

FOR OFFICE USE ONLY:
DATE RECEIVED: 9/28/2023

ACTION BY THE GOVERNING AUTHORITY:
APPROVED: _____ DISAPPROVED: _____

**APPLICATION FOR AMENDMENT OF THE
UNIFIED ZONING ORDINANCE/MAP**

Dalton: X
Varnell: _____
Whitfield Co: _____

Fee: \$200
Make check payable to: DALTON-WHITFIELD ZONING

Application is hereby made for amendment of the Unified Zoning Ordinance/Map, and if granted, the applicant agrees to conform to all laws, ordinances and resolutions regulating same.

Name of Applicant: Hamilton Medical Center, Inc. Telephone: 706.272.6173

Mailing Address: PO Box 1168, Dalton, GA 30722

Email: TODDHARRISON@HHCS.org

Address of Property to be Rezoned: 41 Parcels attached hereto

Amendment to: Zoning Map X Text Section _____

If an amendment to the Zoning Text, include on separate sheets the proposed amendment.

If an amendment to the Zoning Map, indicate the following:

Size of Property: Multiple Parcels 95.13 acres; _____ square feet

Existing Zone Classification: C-1, Limited Commercial

Proposed Zone Classification: C-2, General Commercial

Present Use of Property: Hospital/Medical Offices

Proposed Use of Property: Hospital/Medical Offices

If multi-family, total number of units: _____

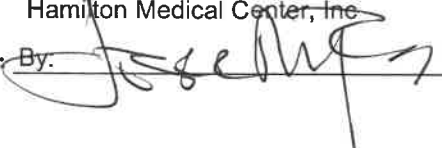
Average size of unit (optional): _____ square feet

Preliminary Site plan is required for Special Use and zoning districts of R-6, R-7, MU, and PUD

Include on separate sheets a legal description of the property and a map of the property showing:

- a) Actual dimensions of property
- b) Location and type of existing structures
- c) Zone and land use of surrounding property

I hereby certify that the above information is true and correct.

Hamilton Medical Center, Inc.
Signed: By. 

Date: 09-19-2023

Burleyson Rd	12-159-01-058	C-1	2.87			
1407 Thornton	12-160-02-001	C-1	5.14			
Thornton	12-160-02-002	C-1	0.33			
1002 Burleyson	12-160-02-003	C-1	0.43			
Corner Burleyson & Chattanooga Rd.	12-160-02-004	C-1	0.34			
1008 Burleyson Rd.	12-160-03-000	C-1	1.72			
1109 Burleyson Rd.	12-160-06-000	C-1	3.85			
1432 Broadrick	12-160-16-000	C-1	0.55			
1504 Broadrick	12-160-21-001	C-1	1.57			
Broadrick Dr.	12-160-21-006	C-1	1.12			
Burleyson Rd	12-160-39-000	C-1	1.24			
1503 Professional Court	12-160-51-000	C-1	0.7			
Arbella St	12-161-01-087	R-6	0.23			
N. Thornton	12-182-02-001	C-1	0.5			
N. Thornton Ave (east side)	12-182-02-007	C-1	0.23			
1223 Chattanooga Road	12-182-02-041	C-1	1.05			
00 Chattanooga Avenue	12-182-15-000	C-1	6.08			
1407 Applewood Dr.	12-183-03-000	C-1	2			
1301 Broadrick	12-183-04-001	C-1	0.62			
Burleyson Rd	12-183-04-002	C-1	1.93			
1200 Memorial	12-183-04-003	C-1	13.5			
1250 Broadrick	12-183-04-004	C-1	1.25			
1203 Memorial Drive	12-183-04-005	C-1	0.81			
1305 Broadrick	12-183-04-009	C-1	0.64			
1225 Broadrick	12-183-04-010	C-1	9.16			
1209 Memorial	12-183-04-011	C-1	0.71			
1217 Memorial	12-183-04-012	C-1	0.6			
1308 Memorial	12-183-04-013	C-1	0.34			
1250 Broadrick	12-183-04-014	C-1	3.34			
Memorial Dr.	12-183-04-015	C-1	2.77			
Broadrick Dr.	12-183-04-017	C-1	**	Combined with 12-183-04-015		
1107 Memorial	12-183-04-019	C-1	4.84			
Elkwood	12-183-04-020	C-1	6.08			
1203 Memorial Drive	12-183-04-021	C-1	0.45			
Elk	12-183-04-024	C-1	2			
1105 Memorial	12-183-05-000	C-1	7.87			
1300 Thornton	12-183-10-000	C-1	0.56			
Memorial Dr.	12-183-11-000	C-1	1.9			
Ross Dr	12-184-01-001	C-1	2.6			
corner Applewood & Memorial	12-184-01-010	C-1	**	Combined with 12-183-04-015		
1201 Burleyson Road	12-184-01-039	C-1	3.21			
			95.13			

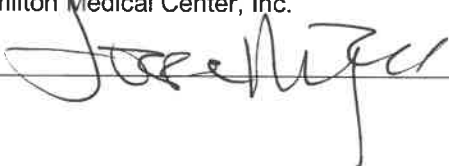
VERIFICATION

The undersigned is the/an owner of an interest in the lands described in the attached Application for Amendment of the Unified Zoning Ordinance/Map and concurs in the application. The undersigned's interest in the lands described in the application is as follows:

(describe parcel or parcels of interest and percentage of interest)

Properties owned by Hamilton Medical Center, Inc.

I appoint J. Tom Minor, IV
my attorney in fact with full authority, my name, place, and stead, to apply for the zoning amendment set forth in the attached application.

Hamilton Medical Center, Inc.
By: 
Owner

Sworn to and subscribed
before me, this 19th day
of September, 2023


Notary Public

(SEAL)



Does any member of the Planning Commission or applicable governing authority have a spouse, mother, father, brother, sister, son, or daughter who has any interest as described above?

(yes or no) No.

If so, describe the relationship and the nature and extent of such interest:

I certify that the foregoing information is true and correct to the best of my knowledge and belief, this 19th day of September, 2023.

Hamilton Medical Center, Inc.

By: 
Applicant's Signature

[Note: Any local government official or any applicant for rezoning action knowingly failing to make any disclosure as required by O.C.G.A. Chapter 36 - 67A shall be guilty of a misdemeanor.]

**DISCLOSURE REPORT OF CAMPAIGN CONTRIBUTIONS AND GIFTS
BY APPLICANT***
(Required by Title 36, Chapter 67A, O.C.G.A.)

Date of Rezoning Application: 9/19/23

Has the applicant* made, within two (2) years immediately preceding the filing date of this application, campaign contributions aggregating two hundred fifty dollars (\$250) or more or made gifts having in the aggregate a value of two hundred fifty dollars (\$250) or more to a member or members of the Planning Commission or applicable governing authority who will consider this application?

(Yes or No) No.

If so, the applicant and the attorney or other person representing the applicant must file a disclosure report with the appropriate governing authority Board or Council within ten (10) days after this application is first filed. The following information will be considered as the required disclosure:

- 1) List the name and official position of the governing authority member or Planning Commission member;
- 2) the dollar amount and date of each applicable campaign contribution;
- and 3) an enumeration and description of each gift having a value of \$250 or more.

I certify that the foregoing information is true and correct to the best of my knowledge and belief, this 19th day of September, 2023.

Hamilton Medical Center, Inc.

By: 

Applicant's Signature

[Note: Any local government official or any applicant for rezoning action knowingly failing to make any disclosure as required by O.C.G.A. Chapter 36 - 76A shall be guilty of a misdemeanor.]

* Applicant means any person who applies for a rezoning action and any attorney or other person representing or acting on behalf of the applicant for a rezoning action.