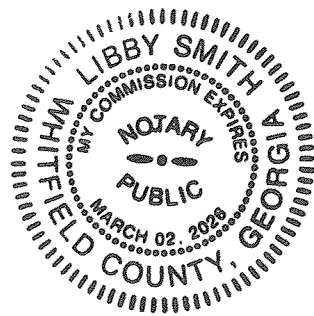
Hamilton Medical Center, Inc.

[Handwritten Signature]
(Owner's Name)

Sworn to and subscribed
Before me, this 16th day
of October, 2023

[Handwritten Signature]
Notary Public

(Seal)





NOTICE TO ALL LANDOWNERS REGARDING ANNEXATION

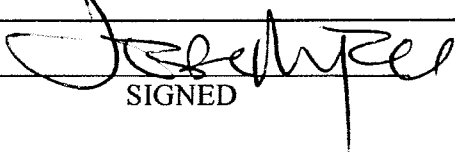
If your request to annex your property into the City of Dalton is approved by Whitfield County, you will be charged a city property tax for the City of Dalton as well as a Public School tax. This will appear on your property tax bill that you receive from Whitfield County. The millage rate is 2.537 mils per at 100% of assessed property value.

Example: If your property is valued at \$100,000 – your assed value is 100% or $\$100,000 \times 2.237$ mils, your Dalton City tax would be \$223.7 per year.

Should you have any questions, please contact the Whitfield County Tax Commissioners office at (706) 275-7510.

I have read the above statement and understand that if my property is annexed, I will be charged Dalton City tax.

Hamilton Medical Center, Inc.


SIGNED

10-16-23
DATE

Annexation List

Address	Parcel Number	Acerage
1711 Chattanooga Road	12-145-01-001	0.37
1713 Chattanooga Road	12-145-01-002	0.34
1721 Chattanooga Road	12-145-01-003	0.76
Chattanooga Road	12-145-01-004	1.61
Chattanooga Avenue	12-145-03-000	1.31
Phillips Drive	12-159-01-021	1.13
Broadrick Drive	12-160-19-000	7.09
Thornton	12-160-34-000	1.00
Thornton	12-160-09-000	6.76
1446 Broadrick Dr.	12-160-37-000	0.47
Broadrick Drive	12-160-58-000	7.57
Cleo Way	12-160-59-000	2.00
		30.41