



DE-ANNEXATION APPLICATION

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

PLEASE LIST THE APPLICANT NAME REQUESTING DE-ANNEXATION

APPLICANT NAME: Kobayashi Healthcare International, Inc.
APPLICANT ADDRESS: 245 Kraft Drive
CITY, STATE & ZIP: Dalton, GA 30720
TELEPHONE NUMBER: 706.313.01488

PROPOSED PROPERTY TO BE DE-ANNEXED

(1) STREET ADDRESS OF PROPERTY TO BE DE-ANNEXED: 235 and 245 Kraft Drive
(2) SUBDIVISION OF THE PROPERTY TO BE DE-ANNEXED: Whitfield Properties N Industrial Park
(3) LOT(S) NUMBER OF THE PROPERTY TO BE DE-ANNEXED: Part of Lots 2 and 3
(4) FUTURE INTENDED USE OF THE PROPERTY TO BE DE-ANNEXED: Manufacturing

- PRESENT ZONING CLASSIFICATION: M-2
PROPOSED AMOUNT OF ACREAGE TO BE DE-ANNEXED: 12.32
TAX MAP NUMBER/PARCEL NUMBER: 13-025-11+000
HOUSING UNITS: N/A

- (1) IF RESIDENTIAL PROPERTY AT THE TIME OF THIS APPLICATION, LIST THE NUMBER OF REGISTERED VOTERS: N/A
(2) IF RESIDENTIAL PROPERTY AT THE TIME OF THIS APPLICATION, 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 APPLICATION, LIST THE NUMBER OF ADULTS IN THE HOUSEHOLD: N/A
(4) IF RESIDENTIAL PROPERTY AT THE TIME OF THIS APPLICATION, LIST THE NUMBER OF CHILDREN IN THE HOUSEHOLD: N/A
(5) IF RESIDENTIAL PROPERTY AT THE TIME OF THIS APPLICATION, LIST THE NUMBER OF HOUSING UNITS: N/A

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

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

Kobayashi Healthcare International, Inc.
SIGNATURE OF APPLICANT: Daniel H. Jim

2023/10/10
DATE

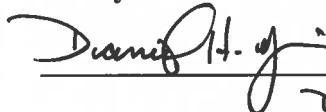
The undersigned is the / an owner of an interest in the lands described in the attached De-Annexation Application, which proposes to amend the Official Zoning Map of Dalton, Georgia, and concurs in the application. The undersigned's interest in the lands described in the application is as follows:

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

100% interest owned by Kobayashi Healthcare International, Inc. for parcels 13-048-08-000 and 13-048-13-000

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 de-annexation application.

Kobayashi Healthcare International, Inc.



Owner's Name) DANIEL YIM

Sworn to and subscribed
Before me, this 10th day
of October, 2023.


Notary Public

