

## CHANGE IN CONDITIONS APPLICATION

APPLICANT INFORMATION	PROPERTY OWNER INFORMATION*			
NAME: Enterprise Leasign Company of Georgia, LLC	NAME: MEA Family Investments LP			
ADDRESS: 4151 Ashford Dunwoody Rd Ste 300	ADDRESS: 4398 Lochsa Lane			
CITY: Brookhaven	CITY: Suwanee			
STATE:GAZIP: 30319	STATE: GA ZIP: 30024			
CONTACT PERSON: Tim Teague	PHONE: 706-968-8017			
* If multiple property owners, each owner must file an a Multiple projects with one owner, must file separate a	pplication form or attach a list, however only one fee. pplications, with separate fees.			
PRESENT ZONING DISTRICT(S): N/A REQUE	STED ZONING DISTRICT: N/A			
PARCEL NUMBER(S): R5147 152	ACREAGE: <u>.49</u>			
ADDRESS OF PROPERTY:176 Scenic Hwy N Lawrenceville, GA				
SIGNATURE OF APPLICANT DATE	9/27/23 SIGNATURE OF OWNER DATE			
TIM Teague  TYPED OR PRINTED NAME  AVUIL MALL 9-28-20 NOTARY PUBLIC  DATE PUBLIC PUBLIC	Tim Teague - Owner Agent TYPED OR PRINTED NAME  WOTARY PUBLIC DATE			
= 080,08/24/2012				

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## **DISCLOSURE OF CAMPAIGN CONTRIBUTIONS**

Have you, within the two years immediately preceding the filing of this application, made campaign contributions aggregating \$250.00 or more to the Mayor of the City of Lawrenceville, a member of the City Council, or to a member of the Planning Commission of the City of Lawrenceville? N Y/N

If the answer is yes, please complete the following section:

NAME OF GOVERNMENT OFFICIAL	CONTRIBUTIONS (List all which aggregate to \$250 or more)	DATE CONTRIBUTION WAS MADE (Within last two years)

Have you, within the two years immediately preceding the filing of this application, made gifts having in the aggregate a value of \$250.00 or more to the Mayor of the City of Lawrenceville, a member of the City Council, or to a member of the Planning Commission of the City of Lawrenceville? N Y/N

If the answer is yes, please complete the following section:

NAME OF GOVERNMENT OFFICIAL	CONTRIBUTIONS (List all which aggregate to \$250 or more)	DATE CONTRIBUTION WAS MADE (Within last two years)

Attach additional sheets if necessary to disclose or describe all contributions/gifts.



## **VERIFICATION OF CURRENT PAID PROPERTY TAXES FOR CHANGE IN CONDITIONS**

THE UNDERSIGNED BELOW IS AUTHORIZED TO MAKE THIS APPLICATION. THE UNDERSIGNED CERTIFIES THAT ALL CITY OF LAWRENCEVILLE PROPERTY TAXES BILLED TO DATE FOR THE PARCEL LISTED BELOW HAVE BEEN PAID IN FULL TO THE TAX COMMISSIONER OF GWINNETT COUNTY, GEORGIA. IN NO CASE SHALL AN APPLICATION BE PROCESSED WITHOUT SUCH PROPERTY VERIFICATION.

\*Note: A SEPARATE VERIFICATION FORM MUST BE COMPLETED FOR EACH TAX PARCEL INCLUDED IN THE SPECIAL USE PERMIT REQUEST. PARCEL I.D. NUMBER: (Map Reference Number) 9/27/23 Signature of Applicant Date Tim Teague Construction and Project Manager Type or Print Name and Title \*\*\*PLEASE TAKE THIS FORM TO THE TAX COMMISSIONER'S OFFICE AT THE GWINNETT JUSTICE AND ADMINISTRATION CENTER, 75 LANGLEY DRIVE, FOR THEIR APPROVAL BELOW.\*\*\* TAX COMMISSIONER'S USE ONLY (PAYMENT OF ALL PROPERTY TAXES BILLED TO DATE FOR THE ABOVE REFERENCED PARCEL HAVE BEEN VERIFIED AS PAID CURRENT AND CONFIRMED BY THE SIGNATURE BELOW) NAME TITLE DATE