

**DAWSON COUNTY BOARD OF COMMISSIONERS  
VOTING SESSION AGENDA - THURSDAY, AUGUST 20, 2015  
DAWSON COUNTY GOVERNMENT CENTER ASSEMBLY ROOM  
6:00 PM**

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**A. ROLL CALL**

**B. EXECUTIVE SESSION**

**C. OPENING PRESENTATION**

[Muscular](#) Dystrophy Association Proclamation - Abby Ruffner

**D. INVOCATION**

**E. PLEDGE OF ALLEGIANCE**

**F. ANNOUNCEMENTS**

**G. APPROVAL OF MINUTES**

[Minutes](#) of the Voting Session held on August 6, 2015

**H. APPROVAL OF AGENDA**

**I. PUBLIC COMMENT (3 minute limit/person 15 minutes maximum)**

**J. ALCOHOL LICENSE**

**K. ZONING**

1. ZA 15-03 - Delinda UMBERGER on behalf of Aqua Design Pools and Spas has made a request to rezone 1.998 acres from R-A (Residential Agricultural) to C-HB (Commercial Highway Business). The property is located at TMP 098-009.

**L. PUBLIC HEARING**

**M. UNFINISHED BUSINESS**

1. Approval of the 2015 Employee Compensation Proposal - *Postponed from the August 6, 2015 Voting Session*

**N. NEW BUSINESS**

1. Approval of the request to unfreeze a salaried District Attorney's Office position
2. Approval of the request to install an ATM in the Government Center 1st Floor Public Vending Area
3. Approval of the request for approval of budget increase for Tax Assessor's Attorney Fees
4. Approval of the 2015 Emergency Management Performance Grant (EMPG)
5. Approval of Special Event Business License - *MarineMax Boat Show*

**O. ADJOURNMENT**

**P. PUBLIC COMMENT**

**Backup material for agenda item:**

Muscular Dystrophy Association Proclamation - Abby Ruffner



DAWSON COUNTY  
BOARD OF COMMISSIONERS

MDA FIREFIGHTER APPRECIATION MONTH

PROCLAMATION

WHEREAS: Dedicated and selfless firefighters in Dawson County provide lifesaving services to the citizens of their community; and

WHEREAS: At a moment's notice, they risk their lives subduing fires and rescuing those in harm's way; and

WHEREAS: Dawson County firefighters' sense of duty and responsibility is displayed by the hundreds of hours they work on annual boot drives to collect donations for the Muscular Dystrophy Association (MDA); and

WHEREAS: Dawson County's firefighters collected more than \$7,500 in 2014 for the Muscular Dystrophy Association; and

WHEREAS: Dawson County Firefighters' endless service to MDA has given so much hope for families fighting neuromuscular diseases.

THEREFORE: The Dawson County Board of Commissioners, do hereby proclaim September 2015 as MDA Firefighter Appreciation Month in Dawson County and encourage all citizens of Dawson County, Georgia to recognize and support the efforts of these firefighters on behalf of MDA.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the County Seal to be affixed this 20<sup>th</sup> day of August 2015.

Attest:

\_\_\_\_\_  
Mike Berg, Chairman

\_\_\_\_\_  
Danielle Yarbrough, County Clerk



**Backup material for agenda item:**

Minutes of the Voting Session held on August 6, 2015

**DAWSON COUNTY BOARD OF COMMISSIONERS**  
**VOTING SESSION MINUTES – AUGUST 6, 2015**  
**DAWSON COUNTY GOVERNMENT CENTER ASSEMBLY ROOM**  
**25 JUSTICE WAY, DAWSONVILLE**  
**6:00PM**

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**ROLL CALL:** Those present were Chairman Berg; Commissioner Fausett, District 1; Commissioner Swafford, District 2; Commissioner Hamby, District 3; Commissioner Nix, District 4; County Manager Campbell; County Attorney Homans; County Clerk Yarbrough and interested citizens of Dawson County.

**OPENING PRESENTATION:** None

**INVOCATION:** Chairman Berg

**PLEDGE OF ALLEGIANCE:** Chairman Berg

**ANNOUNCEMENTS:**

Commissioner Swafford announced that Commissioner Fausett had recently celebrated a birthday.

**APPROVAL OF MINUTES:**

Motion passed unanimously to approve the minutes from the Voting Session held on July 16, 2015 with the following change:

- The vote for Zoning Item ZA 15-02 should have been shown as 3-0 with two abstentions and not 3-2 with two abstentions.

Swafford/Fausett

**APPROVAL OF THE AGENDA:**

Motion passed unanimously to approve the agenda as written. Swafford/Hamby

**PUBLIC COMMENT:**

None

**ALCOHOL LICENSE HEARING:**

None

**ZONING:**

None

**PUBLIC HEARING:**

None

**UNFINISHED BUSINESS:**

None

**NEW BUSINESS:**

*Approval to apply for the First Responder- EMT-B Grant*

Motion passed unanimously to approve to apply for the First Responder- EMT-B Grant. Nix/Hamby

*Approval of payment of the Debris Removal Contractor (CERES) Invoice using contingencies and fund balance*

Motion passed unanimously to approve payment of the Debris Removal Contractor (CERES) Invoice using contingencies and fund balance. Swafford/Fausett

*Approval of the 2015 Employee Compensation Proposal*

Motion passed unanimously to postpone the approval of the 2015 Employee Compensation Proposal until the next voting session on August 20, 2015. Nix/Fausett

**ADJOURNMENT:**

**PUBLIC COMMENT:**

None

**EXECUTIVE SESSION:**

Motion passed unanimously to go into Executive Session. Swafford/Hamby

Motion passed unanimously to come out of Executive Session. Swafford/Hamby

APPROVE:

ATTEST:

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Mike Berg, Chairman

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Danielle Yarbrough, County Clerk

**Backup material for agenda item:**

1. ZA 15-03 - Delinda Umberger on behalf of Aqua Design Pools and Spas has made a request to rezone 1.998 acres from R-A (Residential Agricultural) to C-HB (Commercial Highway Business). The property is located at TMP 098-009.

# DAWSON COUNTY REZONING APPLICATION


\*\*\*This portion to be completed by Zoning Administrator\*\*\*

ZA 15-03 Tax Map & Parcel # (TMP): 098-009  
Submittal Date: 6-11-15 Time: 3:24 am/pm Received by: MM (staff initials)  
Fees Assessed: \_\_\_\_\_ Paid: \$2500.00 Commission District: \_\_\_\_\_  
Planning Commission Meeting Date: July 21, 2015  
Board of Commissioners Meeting Date: August 20, 2015

## APPLICANT INFORMATION (or Authorized Representative)

Printed Name: Delinda Umberger  
Address: PO Box 2626, 331 Hwy 255 South, Cleveland, GA 30528  
Phone: Listed 404 202-3720 Email: Business 770 517-1117  
Unlisted \_\_\_\_\_ Personal \_\_\_\_\_  
Status: [ ] Owner [x] Authorized Agent [ ] Lessee [x] Option to purchase

**Notice: If applicant is other than owner, enclosed Property Owner Authorization form must be completed.**

I have  /have not \_\_\_\_\_ participated in a Pre-application meeting with Planning Staff.  
If not, I agree \_\_\_\_\_ /disagree \_\_\_\_\_ to schedule a meeting the week following the submittal deadline.  
Meeting Date: 6/8/2015 Applicant Signature: 

## PROPERTY OWNER/PROPERTY INFORMATION

Name: Abba House Inc., James Sharp, President  
Street Address of Property being rezoned: 6905 Alan Thomas Road, Cumming, GA 30028  
Rezoning from: RA to: C-HB Total acreage being rezoned: 1.998  
Directions to Property: From GA 400 South take right on Hwy 53 follow through to Dawson Forest, bear left onto Dahlonega Hwy/Hwy 9 turn left on Alan Thomas Property corners Hwy 9 and Alan Thomas (Next to

Subdivision Name (if applicable): NA Lot(s) #: Land Lot 33 tract 1 & 2

Current Use of Property: Residential

Any prior rezoning requests for property? \_\_\_\_\_ if yes, please provide rezoning case #: ZA \_\_\_\_\_

**\*\*\*Please refer to Dawson County's Georgia 400 Corridor Guidelines and Maps to answer the following:**

Does the plan lie within the Georgia 400 Corridor? no (yes/no)

If yes, what section? \_\_\_\_\_

**SURROUNDING PROPERTY ZONING CLASSIFICATION:**

North RA South C-HB East RA West RA

Access to the development will be provided from:

Road Name: Alan Thomas Type of Surface: Asphalt

**REQUESTED ACTION & DETAILS OF PROPOSED USE**

Rezoning to: Highway Business  Special Use Permit for: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Existing Utilities:  Water  Sewer  Gas  Electric

Proposed Utilities:  Water  Sewer  Gas  Electric

**RESIDENTIAL**

No. of Lots: \_\_\_\_\_ Minimum Lot Size: \_\_\_\_\_ (acres) No. of Units: \_\_\_\_\_

Minimum Heated Floor Area: \_\_\_\_\_ sq. ft. Density/Acre: \_\_\_\_\_

Type:  Apartments  Condominiums  Townhomes  Single-family  Other

Is an Amenity Area proposed: \_\_\_\_\_; if yes, what? \_\_\_\_\_

**COMMERCIAL & INDUSTRIAL**

Building area: Existing as shown on Survey No. of Parking Spaces: 8 existing

## APPLICANT CERTIFICATION

I hereby request the action contained within this application relative to the property shown on the attached plats and site plan and further request that this item be placed on both the Planning Commission and Board of Commissioners agenda(s) for a public hearing.

I understand that the Planning & Development staff may either accept or reject my request upon review. My request will be rejected if all the necessary data is not presented.

I understand that I have the obligation to present all data necessary and required by statute to enable the Planning Commission and the Board of Commissioners to make an informed determination on my request. I will seek the advice of an attorney if I am not familiar with the zoning and land use requirements.

I understand that my request will be acted upon at the Planning Commission and Board of Commissioner hearings and that I am required to be present or to be represented by someone able to present all facts. I understand that failure to appear at a public hearing may result in the postponement or denial of my rezoning of special use application. I further understand that it is my responsibility to be aware of relevant public hearing dates and times regardless of notification from Dawson County.

I hereby certify that I have read the above and that the above information as well as the attached information is true and correct.

Signature <u></u>	Date <u>6/10/15</u>
Witness <u></u>	Date <u>6/10/15</u>

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## WITHDRAWAL

**Notice:** *This section only to be completed if application is being withdrawn.*

I hereby withdraw application # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Withdrawal of Application:**

Withdrawals of any application may be accommodated within the Planning & Development Department if requested before the Planning Commission agenda is set. Therefore, withdrawals may not be made after ten (10) days prior to the scheduled Planning Commission meeting hearing, unless accompanied by written request stating specific reasons for withdrawal. This withdrawal request is to be published in the legal organ prior to the meeting. Following the written request and publication the Planning Commission will vote to remove the item from the agenda at the scheduled hearing. Please note that should the withdrawal be denied, the item will receive deliberation and public hearing with a decision by the Planning Commission. Further, the applicant is encouraged to be present at the hearing to substantiate reasons for withdrawal. Please note that no refund of application fees may be made unless directed by the Board of Commissioners.

ZA \_\_\_\_\_

TMP#: \_\_\_\_\_

**List of Adjacent Property Owners**

It is the responsibility of the Applicant to provide a list of adjacent property owners. This list must include the name and mailing address of anyone who has property touching your property or who has property directly across the street from your property.

**\*\*Please note this information should be obtained using the Tax Map & Parcel (TMP) listing for any parcel(s) adjoining or adjacent to the parcel where a variance or rezone is being requested.**

	<u>Name</u>	<u>Address</u>
TMP <u>098 009 003</u> 1.	<u>Bryan &amp; Dana Martin</u>	<u>6950 Dahlonega Hwy, Cumming, GA 30028</u> <i>PO Box 1980</i>
TMP <u>098 010</u> 2.	<u>A.C. Smith Jr</u>	<u>6810 Dahlonega Hwy Cumming, GA 30130</u>
TMP <u>098 008 003</u> 3.	<u>Joyce Catherine Buice</u>	<u>6259 Hwy 9 South Dawsonville, GA 30534</u>
TMP <u>185 003</u> 4.	<u>AJE Enterprises</u>	<u>2894 Kelly Bridge Rd Dawsonville, GA 30534</u>
TMP _____ 5.	_____	_____
TMP _____ 6.	_____	_____
TMP _____ 7.	_____	_____
TMP _____ 8.	_____	_____
TMP _____ 9.	_____	_____
TMP _____ 10.	_____	_____
TMP _____ 11.	_____	_____
TMP _____ 12.	_____	_____
TMP _____ 13.	_____	_____
TMP _____ 14.	_____	_____
TMP _____ 15.	_____	_____

Use additional sheets if necessary.




# NOTICE OF RESIDENTIAL EXURBAN/AGRICULTURAL DISTRICT (R-A) ADJACENCY

Agricultural districts include uses of land primarily for active farming activities and result in odors, noise, dust and other effects, which may not be compatible with adjacent development. Future abutting developers in non RA land use districts shall be provided with this "Notice of RA Adjacency" prior to administrative action on either the land use district or the issuance of a building or occupancy permit.

Prior to administrative action the applicant shall be required to sign this waiver which indicates that the applicant understands that a use is ongoing adjacent to his use which will produce odors, noise, dust and other effects which may not be compatible with the applicant's development. Nevertheless, understanding the effects of the adjacent RA use, the applicant agrees by executing this form to waive any objection to those effects and understands that his district change and/or his permits are issued and processed in reliance on his agreement not to bring any action asserting that the adjacent uses in the RA district constitute a nuisance) against local governments and adjoining landowners whose property is located in an RA district.

This notice and acknowledgement shall be public record.

Applicant Signature: 

Applicant Printed Name: Delinda Umberger

Application Number: \_\_\_\_\_

Date Signed: 6/9/15

Sworn and subscribed before me

this 9<sup>th</sup> day of June, 20 15.

  
Notary Public

My Commission Expires: 11.05.17



**PROPERTY OWNER AUTHORIZATION**

I/we, Abba House, Inc James H Sharp III President, hereby swear that I/we own the property located at (fill in address and/or tax map & parcel #):

6905 Alan Thomas Road, Cumming, GA 30028

Parcel # 098 009

as shown in the tax maps and/or deed records of Dawson County, Georgia, and which parcel will be affected by this request.

I hereby authorize the person named below to act as the applicant or agent in pursuit of the rezoning requested on this property. I understand that any rezone granted, and/or conditions or stipulations placed on the property will be binding upon the property regardless of ownership. The under signer below is authorized to make this application. The under signer is aware that no application or reapplication affecting the same land shall be acted upon within six (6) months from the date of the last action by the Board of Commissioners.

Printed Name of applicant or agent: Delinda Umberger

Signature of applicant or agent: [Signature] Date: 6/11/2015

\*\*\*\*\*

Printed Name of Owner(s): Abba House, Inc. James H. Sharp III, President

Signature of Owner(s): [Signature] Date: 5/27/2015

Mailing address: 6900 Dakinidge Hwy

City, State, Zip: Cumming, GA 30028

Telephone Number: Listed 678 313 8912  
Unlisted

Sworn and subscribed before me this 07 day of May, 2015.

[Signature]  
Notary Public

My Commission Expires: March 5/2016



{Notary Seal}

(The complete names of all owners must be listed; if the owner is a partnership, the names of all partners must be listed; if a joint venture, the names of all members must be listed. If a separate sheet is needed to list all names, please identify as applicant or owner and have the additional sheet notarized also.)



**Public Health**  
Prevent. Promote. Protect.

District 2 Public Health  
Dawson County Environmental Health Department  
189 Highway 53 West, Suite 102  
Dawsonville, Georgia 30534 Phone (706)265-2930 Fax (706)265-7529

David N. Westfall, M.D., MPH, CPE, Health Director [www.district2.org](http://www.district2.org)

Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union and White Counties

**EXISTING ON - SITE SEWAGE MANAGEMENT SYSTEM EVALUATION/ REPAIR/ ADD-ON/ PRE-PURCHASE APPLICATION (PLEASE PRINT)**

Date: 6-2-2015 Service Requested: \_\_\_\_\_

Property Type:  Residential  Commercial  Other: Re-zoning from residential to Comm.

Property Address: 6905 Alan Thomas Road  
City: Cumming State: GA Zip Code: 30028 Phone #: 770-517-1117  
Subdivision Name, Lot #, and Phase: \_\_\_\_\_

Owner Name: Abba House INC. Phone #: 678 313-8912  
Mailing Address: 6905 Alan Thomas Road  
City: Cumming State: GA Zip Code: 30028 Fax #: 770-517-4695

Builder/Contact Person/Business Name: Aqua Design Pools & Spas LLC 770-517-1117  
Mailing Address: 1120 Pilgrim Road  
City: Cumming State: GA Zip Code 30040 Fax#: 770-517-4695

Email Address: sales@aquadesignpools.com

Directions to the property from the Environmental Health Office: From Office, head south on HWY53 to Dahlonega Hwy property is on left at the corner of Dahlonega Hwy + Alan Thomas Road

Type of Water Supply:  Public  Private Type:  Well  Spring

Garbage Disposal at Kitchen Sink:  Yes  No

Number of Bedrooms or # of Employees/Gallons per day: \_\_\_\_\_ Lot Size: 1.98 ac

Plumbing Level:  Basement  1<sup>st</sup> Floor over Basement  Slab  Crawl Space

Date home site will be staked: Existing

Are there any wells on or within 100' of this property?  Yes  No

Are there any trash or burn pits on the property?  Yes  No

Signature \_\_\_\_\_

Date 6/10/15

# 2014 Property Tax Statement

Linda Townley  
 Dawson County Tax Commissioner  
 25 Justice Way  
 Suite 1222  
 Dawsonville, GA 30534

MAKE CHECK OR MONEY ORDER PAYABLE TO:  
 Dawson County Tax Commissioner

ABBA HOUSE INC  
 6800 DAHLONEGA HWY  
 CUMMING, GA 30028

**RETURN THIS PORTION WITH PAYMENT**

(1% interest per month will be added if not paid by due date)



Linda Townley  
 Dawson County Tax Commissioner  
 25 Justice Way  
 Suite 1222  
 Dawsonville, GA 30534

Bill No.	Due Date	TOTAL DUE
2014-37		.00

Map : 098 009

Printed: 06/08/2015

Location: 6905 ALAN THOMAS RD

**Payment deadline for 2014 taxes is December 1, 2014, for property you owned in Dawson County on January 1st 2014. If you sold the property during the year, you are still responsible by state law to insure this bill is paid by forwarding the bill to the NEW OWNER and bringing a copy of your closing statement to our office within 90 days of the due date.**

**Thank you for the privilege to serve as your Tax Commissioner.**

**Tax Payer:** ABBA HOUSE INC  
**Map Code:** 098 009 REAL  
**Description:** LL 33 1192 LD 4-1  
**Location:** 6905 ALAN THOMAS RD  
**Bill No:** 2014-37  
**District:** 001 DAWSON COUNTY UNINCORPORATE

Phone: (706) 344-3520 Fax: (706) 531-2753

Building Value	Land Value	Acres	Fair Market Value	Due Date	Billing Date	Payment Good Through	Exemptions	
189,239	0	2.0500	189,239					
Entity	Adjusted FMV	Net Assessment	Exemptions	Taxable Value	Millage Rate	Gross Tax	Credit	Net Tax
- NO TAX ACCTS SPECIFIED -				0.00	.000			.00
<b>TOTALS</b>					.000	.00	.00	.00

We encourage you to pay your bill by mail or on our website at [www.dawsoncountytax.com](http://www.dawsoncountytax.com) If postmarked after December 1, 2014, interest at a rate of 1% will be added to your bill the day after and every month thereafter until paid. After 90 days a penalty of 10% will be added. If marked appealed-temporary the bill is 85% of total bill pending settlement of appeal. Drop box is located at end of handicapped parking.

Current Due	0.00
Penalty	0.00
Interest	0.00
Other Fees	0.00
Previous Payments	0.00
Back taxes	0.00
<b>TOTAL DUE</b>	<b>.00</b>



**Existing On-site Sewage Management System Performance Evaluation Report Form**

Property/System Owner:	Owner Name:	Owner Phone:	Reason for Existing Sewage System Evaluation:
	ABBA HOUSE, INC	(678) 208-2000	
Property/System Address:			Contact:
6905 ALAN THOMAS RD CUMMING, GA 30040			AQUA DESIGN POOLS & SPAS LLC
Subdivision Name:	Lot:	Block:	DELINDA UMBERGER
			(770) 517-1117
Existing System Information: Water Supply	Number of Bedrooms/GPD:	Garbage Grinder:	
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Well <input type="checkbox"/> Spring <input type="checkbox"/> Community	3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date:	S.T. Permit #:		
06/03/2015	042-SM-2012-05041		

**SECTION A- System on Record**

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Existing On-site Sewage Management System inspection records indicate that all components of the system were properly constructed and installed at the time of the original inspection.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	A copy of the original On-site Sewage Management System Inspection Report is attached.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Maintenance records indicate that the system has been pumped out or serviced within the last five (5) years or the system was installed within that timeframe.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	A site evaluation of the system on this date revealed no evidence of system failure or of conditions which would adversely affect the functioning of the system.
<b>Comments:</b>	The area where the septic tank and drainfield are located show no signs of system malfunction. The drainfield ditch does have some settling which could cause water ponding during periods of heavy rainfall. I would recommend adding fill dirt so that the ground over the ditch is not concave. This system was designed for a three-bedroom residence, and the size of the system is equivalent to a commercial use of up to 680 gallons/day.

**SECTION B- System Not on Record**

<input type="checkbox"/> Yes <input type="checkbox"/> No	No inspection records are on file showing the On-site Sewage Management System was inspected and approved at the time of the installation.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The septic tank was uncovered at the time of the evaluation and it appears to meet the required design, construction and installation criteria.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation from a Georgia Certified Installer has been provided as to the condition of the septic tank and its respective components, certifying its design, construction, and installation criteria. A copy is attached.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Maintenance records indicate that the system has been pumped out or serviced within the last five (5) years or the system was installed within that timeframe.
<input type="checkbox"/> Yes <input type="checkbox"/> No	A site evaluation of the system on this date revealed no evidence of system failure or of conditions which would adversely affect the functioning of the system; however, appropriateness of the sizing and installation cannot be verified since no initial inspection records exist.
<b>Comments:</b>	

**SECTION C- System Not Approved**

<input type="checkbox"/> Yes <input type="checkbox"/> No	The On-site Sewage Management System was disapproved at the time of the initial installation and is thus not considered an approved system.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Evaluation of the system revealed evidence of system failure or malfunction, and will therefore require corrective action in order to obtain approval of the system.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Evaluation of the system revealed conditions which would adversely affect the proper functioning of the system, and will therefore require corrective action in order to obtain approval of the system.
<b>Comments:</b>	

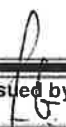
**SECTION D- Addition to Property or Relocation of Home ( Section completed in conjunction with A,B, or C above)**

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	An existing On-site Sewage Management System is located on the property listed above and has been evaluated in accordance with Section A or B above.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	A site evaluation on this date as well as the provided information indicate that the proposed construction to home or property or that the proposed relocation of the home should not adversely affect the proper functioning of the existing system provided that no additional sewage load is added to the system for the listed size home adjacent.
<b>Comments:</b>	See comments in Section A.

Evaluating Environmentalist:	Title:	Date:
Bill Ringle <i>[Signature]</i>	Environmental Health Manager	06/04/2015
I verify this data to be correct at the time of the evaluation. This verification shall not be construed as a guarantee of the proper functioning of this system for any given period of time. No liability is assumed for future damages that may be caused by malfunction.		

**PERMIT FOR CONSTRUCTING AN ON-SITE SEWAGE MANAGEMENT SYSTEM  
DAWSON COUNTY ENVIRONMENTAL HEALTH**

189 Hwy 53 West, Suite 102, P.O. Box 2020, Dawsonville, GA 30534 · Phone: (706)265-2930 · Fax: (706)265-7529

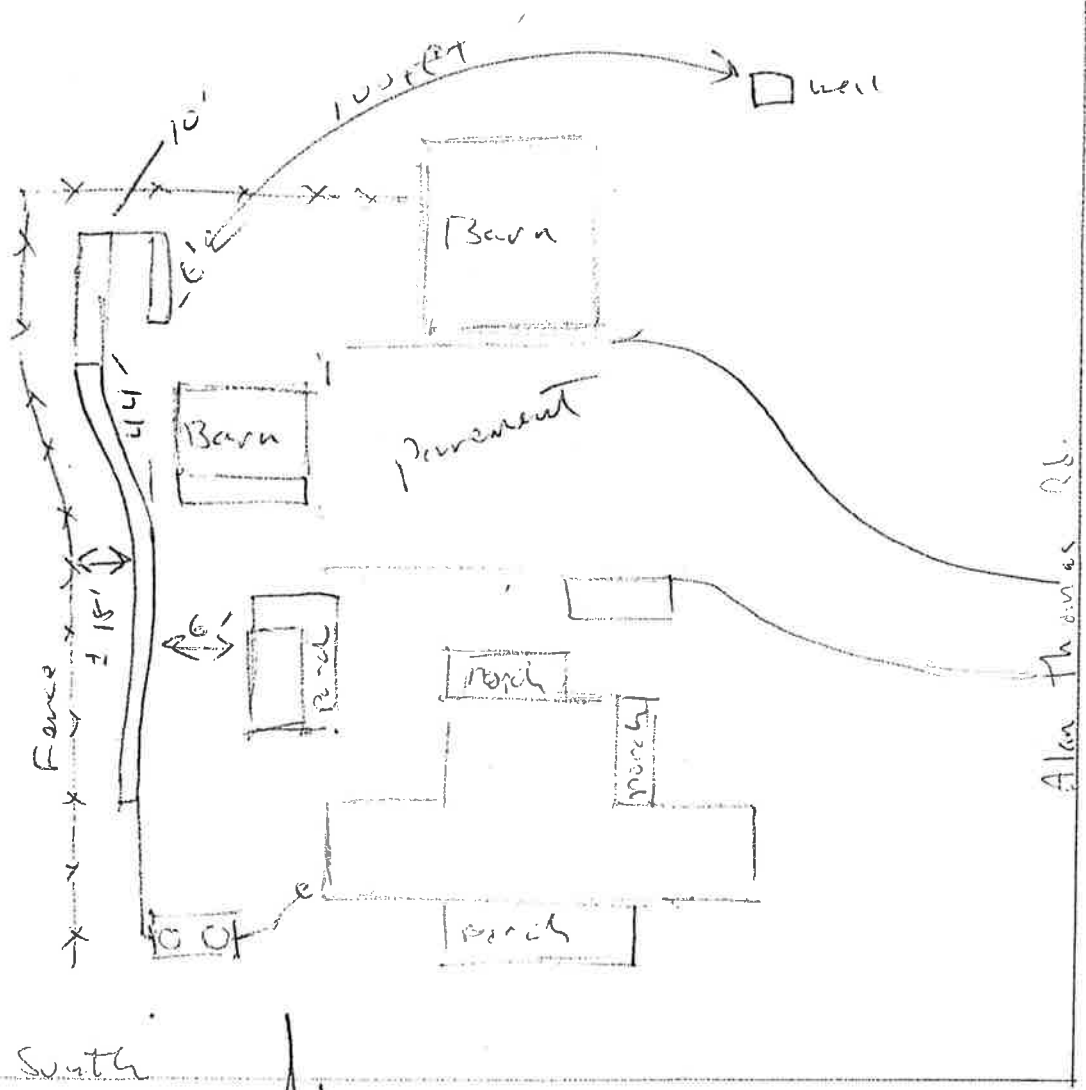
<b>Permit #:</b> 042-SM-2012-05041		<b>Owner Information</b>	
Application Date: 06/04/2012		Owner's Name: Jim Sharp - <i>ABBA HOUSE</i>	Owner's Address: 6905 ALAN THOMAS RD DAWSONVILLE, GA 30534
<b>Property Address:</b> 6905 ALAN THOMAS RD CUMMING, GA 30040		Home #: _____	Cell #: _____
<b>Lot #:</b> _____	<b>Phase:</b> _____	Work #: _____	Other #: _____
<b>Subdivision:</b> _____		Fax #: _____	Contact by: N/A
Permit Type: Residential Repair		Email: _____	
<b>Applicant/Contact Information</b>		<b>SYSTEM USE INFORMATION</b>	
Name: _____		Date Structure Staked: _____	
Company Name: _____		Facility Type: _____	
Address: _____		Lot Size: _____	
Home #: _____		Water Supply Approved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type: _____	
Cell #: _____		Plumbing Level: _____	
Work #: _____		Bedrooms / GPD: <i>3</i>	
Other #: _____		Garbage Disposal: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fax #: _____		No. of rooms: _____	
Contact by: _____		Heated Sq. Ft.: _____	
Email: _____		Other Considerations: _____	
<b>Sewage Contractor:</b> _____		Company Name: J Turn Construction Inc.	
<b>Soil Classifier:</b> _____		Company Name: _____	
<b>SITE CONDITIONS</b>			
Debris Pit: <input type="checkbox"/> Yes <input type="checkbox"/> No		Soil Type: _____	Perc. Rate: _____
		SHWT: _____	Rock: _____
Soil Classifier Recommendations:			
<b>MINIMUM SYSTEM REQUIREMENTS</b>		<b>SYSTEM AS INSTALLED</b>	
Grease Trap: <i>1000</i>	D-Box Outlets: _____	Grease Trap: _____	D-Box Outlets: _____
Septic Tanks: #1	Linear Feet: <i>as needed</i>	Septic Tanks: #1	Linear Feet: _____
Septic Tanks: #2	Trench Width: _____	Septic Tanks: #2	Trench Width: _____
Dosing Pump Tank:	Square Feet: _____	Filter Manufacturer & Model:	_____
Dosing Siphon Tank:	Reduction %: _____	Dosing Pump Tank:	Square Feet: _____
		Dosing Siphon Tank:	Reduction %: _____
Adv. Treatment Type: _____	Gal: _____	Adv. Treatment Type: _____	Gal: _____
		Adv. Treat. Manufacturer:	_____
Absorption Field Depth: _____	<input type="checkbox"/> Min <input type="checkbox"/> Max	Absorption Field Depth: _____	
Field Layout: _____		Field Layout: _____	
Absorption Line/Product: _____		Absorption Line/Product: _____	
Additional permit requirements and installation instructions: _____		System as Installed Comments: _____	
<b>Directions to property:</b> _____			
Issuance of a construction permit for an on-site sewage management system and subsequent approval by representatives of the Georgia Department of Public Health or County Board of Health shall not be construed as a guarantee that such systems will function satisfactorily for a given period of time, furthermore, said representatives do not by any action in effecting compliance with these rules, assume any liability for damages which are caused, or which may be caused by the malfunction of such system.			
<b>Applicant signature</b>			<b>Date</b>
			06/04/2012
<b>Permit issued by:</b> <i>S.E.</i>	<b>Date issued:</b> <i>6/4/12</i>	<b>Final inspection and approval by:</b> _____	<b>Final inspection and approval date:</b> _____

*Add New Tank and drain line as needed,*

PERMIT IS VOID 1  
YEAR AFTER ISSUE  
DATE.  
DAWSON CO. HEALTH DEPT.

DAWSON COUNTY BOARD OF HEALTH  
 DAWSONVILLE, GA 30534  
 APPLICATION FOR CONSTRUCTION PERMIT  
 AND INSPECTION FOR ON-SITE SEWAGE  
 MANAGEMENT SYSTEM

PERMIT NUMBER 2012-05041  
 PROPERTY ADDRESS 6905 Alan Thomas Rd.  
 OWNERS NAME Jim Sharp  
 INSTALLER J. Turner  
 TYPE OF SYSTEM quilted infiltrator # OF PIECES 50  
 LENGTH 200 ATD 48 CLEANOUT (YES/NO) yes  
 TANK SIZE/MFG. Rayant 1000 plylock  
 BUILDING PERMIT # NA



Hy 9 Swath

JA

FINAL APPROVAL BY: \_\_\_\_\_ DATE 6/7/12

COMMENTS:

THIS SURVEY HAS BEEN MADE BY ME OR BY AN ASSOCIATE AS A LAND SURVEYOR OR THE ORDER OF THE BOARD OF SURVEYORS AND MAPS OF THE STATE OF GEORGIA. I HEREBY CERTIFY THAT I AM A LICENSED LAND SURVEYOR AND THAT I AM NOT PROVIDING THIS SURVEY AS A PROFESSIONAL SERVICE. NO WARRANTIES OR OTHER SERVICES AS REFERRED TO IN THIS SURVEY ARE MADE BY ME OR BY AN ASSOCIATE. THE RESULTS OF THIS SURVEY ARE BASED ON THE INFORMATION PROVIDED TO ME BY THE CLIENT. I AM NOT RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION PROVIDED TO ME BY THE CLIENT. THE RESULTS OF THIS SURVEY ARE BASED ON THE INFORMATION PROVIDED TO ME BY THE CLIENT. I AM NOT RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION PROVIDED TO ME BY THE CLIENT.

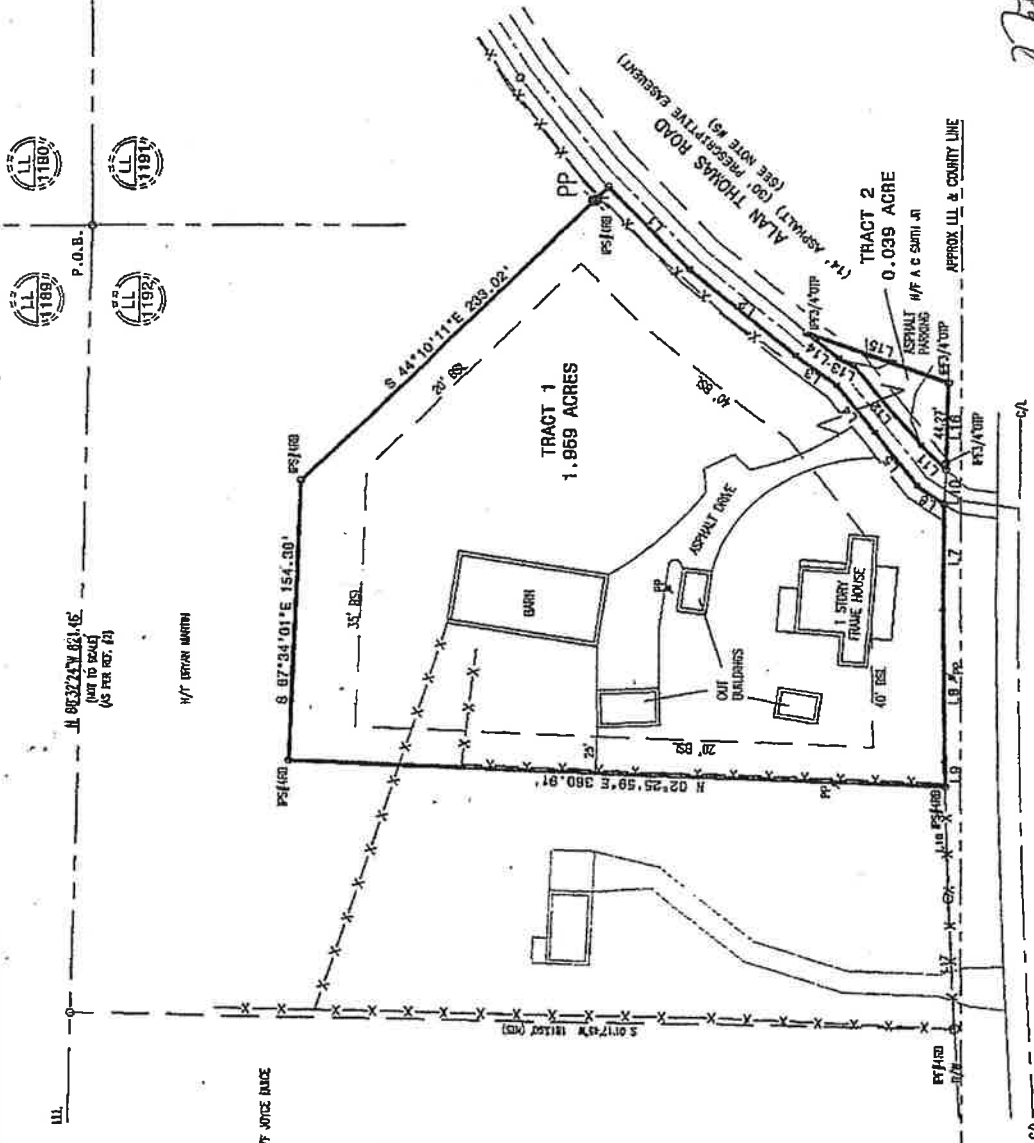
TOTAL = 1.998 ACRES

DATE OF SURVEY: MARCH 16, 2011  
THE FIELD DATA UPON WHICH THIS PLAN IS BASED HAS A CLOSEST APPROXIMATION OF ONE FOOT IN 2400 FEET AN ANGULAR ERROR OF 19 SECONDS PER ANGLE POINT, AND HAS BEEN ADJUSTED USING THE LEAST SQUARES METHOD. THIS PLAN HAS BEEN CALCULATED FOR CLOSURE AND IS FOUND TO BE ACCURATE TO WITHIN ONE FOOT IN 125,713 FEET.  
BOUNDARIES SHOWN ARE BASED ON ANGLES TURNED FROM A SINGLE WAREHOUSING OBSERVATION AND ARE SUBJECT TO FIELD CONDITIONS.  
THE ELEVATION USED FOR HORIZONTAL AND DISTANCE MEASUREMENTS WAS A NAD83  
THIS PROPERTY IS NOT LOCATED WITHIN THE 100-YEAR FLOOD HAZARD AREA AS PER FLOOD INSURANCE RATE MAP NO. 13065C0200A, DATED 09/25/08.

- 1) PLAT FOR MRS. J.P. BANISTER PREPARED BY FRED YOUNGMAN, DATED MAY 6, 1908.
- 2) PLAT FOR BRYAN MARTIN PREPARED BY DAVID M. BEALLE, DATED MAY 14, 2001.
- 3) PLAT FOR DAUBNEY PROPERTIES PREPARED BY DAVID M. BEALLE FEBRUARY 15, 2000.
- 4) THROUGH REFERENCE #41 SURVEY LINE CROSSING THROUGH NORTHERN PORTION OF THIS PROPERTY. NO RECORD OF ANY PART OF THIS PROPERTY IS BEING TAKEN BY FORSBYTH COUNTY.
- 5) PROPERTY LINE IS THE NORTHERN EDGE OF ALAN THOMAS ROAD AS PER REFERENCES #1 & 6. SAID ROAD IS NOT COUNTY MAINTAINED.
- 6) PLAT BOOK 42 PAGE 93.
- 7) EXISTING HOUSE PREDATE ALL ZONING ORDINANCES.

NOTES & REFERENCES

1) PLAT FOR MRS. J.P. BANISTER PREPARED BY FRED YOUNGMAN, DATED MAY 6, 1908.  
2) PLAT FOR BRYAN MARTIN PREPARED BY DAVID M. BEALLE, DATED MAY 14, 2001.  
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6) PLAT BOOK 42 PAGE 93.  
7) EXISTING HOUSE PREDATE ALL ZONING ORDINANCES.  
DAWSON AND FORSBYTH COUNTY RECORDS

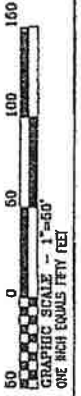


Course	Bearing	Distance
L1	S 45° 49' 49" W	63.83'
L2	S 39° 08' 30" W	76.81'
L3	S 35° 29' 25" W	20.48'
L4	S 50° 37' 50" W	34.01'
L5	S 61° 23' 17" W	38.05'
L6	S 53° 01' 02" W	17.69'
L7	N 89° 22' 52" W	56.40'
L8	S 89° 38' 38" W	84.31'
L9	S 87° 11' 49" E	19.02'
L10	N 44° 05' 00" E	18.95'
L11	N 48° 11' 10" E	57.74'
L12	N 27° 47' 40" E	9.58'
L13	N 38° 52' 50" E	23.35'
L14	S 18° 23' 27" E	63.99'
L15	N 08° 58' 31" W	40.03'
L16	N 87° 17' 24" E	72.47'
L17	N 88° 39' 38" E	81.32'



RICHARD WEBB & ASSOCIATES  
Professional Surveyors  
P.O. BOX 911 COLUMBUS GA 31906-9111  
Phone: (706) 323-1111  
Fax: (706) 323-1112

JOB NO. 11055



HWY #9 (AKA DAHLONEGA HWY)  
124' ASPHALT - 00' R/W

LAND LOT 33  
4th DISTRICT 1st SECTION  
DAWSON COUNTY, GEORGIA  
MARCH 17, 2011



**Dawson County, Georgia Board of Commissioners**  
**Affidavit for Issuance of a Public Benefit**  
**As Required by the Georgia Illegal Immigration Reform and Enforcement Act of 2011**

By executing this affidavit under oath, as an applicant for a Dawson County Business License, Out of County Business Registration, Alcohol License, or other public benefit as referenced in the Georgia Illegal Immigration Reform and Enforcement Act of 2011 [O.C.G.A. § 50-36-1(e)(2)], I am stating the following with respect to my application for such Dawson County public benefit.

- I am a United States citizen.
- I am a legal permanent resident of the United States. *(FOR NON-CITIZENS)*
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. *(FOR NON-CITIZENS)*

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

\_\_\_\_\_

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one **secure and verifiable document**, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. *(See reverse side of this affidavit for a list of secure and verifiable documents.)*

The secure and verifiable document provided with this affidavit can best be classified as:

Driver's License

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20 and face criminal penalties as allowed by such criminal statute.

Executed in Cleveland (city), GA (state)

[Signature] \_\_\_\_\_ Date 6/6/2015

Signature of Applicant

Delinda Wambarger \_\_\_\_\_ Name of Business Aqua Design Pools & Spas, LLC

Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON  
THIS 6th DAY OF June, 2015

[Signature] Notary Public  
Commission Expires: 10/02/2017.



*This affidavit is a State of Georgia requirement that must be completed for initial applications and renewal applications for public benefits as referenced in O.C.G.A § 50-36-1(a)(3). The person who has made application for access to public benefits on behalf of an individual, business, corporation, partnership or other private entity must complete and sign the affidavit and provide a secure and verifiable document.*

June 11, 2015

Delinda Umberger

PO Box 2626

331 Hwy 255 South

Cleveland, GA 30528

RE: 6905 Alan Thomas Road

To Whom It May Concern:

Please accept this as our "Letter of Intent" to re-zone the property identified as 6905 Alan Thomas Road from RA to C-HB. If the approval is granted, we would locate our business Aqua Design Pools & Spas, LLC to this location. We are a design/build company and feel our business would be in line with the current and future zoning along Dahlonga Hwy. The property directly across the street is located in Forsyth County and is currently zoned HB (Highway Business) and the future zoning for Forsyth County is Regional Development which is light commercial. The property to the west of 6905 is listed as RA, but it appears to be commercial and has a sign in the front. One parcel over to the West (the tax assessor's shows this as adjoining but that is incorrect) is a gas station and the Dollar General is just up the road from this property.

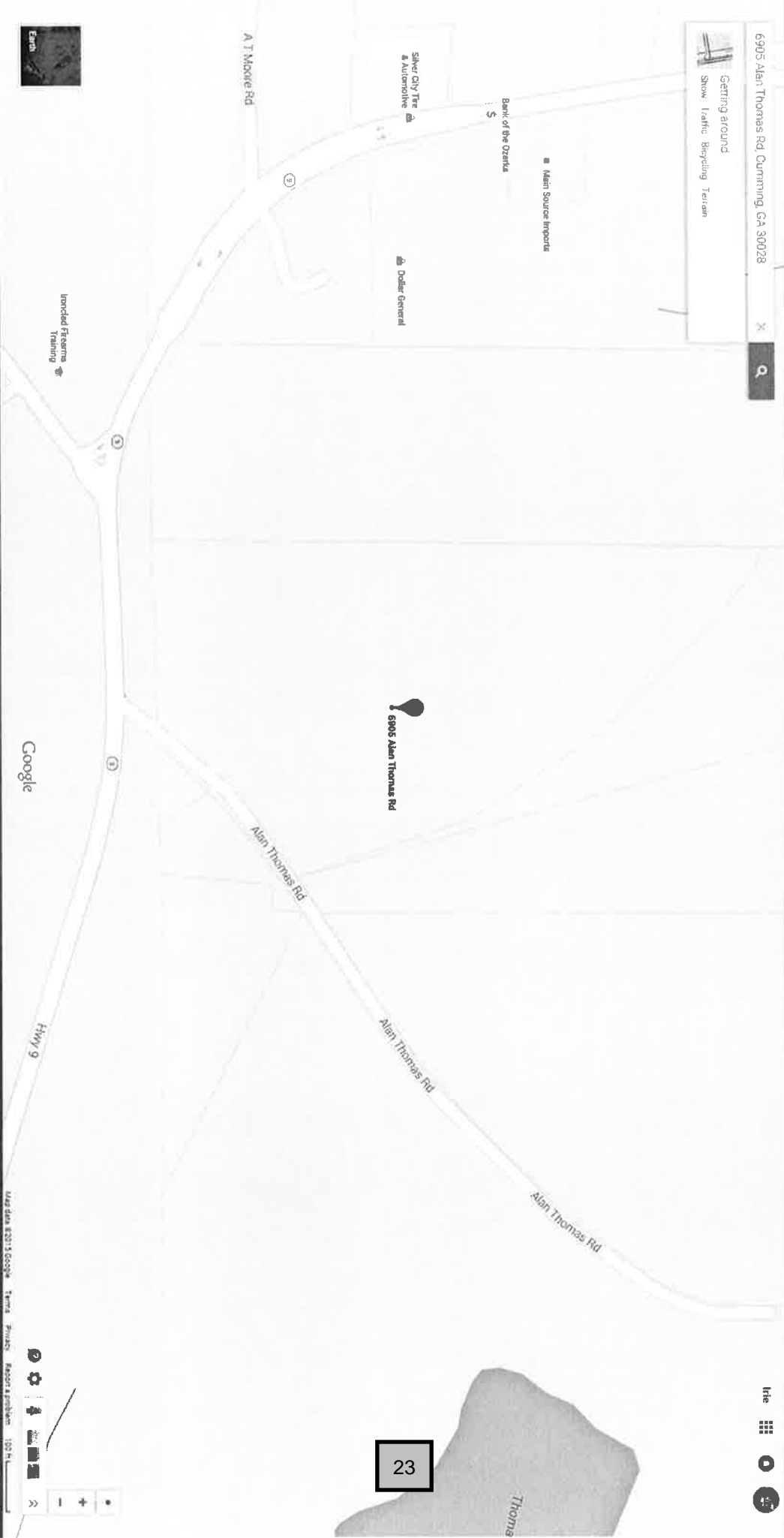
We appreciate your consideration,



Delinda Umberger

404 202-3720

6905 Alan Thomas Rd, Cumming, GA 30028  
Getting around  
Show Traffic Bicycling Terrain



23

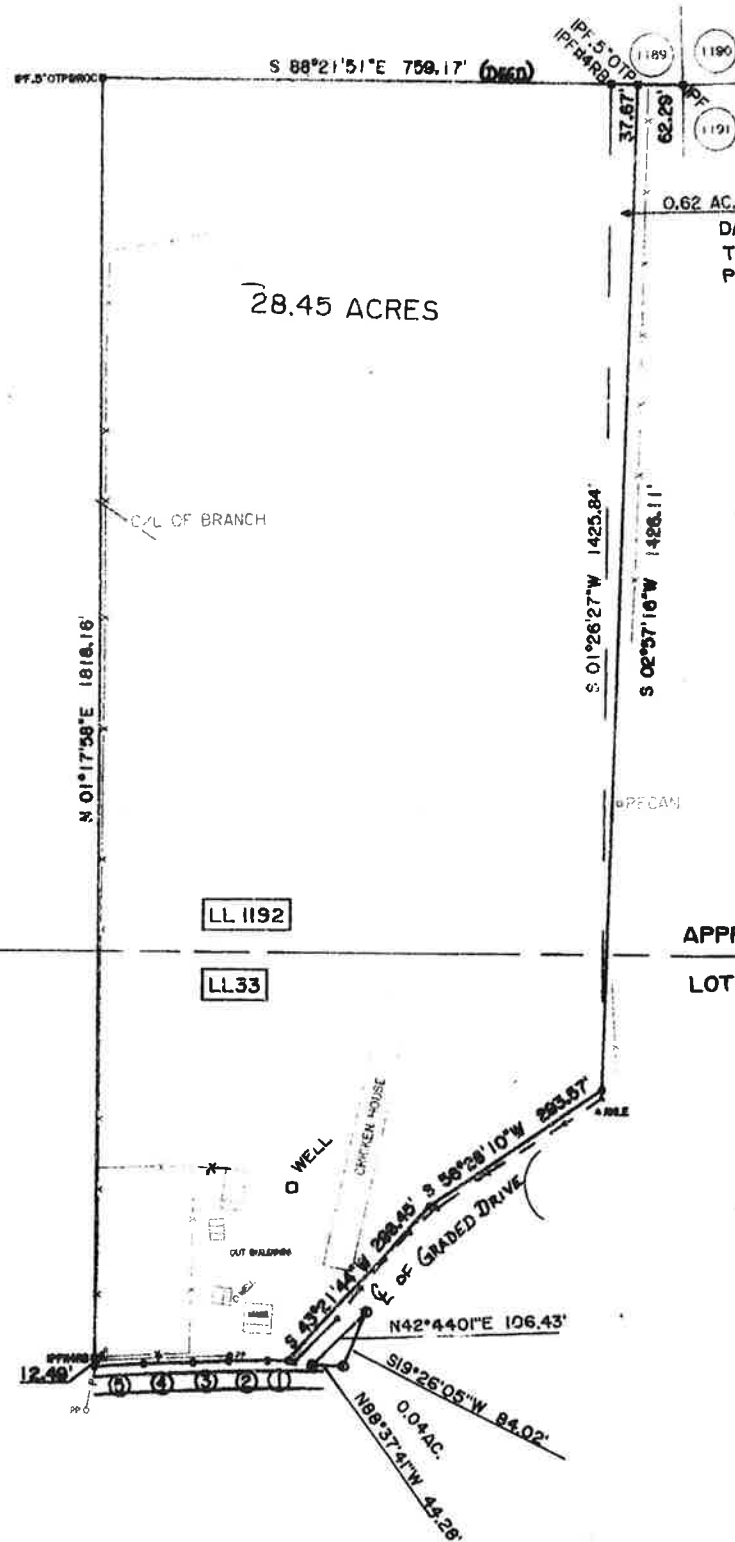








N/F BUICE



DASHED LINE IS LINE SURVEYED BY THOMAS PATTON, DEED FOR BANNISTER PROPERTY CALLS FOR SOLID LINE.

GEORGIA, DAWSON COUNTY CLERK'S OFFICE, SUPERIOR COURT FILED FOR RECORD AT 8:30A M 11/2/98 Recorded in Plat Book 42 Page 93 This 13 day of November, 1998



CALLS FOR R/W

COURSE	BEARING	DISTANCE
1	N 88°55'24" W	28.59
2	S 89°59'55" W	56.62
3	S 88°49'07" W	50.76
4	S 88°33'52" W	75.24
5	S 87°41'04" W	71.12

NOTES

1. THE FIELD DATA UPON WHICH THIS PLAT IS BASED HAS A CLOSURE PRECISION OF ONE FOOT IN 17,243 FEET, AND AN AVERAGE ANGULAR ERROR OF 02" PER ANGLE POINT; TRAVERSE WAS ADJUSTED BY LEAST SQUARES.
2. ANGULAR AND LINEAR FIELD MEASUREMENTS WERE MADE WITH A TOPCON 313 TOTAL STATION.
3. THIS PROPERTY IS NOT LOCATED IN A FLOOD HAZARD AREA AS SCALED FROM DAWSON COUNTY F.L.R.M. # H-01-18-130304.
4. THE EXTERIOR BOUNDARY OF THIS PROPERTY HAS A CLOSURE PRECISION OF ONE FOOT IN 953.318 FEET.
5. THIS PROPERTY IS SUBJECT TO ALL EASEMENTS AND RESTRICTIONS ALL MATTERS OF TITLE EXCEPTED.

This Plat IS IN COMPLIANCE With the Zoning and Subdivision Resolutions of Dawson County as of 11/1/98

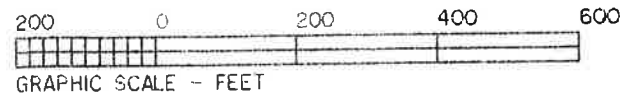
TOTAL = 28.45 AC.

SURVEY FOR  
**Jerry & Karon Mann**

LAND LOTS 33 & 1192  
4TH DISTRICT, 1ST SECTION,  
DAWSON COUNTY, GEORGIA

DATE: OCT. 9, 1998 SCALE: 1" = 200'  
REVISED:

**David Bealle Surveyors, Ltd.**  
2755 Antioch Road, Ste 400  
Cumming, Georgia 30040  
(770) 889-1770 fax 887-2469



IN MY OPINION, THIS PLAT IS A CORRECT REPRESENTATION OF THE LAND PLATTED AND HAS BEEN PREPARED IN CONFORMITY WITH THE MINIMUM STANDARDS AND REQUIREMENTS OF LAW.

THE PUBLIC RECORDS REFERENCED HEREON REFLECT ONLY THOSE RECORDS NECESSARY TO ESTABLISH THE BOUNDARIES SHOWN HEREON, AND REFERENCE TO THE SAME DOES NOT AND IS NOT INTENDED TO CONSTITUTE A TITLE SEARCH OR TITLE OPINION.



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**DAWSON COUNTY PLANNING COMMISSION MEMORANDUM**

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**DATE:** JULY 17, 2015  
**TO:** DAWSON COUNTY PLANNING COMMISSION  
**FROM:** RACHEL BURTON, PLANNING AND DEVELOPMENT DIRECTOR  
**MEETING:** JULY 21, 2015 @ 6:00 P.M. – DAWSON COUNTY GOVERNMENT CENTER, ASSEMBLY ROOM 2303

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**CASE #:** ZA 15-03  
**APPLICANT:** Delinda Umberger  
**STATUS OF APPLICANT:** Owner  
**SITE LOCATION:** 6905 Alan Thomas Road (TMP 098-009)  
**COMMISSION POST:** 4  
**REQUESTED ACTION:** to rezone 1.998 acres from R-A (Residential Agricultural) to C-HB (Commercial Highway Business).  
**PROPOSED USES:** Commercial Retail  
**SURROUNDING ZONING DISTRICTS:** North – RA (Residential Agriculture)  
South – HB (Highway Business - Forsyth County)  
East – RA (Residential Agriculture)  
West - RA (Residential Agriculture)  
**SURROUNDING LAND USES:** North – Occupied Residential Property  
South – Forsyth County  
East – Commercial Retail (Bagwell Insurance Group and Abba House Thrift Store)  
West – Occupied Residential Property and Retail Business  
**FLUP CLASSIFICATION:** Suburban Residential  
**SUBJECT PROPERTY HISTORY:** There is no rezoning or variance history for the subject property.  
**ACCESS:** Alan Thomas Road

**ANALYSIS AND COMMENTS:**  
The subject property consists of approximately 2.05 acres (TMP 098-009). The subject property is currently zoned RA. Adjacent properties are zoned residential agricultural with single family residences located on them as well as commercial highway business.

The 2033 Comprehensive Plan Future Land Use Map recommends the property be Suburban Residential.

The applicant has notified Dawson County in the letter of intent that she intends to open a swimming pool and spa design/build company.

The following observations should be noted with respect to this request:

**A. The existing uses and classification of nearby property.**

The adjacent properties surrounding the subject property are zoned RA with single family residences and C-HB with commercial businesses.

**B. The extent to which property values are diminished by the particular land use classification.**

The Future Land Use Plan (FLUP) currently recognizes Suburban Residential for the subject property. Property values would not be diminished by the proposed commercial retail use.

**C. The extent to which the destruction of property values of the applicant promotes the health, safety, morals, or general welfare of the public.**

The rezoning would be in keeping with the welfare of the community and promote the health, safety, morals and general welfare of the public interest.

**D. The relative gain to the public, as compared to the hardship imposed upon the individual property owner.**

This business would further diversify the commercial uses within Dawson County.

**E. The suitability of the subject property for the proposed land use classification.**

The subject property is suitable for the proposed rezoning to C-HB.

**F. The length of time the property has been vacant under the present classification, considered in the context of land development in the area in the vicinity of the property.**

The subject property currently has one single family residence.

**G. The specific, unusual, or unique facts of each case, which give rise to special hardships, incurred by the applicant and/or surrounding property owners.**

The existing residence is suitable for the proposed pool and spa design/build business. The applicant wishes to relocate their business from Cleveland to Dawsonville to better serve their clients.

**Photographs:**



Rezoning sign on subject property



Subject property existing residence to be used for proposed business





Looking north along Hwy 9.



Adjacent property to the east (Bagwell Insurance Group).

Pertinent County Departments have provided the following comments regarding the proposed development:

- a) **Engineering Department** – No comments necessary.
- b) **Environmental Health Department** – This site has a well water supply. There is an existing septic system for a three bedroom residence, and the size of the system is equivalent to a commercial use of up to 680 gallons/day. There are no known health hazards and no nearby bodies of water that will be affected.
- c) **Emergency Services** – No comments at this time.
- d) **Etowah Water & Sewer Authority** – No comments necessary.
- e) **Dawson County Sheriff's Office** – Police protection is adequate and no additional manpower, equipment, or construction would be necessary.
- f) **Board of Education** – No comments necessary.
- g) **Georgia Department of Transportation** – No comments necessary.

**Recommendation**

Staff has reviewed the application for rezoning from R-A to C-HB for the subject property. Based on the information provided and the surrounding uses in both Dawson and Forsyth Counties staff recommends **APPROVAL with STIPULATION** of the rezoning request. The current Future Land Use Plan did not take into account the adjacent county's future plans as such the request does not match the FLUP; however, staff recommends approval considering the zoning of adjacent properties across the county line. Zoning in adjacent counties should be considered in comparison to what Dawson County has shown for the FLUP.

**APPROVAL WITH STIPULATION:**

1. An additional 10 foot wide vegetative buffer a minimum of 8' in height to the required 25 foot side and rear building setbacks adjacent to residential district.

cc: Dawson County Board of Commissioners  
Cindy Campbell, County Manager  
Joey Homans, County Attorney  
Danielle Yarborough, County Clerk

Attachments: Maps

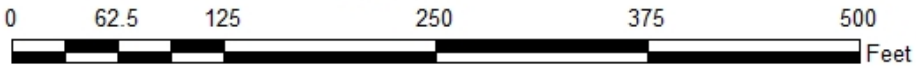


Source: Esri, DigitalGlobe, GeoEye, i-cubed, USDA, USGS, AEX, Getmapping, Aerogrid, IGN, IGF, and the GIS User Community



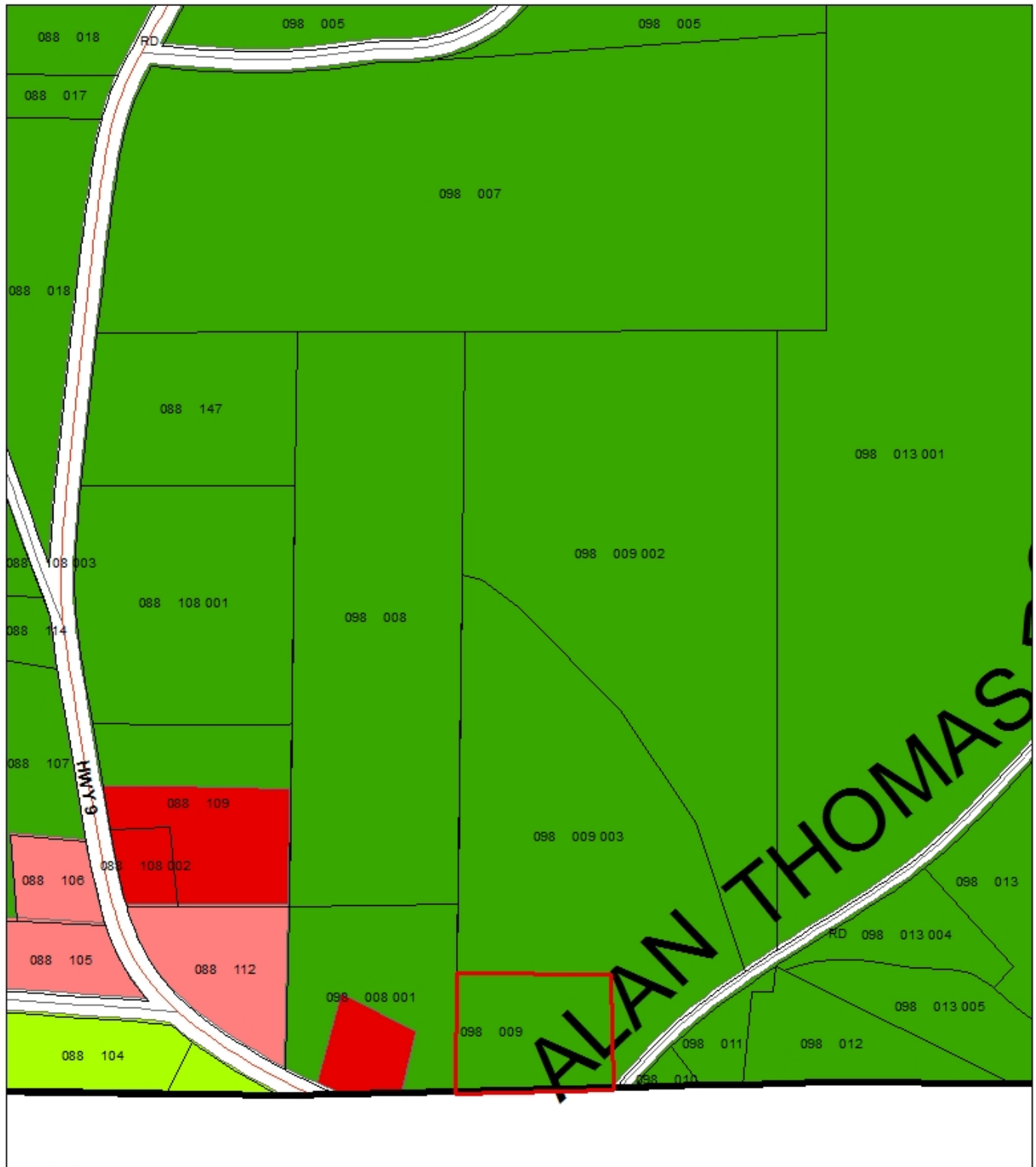
**Legend**

- Parcel
- County Line
- Road Type
  - County RD
  - State Hwy
  - US Hwy
  - Dawsonville
  - 2' Contours - south

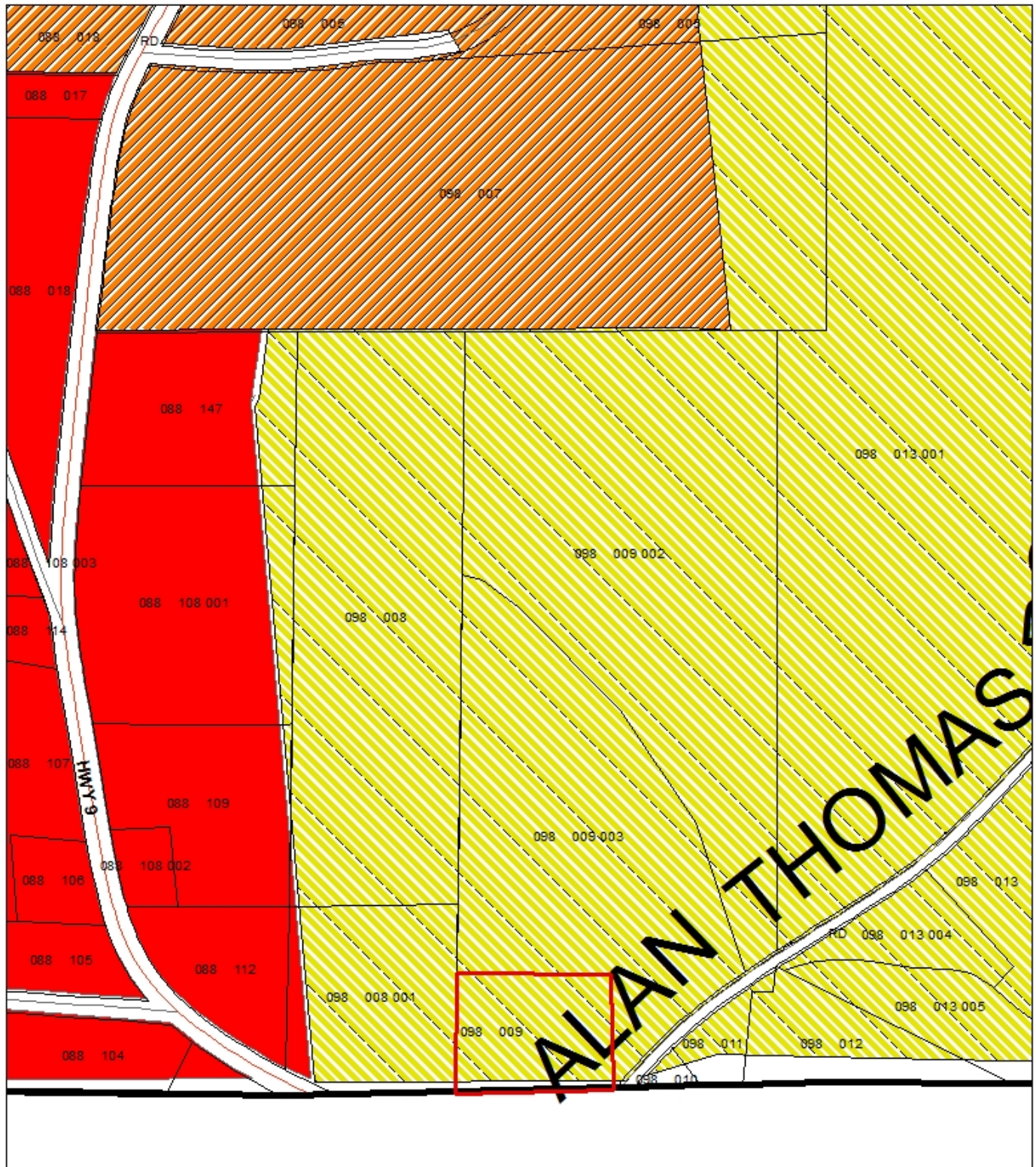


**ZA 15-03  
Aerial w/Topo**

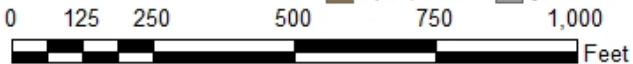




## ZA 15-03 Existing Zoning R-A

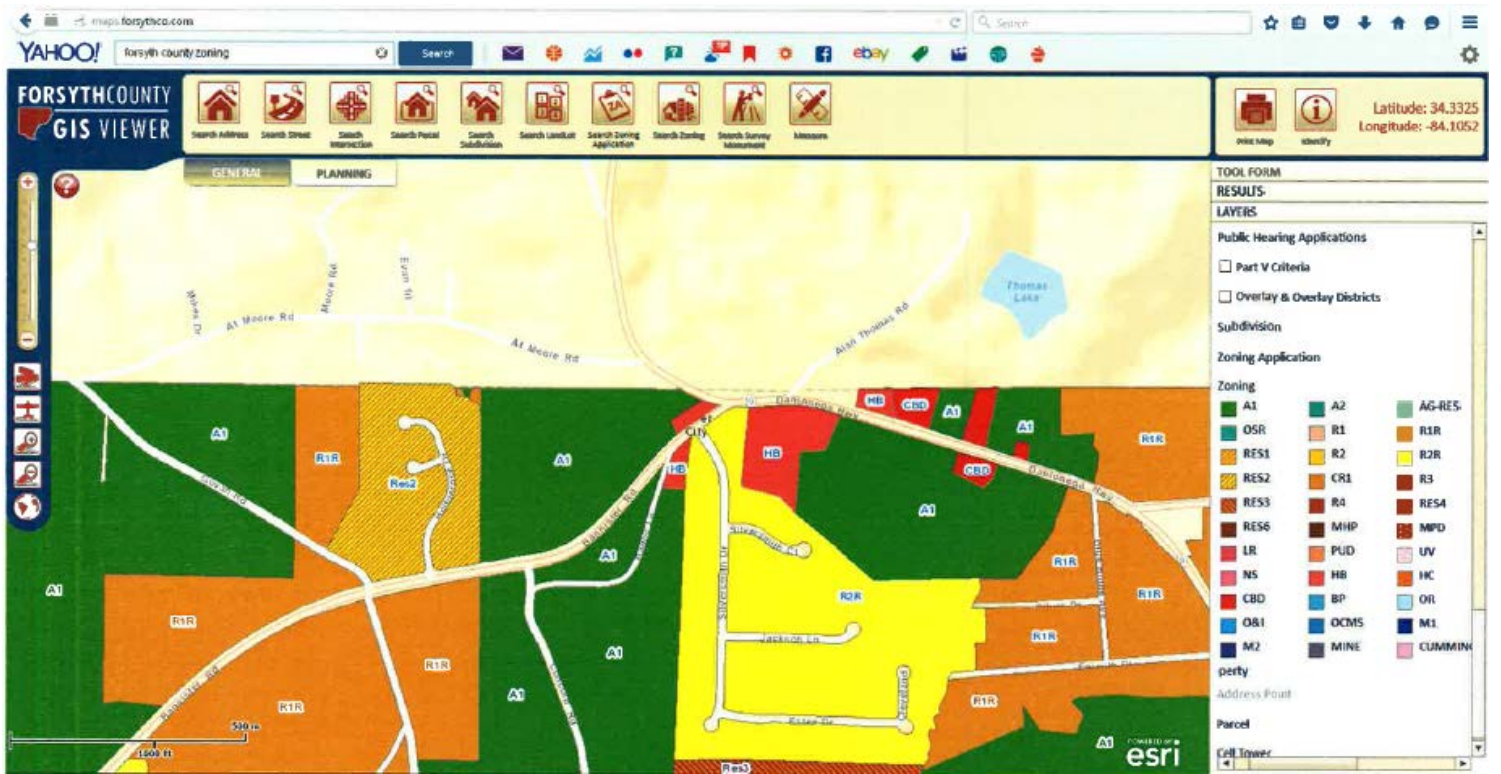


- Legend**
- Rural
  - County Line
  - State Hwy
  - US Hwy
  - Road Type
  - Devonville
  - Future Land Use
  - Suburban Residential
  - Rural Residential
  - Sub-Rural Residential
  - Suburban Residential
  - Planned Residential Community
  - Town Residential
  - Multiple-Family Residential
  - Lakefront Residential
  - Commercial - Highway
  - Roadside Commercial
  - Campus/Biz. Business Park
  - Office/Professional
  - Mixed Use Village
  - Public/Institutional
  - Light Industrial
  - Transportation/Communication/Utilities
  - Agriculture
  - Park/Recreation/Conservation
  - Foresty
  - Water
  - Water Supply Protection Use

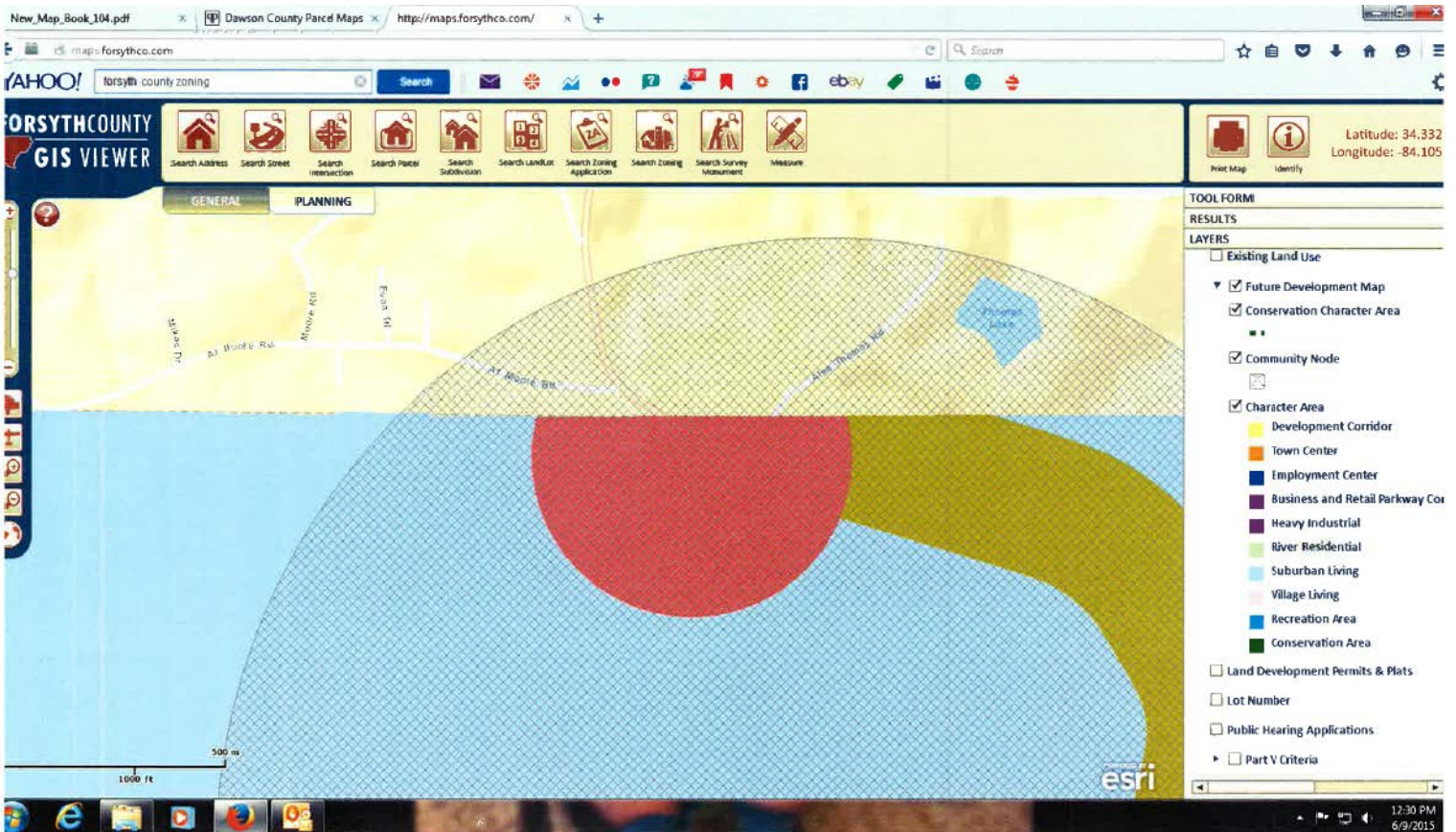


## ZA 15-03 Future Land Use





Existing zoning for Forsyth County showing Highway Business District.



Future Land Use for Forsyth County showing Regional Development with Light Commercial.



and lighting, and landscape planting. Pedestrian safety must be facilitated with crosswalks, crossing lights, and shelters. Vehicular traffic should be slowed within the district and parking developed on-street where permitted and off-street.

Urban villages provide for a mixture of compatible land uses. Some uses that are not retail or service in nature are also allowed so a variety of uses may locate in existing buildings. This district may also include cultural and social activities, museums, and theaters. Objectives of UV districts are to encourage activity centers that have definable edges, to locate shops and services at high visibility places, and to provide for an attractive building arrangement and streetscape.

12-2.2 **Permitted and Conditional Uses.** As provided in Table 12.1. Certain specific uses are regulated by Chapter 16.

12-2.3 **Performance Standards.** As provided in Table 12.2.

12-2.4 **Site Development Regulations.** As provided in Chapter 12, Article 10. In addition, development within the UV district should adhere to the design guidelines for activity centers as specified in Chapter 13. However, newly established UV districts are expected to substantially conform to the design guidelines for activity centers.

### **ARTICLE III, COMMERCIAL BUSINESS DISTRICT (CBD):**

12-3.1 **Purpose and Intent.** This district is intended to provide for the more intensive commercial uses that serve the weekly and less frequent shopping and service needs of the locality and region. Commercial business districts permit uses of approximately twice the intensity of village activity center districts. While the size of establishment is unlimited, those developments that are 75,000 square feet or greater are limited to location criteria as defined by 12-11.4(c) and 12-12.3. Development is expected to be generally auto-accommodating, although adequate provision should be made for pedestrian and bicycle access per the Bicycle Transportation and Pedestrian Plan and for public transit where appropriate.

Where the Future Land Use map shows Activity Center designations, pedestrian-oriented provisions are a requirement for rezoning (Chapter 13 offers guidelines). Furthermore, Activity Center areas are intended for mixed-use developments. Zoning applications for these areas should limit individual establishments to less than 100,000 square feet (per Comprehensive Plan Chapter 7 land use definitions). As such, a CBD zoning is not always appropriate for Activity Center areas. Similarly, where the Future Land Use map indicates Corridor Transitional, rezoning applications shall be considered for CBD only where applicant demonstrates elements that integrate the development with adjacent uses either through architecture, buffers, landscaping or other controls to minimize the impacts on surrounding lower intensity land uses, including conditions that limit uses to lower intensity activities.

12-3.2 **Permitted and Conditional Uses.** As provided in Table 12.1. Certain specific uses are regulated by Chapter 16.

12-3.3 **Performance Standards.** As provided in Table 12.2 and when applicable, per Articles 11 and 12.

12-3.4 **Site Development Regulations.** As provided in Chapter 12, Article 10 and when applicable, Articles 11 and 12. Newly established CBD districts are not required to conform to Chapter 13, design guidelines for activity centers. However, the principles and guidelines for activity centers may be considered in the rezoning process for CBD zoning districts to ensure compatibility with adjacent residential neighborhoods.

### **ARTICLE IV, HIGHWAY BUSINESS DISTRICT (HB):**

12-4.1 **Purpose and Intent.** These districts are intended to provide commercial activities specifically designed to serve patrons from automobiles and to serve automobile needs. Development in the highway business district is expected to be predominantly auto-accommodating. The County's intent in establishing this district is to provide for highway commercial developments while improving their appearance and function. A string of freestanding businesses leads to an anonymous character of most highways. This district is intended to provide for the gradual visual improvement of commercially developed corridors. Improvements and new development within this district must be consistent with general site development and design regulations that are designed to improve views from the roadway and provide for enhanced treatment of roadway edges. Strip commercial revitalization districts must protect adjacent single family residential areas with buffers and screening. The reuse of aging commercial areas is encouraged to reinforce the County's efforts to remain free of blight over the long term.

12-4.2 **Permitted and Conditional Uses.** As provided in Table 12.1. Certain specific uses are regulated by Chapter 16.

12-4.3 **Performance Standards.** As provided in Table 12.2.

**Backup material for agenda item:**

1. Approval of the 2015 Employee Compensation Proposal - *Postponed from the August 6, 2015 Voting Session*





# DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

All items requiring action by the Commissioners must be presented first at a work session. The following information should be provided for each item.

No item will be considered for a work session until the Department has received authorization on the item by the County Manager.

Form must be submitted to the County Clerk 10 days prior to the meeting date.

Department: Admin

Presenter: D. McKee

Submitted By: McKee

Date Submitted: 7-17-2015

Item of Business/Agenda Title: 2015 Employee Compensation Presentation

**Attach an Executive Summary fully describing all elements of the item of business.  (Attached)**

### THE ITEM IS FOR:

**Work Session presentation only** (no action needed)      **OR**       **Commission Action Needed.**

Is there a deadline on this item? If so, Explain: \_\_\_\_\_

Purpose of Request: Allow staff to distribute budgeted dollars to Department heads and elected officials for salary increases

Department Recommendation: Distribution of additional salary dollars as staff has presented based on the total department salary percentage to the total county salary budget

If the action involves a Resolution, Ordinance, Contract, Agreement, etc. has it been reviewed by the County Attorney?

Yes      Explanation/ Additional Information: \_\_\_\_\_

No

If funding is involved, are funds approved within the current budget? **If Yes, Finance Authorization is Required Below.**

Yes      Explanation/ Additional Information: \$120,000.00 was budgeted for salary increases for 2015. The total cost to minimum for employees currently below is \$28,251.00. The remainder is \$91,748.00 which staff is proposing to be distributed to department heads to utilize for salary increases.

No

Amount Requested: \$120,000.00

Amount Budgeted: \$120,000.00

Fund Name and Account Number: 100-1500-511100-000 (Salary Contingency)

#### Administration Staff Authorization

Dept. Head Authorization: David McKee      Date: 7-17-2015

Finance Dept. Authorization: Dena Bosten      Date: 7-17-2015

County Manager Authorization: CINDY CAMPBELL      Work Session Date: 7/23/15

Comments: \_\_\_\_\_

Attachments: Compensation Spreadsheet



**DAWSON COUNTY BOARD OF COMMISSIONERS  
EXECUTIVE SUMMARY**

**SUBJECT:** 2015 Employee Compensation Presentation

**DATE:** 7-17-2015

**RECOMMENDATION**  
 **POLICY DISCUSSION**  
 **STATUS REPORT**  
 **OTHER**

**BUDGET INFORMATION:**\$120,000.00

**ANNUAL-**  
**CAPITAL-**

**COMMISSION ACTION REQUESTED ON:** 8-6-2015

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**PURPOSE:** Allow staff to move forward with the distribution of budgeted dollars to department heads for salary adjustments. Salary adjustments will be distributed to all departments and elected officials with the exception of the sheriff's office based on the percentage of the departments overall salary to the total salary budget of the county.

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**HISTORY:** 2012- One time pay increase \$500 FT and \$250 PT; 2013- One time pay increase \$250-\$1000 based on years of service; 2014- 2.0% COLA increase, Cost to minimum from salary study approved for FY 15 with a 10% cap.

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**FACTS AND ISSUES:** \$120,000 is approved in the FY 15 budget for salary increases, \$28,251.00 is needed to adjust salaries for the cost to minimum effecting 10 departments, and the remainder of the budget is proposed to be distributed to department heads for salary adjustments to their employees. Staff is proposing that the increases be retroactive to 1-1-15.

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**OPTIONS:** (1) Approve the proposal as staff has presented; (2) Approve an across the board increase of 2% which totals \$130,486.00 for non-sheriff's office employees.

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**RECOMMENDED SAMPLE MOTION:** Motion to approve the use \$120,000.00 budgeted dollars for salary adjustments as staff has proposed.

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**DEPARTMENT:**

Prepared by: \_\_D. McKee\_\_\_\_\_

Director \_\_David McKee\_\_\_\_\_

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Department	Cost To Min.	Salary Compensation Totals**	
BOC		\$1,322.38	1.43%
Admin		\$7,351.70	7.95%
Clerk of Court		\$4,152.09	4.49%
DA	\$2,112.33	\$5,492.97	5.94%
Drug Court	\$872.22	\$2,117.66	2.29%
EMS/Fire		\$27,039.45	29.24%
Extension	\$444.98	\$379.14	0.41%
Family Connection		\$1,396.36	1.51%
Finance		\$3,486.28	3.77%
HR		\$1,165.17	1.26%
IT		\$1,636.79	1.77%
Mag Court	\$2,759.68	\$1,821.74	1.97%
Park and Rec	\$7,486.35	\$4,078.11	4.41%
Planning		\$3,560.26	3.85%
Probate	\$76.66	\$1,220.66	1.32%
Public Works		\$12,687.46	13.72%
Elections		\$832.27	0.90%
Senior Center	\$9,174.37	\$4,771.67	5.16%
Sheriff			
Superior Court		\$1,359.37	1.47%
Tax Assessor	\$4,599.23	\$3,782.19	4.09%
Tax Commissioner		\$2,820.46	3.05%
	<b>\$27,525.82</b>	<b>\$92,474.17</b>	<b>100.00%</b>
*F/T and P/T included			
**Based on actual department salary compared to total county salary less Sheriff			



# Compensation Increase Proposal

*Revised August 20, 2015*

**REVISED COMPENSATION INCREASE PROPOSAL**  
**(for County & Other Elected Official Employees, excluding Sheriff's Employees)**

	<b>2015 Budgeted Salaries &amp; Taxes</b>	<b><u>Increase</u></b>	<b><u>% Increase</u></b>
Sheriff	4,336,127	190,000	4.38%
County & Other Elected Officials	7,647,523	333,784	4.38%

**REVISED COMPENSATION INCREASE PROPOSAL**  
**(for County & Other Elected Official Employees, excluding Sheriff's Employees)**

<u>Department</u>	<u># of Employees</u> *	<u>1/2 Year Cost To Minimum</u>	<u>1/2 Year Allocated Salary Increase**</u>	<u>% of Allocation</u>	<u>1/2 Year Total Salary Increase</u>
BOC	2		\$2,020.15	1.43%	\$2,020.15
Admin	10		\$11,230.89	7.95%	\$11,230.89
Clerk of Court	10		\$6,342.98	4.49%	\$6,342.98
DA	10	\$1,056.17	\$8,391.38	5.94%	\$9,447.55
Drug Court	3	\$436.11	\$3,235.06	2.29%	\$3,671.17
EMS/Fire	67		\$41,307.08	29.24%	\$41,307.08
Extension	1	\$222.49	\$579.20	0.41%	\$801.69
Family Connection	3		\$2,133.16	1.51%	\$2,133.16
Finance	7		\$5,325.84	3.77%	\$5,325.84
HR	2		\$1,779.99	1.26%	\$1,779.99
IT	3		\$2,500.46	1.77%	\$2,500.46
Mag Court	4	\$1,379.84	\$2,783.00	1.97%	\$4,162.84
Park and Rec	25	\$3,743.18	\$6,229.97	4.41%	\$9,973.14
Planning	8		\$5,438.86	3.85%	\$5,438.86
Probate	4	\$38.33	\$1,864.75	1.32%	\$1,903.08
Public Works	32		\$19,382.12	13.72%	\$19,382.12
Elections	3		\$1,271.42	0.90%	\$1,271.42
Senior Center	14	\$4,587.19	\$7,289.48	5.16%	\$11,876.67
Sheriff	110				
Superior Court	2		\$2,076.66	1.47%	\$2,076.66
Tax Assessor	7	\$2,299.62	\$5,777.91	4.09%	\$8,077.52
Tax Commissioner	6		\$4,308.71	3.05%	\$4,308.71
Total # Employees	333				
# Employees less S.O.	<b>223</b>	<b>\$13,762.91</b>	<b>\$141,269.09</b>	<b>100.00%</b>	<b>\$155,032.00</b>

6 months Gross Salary increases beginning with PP #13 (before payroll taxes)

Total Annual Salary Allocated to Departments including payroll taxes (other than S.O.) **\$333,783.89**

\*FIT and PIT included

\*\*Based on actual department salary compared to total county salary less Sheriff

**Backup material for agenda item:**

1. Approval of the request to unfreeze a salaried District Attorney's Office position



# DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

All items requiring action by the Commissioners must be presented first at a work session. The following information should be provided for each item.

No item will be considered for a work session until the Department has received authorization on the item by the County Manager.

Form must be submitted to the County Clerk 10 days prior to the meeting date.

Department: District Attorney

Presenter: Lee Darragh

Submitted By: Lee Darragh

Date Submitted: August 3, 2015

Item of Business/Agenda Title: Presentation of Request to Fund Supplement Position in District Attorney's Office

**Attach an Executive Summary fully describing all elements of the item of business.  (Attached)**

### THE ITEM IS FOR:

**Work Session presentation only**  
(no action needed)

**OR**  **Commission Action Needed.**

Is there a deadline on this item? If so, Explain: \_\_\_\_\_

Purpose of Request: To fund a frozen ADA position with requested supplement for a new primarily State paid ADA in Dawson

Department Recommendation: Approve supplement as requested

If the action involves a Resolution, Ordinance, Contract, Agreement, etc. has it been reviewed by the County Attorney?

Yes Explanation/ Additional Information: \_\_\_\_\_

No

If funding is involved, are funds approved within the current budget? **If Yes, Finance Authorization is Required Below.**

Yes Explanation/ Additional Information: Amount requested is not currently budgeted in Department. Board approval is necessary to increase overall budget. Annual requested amount is \$12,000. Will need \$5,383 (\$5,000 supplement and \$383 FICA/Medicare) for August 2015 through December 2015. If approved, annual \$12,000 plus FICA/Medi will be budgeted during FY 2016 budget process.

No

Amount Requested: \$12,000 annual/\$5,383 for 2015

Amount Budgeted: None

Fund Name and Account Number: General Fund Contingencies 100-00-1500-579000-000 (current balance \$47,900)

#### Administration Staff Authorization

Dept. Head Authorization: Lee Darragh Date: August 3, 2015

Finance Dept. Authorization: Dena Bosten Date: August 4, 2015

County Manager Authorization: CINDY CAMPBELL Work Session Date: 08/13/2015

Comments: \_\_\_\_\_

Attachments: \_\_\_\_\_





**DAWSON COUNTY BOARD OF COMMISSIONERS  
EXECUTIVE SUMMARY**

**SUBJECT: Budgetary Request**

**DATE: August 3, 2015**

- RECOMMENDATION**
- POLICY DISCUSSION**
- STATUS REPORT**
- OTHER**

**BUDGET INFORMATION:**  
ANNUAL-  
CAPITAL-

**COMMISSION ACTION REQUESTED ON: August 20, 2015.**

**PURPOSE: Request to unfreeze a currently frozen ADA position to provide immediate funding of a supplement for a new primarily State Paid ADA position for Dawson County**

**HISTORY: This request has not previously been made.**

**FACTS AND ISSUES:** The State of Georgia has provided a new ADA position that the District Attorney will assign to Dawson in the event it can be appropriately supplemented up to \$12,000 per annum. The District Attorney's office needs a fourth ADA, and if this is done, that person can be primarily paid from State rather than county funds.

**OPTIONS: Without the supplement, I would need to continue my request for a needed fully county paid ADA for the new fiscal year as I would have to assign the State paid ADA to Hall County.**

**RECOMMENDED SAMPLE MOTION: To unfreeze the frozen ADA position and to provide for an immediate supplement of up to \$12,000 from county funds to supplement a State paid position.**

**DEPARTMENT:**

Prepared by: LEE DARRAGH\_\_\_\_\_

Director \_\_\_LEE DARRAGH, DISTRICT ATTORNEY\_\_\_\_\_

**Backup material for agenda item:**

2. Approval of the request to install an ATM in the Government Center 1st Floor Public Vending Area



# DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

All items requiring action by the Commissioners must be presented first at a work session. The following information should be provided for each item.

No item will be considered for a work session until the Department has received authorization on the item by the County Manager.

Form must be submitted to the County Clerk 10 days prior to the meeting date.

Department: Tax Commissioner

Presenter: Linda Townley

Submitted By: Linda Townley

Date Submitted: 7/14/2015

Item of Business/Agenda Title: ATM

**Attach an Executive Summary fully describing all elements of the item of business. X (Attached)**

### THE ITEM IS FOR:

**Work Session presentation only**  
(no action needed)

**Commission Action Needed.**

Is there a deadline on this item? If so, Explain: \_\_\_\_\_

Purpose of Request: Approve ATM to be located in the Government Center 1st floor public vending area

Department Recommendation: The ATM is needed to serve the citizens of Dawson County. All offices in the Government Center will have access.

If the action involves a Resolution, Ordinance, Contract, Agreement, etc. has it been reviewed by the County Attorney?

Yes Explanation/ Additional Information: \_\_\_\_\_

No

If funding is involved, are funds approved within the current budget? **If Yes, Finance Authorization is Required Below.**

Yes Explanation/ Additional Information: no additional cost to County

No

Amount Requested: -0- Amount Budgeted: NIA

Fund Name and Account Number: NIA

### Administration Staff Authorization

Dept. Head Authorization: Linda S. Townley Date: 7-29-15

Finance Dept. Authorization: Dana Boston Date: 7-29-15

County Manager Authorization: Cindy Campbell Work Session Date: 7/29/15

Comments: \_\_\_\_\_

Attachments: 1



### PREMIER MANAGED SERVICES

This Agreement (hereinafter referred to as the "Agreement") is made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, (the "effective date") by and between

Dawson County Tax Commissioner

with offices located at:

25 Justice Way  
Suite 1222  
Dawsonville, GA 30534

hereinafter referred to as "Client," and Cash Transactions, LLC (CashTrans), a Georgia Limited Liability Company. The Term of this Agreement shall commence upon the successful completion of installation of equipment.

WHEREAS, Client desires to allow its customers to use credit and/or debit (ATM) cards at the herein referenced address to pay for goods and services and/or obtain cash back, using electronic transaction equipment owned by or sold to Client by CashTrans, or programmed by CashTrans (such as ATM cash dispensing machines).

WHEREAS, upon the terms and conditions of this Agreement, CashTrans agrees to program the Client's ATM at the referenced address.

NOW, THEREFORE, for and in consideration of the mutual promises, covenants and obligations contained herein, and other good and valuable consideration as described in the Exhibits A and B attached hereto, the receipt and sufficiency of which is hereby acknowledged, Cash and the Client hereby agree as follows:

CashTrans provides equipment and services as reflected on Exhibits "A" and "B" attached hereto and by reference made a part hereof.

1. **USE.** CashTrans shall use and occupy the space for the sole purpose of operating therein an Automated Teller Machine (ATM) or other equipment as described in Exhibit A attached hereto. Client shall not have any other ATM or other competitive equipment at the herein referenced location during the term of this Agreement without prior written consent from CashTrans.
2. **INSTALLATION, OPERATION AND ADA COMPLIANCE.** CashTrans shall install equipment in the premises as soon as practicable after the signing of this Agreement. This Agreement constitutes rented floor space for said equipment. The rented floor space shall be space agreed upon by all parties such as to permit CashTrans to operate the ATM without obstruction. The space, as provided by Client, shall comply with the Americans with Disabilities Act (ADA) accessibility guidelines for buildings and facilities. Client is responsible for all ADA compliance for the ATM within their locations. CashTrans is not responsible for any construction or modification costs to the facility for installation. CashTrans is not responsible for any charges assessed by any CORE Processor for deposit automation or other operational functions for image transmission of data.
3. **MAINTENANCE AND SERVICE.**
  - (a) Client, at its expense, shall be responsible for and provide all telephone and communication lines necessary for the operation of the equipment. The cost of all telephone and communication lines necessary for the operation of the equipment, if any, shall be determined before the terms hereof shall be effective, and the Client retains sole discretion to withdraw from the terms hereof based upon the cost and expense of providing all telephone and communication lines necessary for the operation of the equipment.
  - (b) Client, at its expense, shall be responsible for electrical services for the equipment.
  - (c) CashTrans will furnish Client with a toll-free number which may be utilized by Client for maintenance or services inquiries.



4. **TITLE.** The equipment described herein shall remain the property of the CashTrans. Upon termination of this Agreement for any reason, CashTrans may remove all of its equipment.
5. **LIENS.** Client shall at all times keep equipment free of all liens and encumbrances and hereby waives any and all claims or liens, including statutory landlord liens, that it may impose itself on any piece of equipment referenced herein.
6. **LIABILITY.** Except for the rent payments provided for herein, and except for direct damages arising from the gross negligence or willful misconduct of CashTrans, for the period during which the equipment is installed and operational, CashTrans shall have no liability to Client of any nature whatsoever, including, without limitation, liability for direct, indirect, special, incidental, exemplary or consequential damages. CashTrans is responsible for operating and maintaining the equipment at all times. *Client acknowledges that Cash Transactions, LLC, its affiliates, representatives, agents, distributors and independent contractors have not made and do not make any representations or warranties (express, implied, oral or written) in connection with the equipment.*
7. **RENT.** CashTrans agrees that Client shall owe no rent during the term of this agreement. Client agrees to abide by the terms set forth within Exhibit "A," which is attached hereto and incorporated by reference herein.
8. **LIQUIDATED DAMAGES.** Client and CashTrans agree that there will be no liquidated damages should CashTrans decide to remove the machine due to low usage.
9. **TERM.**
  - (A) The term of this Agreement shall commence on the date that the equipment is installed and is operational, and shall continue for six (6) months. This Agreement shall automatically renew for an additional period of seven (7) years upon expiration unless terminated by either party giving the other party written notice of intent not to renew at least one hundred eight (180) days prior to the expiration of the original term or any renewal thereof. CashTrans may terminate this Agreement immediately in the event Client fails to fulfill any of its obligations under the terms hereof. Client may terminate this Agreement in the event CashTrans fails to operate and maintain the equipment. Upon renewal at the conclusion of the initial term, equipment rental cost will be reduced to reflect equipment's then fair market value. CashTrans agrees, from time to time, to review the usage of the equipment and to remove said equipment if it has poor activity at no cost to Client. Client may terminate the Agreement at any time should an appropriation request to the legislative body, or funding authority ("Governing Body") for funds to pay the equipment and services under the terms of this Agreement is denied, and may terminate this Agreement on the first day of the fiscal period for which funds have been appropriated upon (1) submission of documentation reasonably satisfactory to evidence the Governing Body's denial of an appropriation sufficient to continue this Agreement for the next succeeding fiscal period, and (2) satisfaction of charges and obligations under this agreement incurred through the end of the fiscal period for which funds have been appropriated, including the return of the equipment. Client may terminate the initial period of Five (5) years if a written notice of intent not to renew is given 180 days prior to the expiration of the Client's fiscal year.
  - (B) In the event this Agreement is terminated by the Client, Client shall pay CashTrans agree there will be no liquidated damages.
10. **TRADE SECRETS.** The equipment covered in this Agreement consists, in part, of computer programs, procedures, forms and other related materials which have been acquired and/or developed by CashTrans or third parties at substantial expense. Client acknowledges that the foregoing are trade secrets which are of great value to CashTrans, and disclosure to others related materials with respect to the equipment will result in loss and irreparable damage to CashTrans. Client therefore agrees not to disclose to others any information regarding such programs, procedures, forms and other related materials with respect to the equipment. Client acknowledges that the equipment, certain service and trademarks, computer programs, procedures, forms and other related materials belong to and are trade secrets of CashTrans or third parties and shall not in any way reconfigure or reverse engineer such in any manner whatsoever, except when required by law or regulation. This paragraph does not apply where the information is subject to disclosure under the Georgia Open Records Act, or any amendment thereto, and said information is not excluded under an exception under the Act or absent a Court Order.
11. **ENTIRE AGREEMENT.** This Agreement and the exhibit(s) attached hereto constitute the entire Agreement between CashTrans and Client with respect to the subject matter herein and shall supersede all previous negotiations, commitments and writings. This Agreement may not be discharged, abandoned, changed or modified in any manner except by an instrument in writing signed by a duly authorized officer or representative of both CashTrans and Client.
12. **WAIVER.** The failure of either Party to enforce at any time any provision of this Agreement or to exercise any right herein provided shall not in any way be construed to be a waiver of such provision or right in connection with any subsequent breach





or default, and shall not in any way affect the validity of this Agreement or any part hereof, or limit, prevent or impair the right of such Party, subsequently, to enforce such provisions or exercise such right.

13. **BINDING EFFECT, SUCCESSORS AND ASSIGNMENTS.** This Agreement is binding on the Parties and their respective successors and assigns. Client may not assign this Agreement without the prior written consent of CashTrans.
14. **COMPLIANCE WITH LAWS.** Each Party will perform its obligations under this Agreement in strict compliance with all applicable laws, orders or regulations of all appropriate jurisdictions.
15. **QUIET ENJOYMENT.** CashTrans shall quietly enjoy the space identified in this Agreement during each term of said Agreement without hindrance or molestation by anyone claiming by, through, or under Client.

#### **16. Client Obligations, Representations and Warranties:**

- (a) Client shall make the equipment available for use during all hours of Client's operation of its business, and CashTrans shall keep the money dispenser loaded with a sufficient amount of cash at all times. All facilities must comply with the Americans with Disabilities Act requirements.
  - (b) Client will notify CashTrans, promptly, by telephone or email, of any operating problems with the ATM that Client is unable to remedy.
  - (c) Client agrees that no ATM operating device or service other than that provided by and/or programmed by CashTrans will be permitted on Client's premises located at Suite 1222, 25 Justice Way, Dawsonville, GA, 30534 during the term of this Agreement.
  - (d) Client represents and warrants to CashTrans that the person executing this Agreement is authorized to execute agreements for the Client.
17. **Rights and Obligations of CashTrans:** CashTrans or its agent will program, deliver and install any ATM to Client's location and train Client and/or Client's employees present at the time of installation. Client agrees to provide any additional training for employees not present at the time of installation. Cash Trans will make any necessary signs and decals that are normally installed at similar Client locations. CashTrans will provide customer support to the Client. The customer support telephone number is 1-800-262-7995.
18. **CashTrans' Limitation of Liability:** CashTrans' sole and exclusive liability for any breach by CashTrans of this Agreement shall be for Cash to remedy any such breach in a timely manner.
19. **Liability of Client:** Client shall defend CashTrans from any claim regarding the operation, ownership, use, malfunction or interruption in service of the equipment caused by any reason other than the negligence of CashTrans. CashTrans may participate in such litigation or proceeding through its own attorneys, at its own expense.
20. **Termination upon Bankruptcy or Insolvency:** In the event that (a) a party shall become insolvent; (b) a party shall make an assignment of its property for the benefit of creditors or shall seek liquidation or reorganization under any insolvency or bankruptcy law; (c) an involuntary petition is filed against a party under any provisions of the United States Bankruptcy Code which is not dismissed or stayed within sixty (60) days after its filing; or (d) a receiver or trustee is appointed for a party, then the other Party may immediately terminate this agreement.

#### **21. Miscellaneous:**

- a. Notices to CashTrans or the Client shall be mailed first class postage prepaid to the addresses shown in this Agreement, or any other address given in writing by one party to the other.
- b. This Agreement and any attached Addendum is the entire Agreement between the parties and supersedes all existing agreements and any communications between them and any communications between the Client and any agent or employee of CashTrans concerning the services.
- c. This Agreement shall be governed by and construed in accordance with the laws of the State of Georgia.
- d. It is expressly understood and acknowledged that it is not the intention of this Agreement to create, nor shall this Agreement be construed as creating, any type of partnership or joint venture.



By his signature, Client acknowledges that he has read this Agreement and attached Exhibit(s), understands and agrees to all their terms and conditions.

**Dawson County Tax Commissioner**

25 Justice Way, Suite 1222  
Dawsonville, GA 30534

**Cash Transactions, LLC**

3286 Humphries Hill Road  
Austell, Georgia 30106

BY: \_\_\_\_\_

Name: Linda G. Townley

Title: Tax Commissioner

Date: \_\_\_\_\_

BY: \_\_\_\_\_

Name: James R. Henderson

Title: Chairman/CEO

Date: \_\_\_\_\_

**Dawson County Clerk**

25 Justice Way  
Dawsonville, GA 30534

BY: \_\_\_\_\_

Name: Danielle Yarbrough

Title: Clerk

Date: \_\_\_\_\_

**Dawson County Board of Commissioners**

25 Justice Way  
Dawsonville, GA 30534

BY: \_\_\_\_\_

Name: Mike Berg

Title: Chairman

Date: \_\_\_\_\_



EXHIBIT "A"

DAWSON COUNTY TAX COMMISSIONER

Surcharge shall be \$2.50 per withdrawal transaction.

**Equipment Description:**

1 Nautilus-Hyosung 2700 Lobby ATM

located at:

Dawson County Tax Commissioner  
25 Justice Way  
Suite 1222  
Dawsonville, GA 30534

Client agrees to strictly comply with all rules and regulations of the network which CashTrans uses. In addition, Client acknowledges and agrees that CashTrans can modify the payment and charge terms of this Agreement if the Network provider increases its charges at any time during the Term of this Agreement, or any extension thereof.

Client agrees to report all service problems immediately.



**EXHIBIT "B"**

**DAWSON COUNTY TAX COMMISSIONER**

**Equipment Description:** Nautilus-Hyosung 2700 Lobby Model ATM

**Street Address:** 25 Justice Way, Suite 1222

**City:** Dawsonville

**State:** Georgia

**Zip Code:** 30534

CashTrans provides the following elements:

- \* NH 2700 Lobby Model ATM
- \* Installation and Training
- \* ATM Driving
- \* ATM Processing
- \* Consumables and Supplies
- \* ATM Marketing "Content Delivery"
- \* On-Going Maintenance Service (Monday through Friday, 8 a.m. until 5 p.m.)
- \* On-Going Monitoring Service
- \* First Line Service and Cash Replenishment
- \* An 800 number to report problems (Help Desk)
- \* ATM Operating Software w/Subscription
- \* Daily and Monthly Reporting/Client Services

Dawson County Tax Commissioner's Office provides:

- \* ATM Site
- \* Electrical Service
- \* Reporting of all ATM problems to CashTrans in a timely fashion to insure timely repairs

CashTrans reserves the right to brand this ATM.

**Backup material for agenda item:**

3. Approval of the request for approval of budget increase for Tax Assessor's Attorney Fees





# DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

All items requiring action by the Commissioners must be presented first at a work session. The following information should be provided for each item.

No item will be considered for a work session until the Department has received authorization on the item by the County Manager.

Form must be submitted to the County Clerk 10 days prior to the meeting date.

Department: Tax Assessor

Presenter: Kurt Tangel

Submitted By: Kurt Tangel

Date Submitted: 8/3/2015

Item of Business/Agenda Title: Request for approval of budget increase for Tax Assessor's Attorney Fees

**Attach an Executive Summary fully describing all elements of the item of business.  (Attached)**

### THE ITEM IS FOR:

**Work Session presentation only** (no action needed)      OR       **Commission Action Needed.**

Is there a deadline on this item? If so, Explain: \_\_\_\_\_

Purpose of Request: To request additional funds for the Tax Assessor's Attorney Fees

Department Recommendation: Approval to move \$17,000 from General Fund Professional Services Contingencies to the Tax Assessor's Professional Services – Attorney account

If the action involves a Resolution, Ordinance, Contract, Agreement, etc. has it been reviewed by the County Attorney?

Yes      Explanation/ Additional Information: \_\_\_\_\_  
 No

If funding is involved, are funds approved within the current budget? **If Yes, Finance Authorization is Required Below.**

Yes      Explanation/ Additional Information: FY 2015 adopted at \$18,000; Current expenditures through July at \$19,873.02;  
 No      Budget has been moved from other accounts to accommodate overages; Department cannot operate without additional budget

Amount Requested: \$17,000 additional

Amount Budgeted: \$44,501 in Professional Services Contingencies

Fund Name and Account Number: Professional Services Contingencies 100-00-1500-521200-000

### Administration Staff Authorization

Dept. Head Authorization: Kurt Tangel

Date: 08/04/2015

Finance Dept. Authorization: Dena Bosten

Date: 08/04/2015

County Manager Authorization: CINDY CAMPBELL

Work Session Date: 08/13/2015

Comments: \_\_\_\_\_

Attachments: Current Expenditures for Attorney Fees through July 2015



**DAWSON COUNTY BOARD OF COMMISSIONERS**  
**EXECUTIVE SUMMARY**

**SUBJECT:** Request for Additional Budget in Attorney Fees for Tax Assessor's Office

**DATE:** 8/4/2015

- RECOMMENDATION**  
 **POLICY DISCUSSION**  
 **STATUS REPORT**  
 **OTHER**

**BUDGET INFORMATION:**  
ANNUAL-  
CAPITAL-

**COMMISSION ACTION REQUESTED ON:** 8/20/2015

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**PURPOSE:** To request additional funds for Attorney Fees for the Tax Assessor's Office

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**HISTORY:** A greater number of appeals to Superior Court has resulted in an increase in attorney fees. Budget was moved within the Tax Assessor's department from other accounts as permitted by the Budget Resolution.

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**FACTS AND ISSUES:** We just completed a Superior Court case that was decided in the County's favor. However, there are several cases still pending and the potential for others to file appeals to go to Superior Court.

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**OPTIONS:** 1. Approve request as submitted 2. Propose alternate solution

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**RECOMMENDED SAMPLE MOTION:**

Approval to move \$17,000 from General Fund Professional Services Contingencies to the Tax Assessor's Professional Services – Attorney account

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**DEPARTMENT:** Tax Assessor

Prepared by: Kurt Tangel

Director Kurt Tangel

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COMM OF ROADS & REVENUE DAWSON CO  
 DETAIL ACCOUNT INQUIRY BY DEPARTMENT

FY 2015

01/01/2015 TO 12/31/2015

100-00-1550-521201-000 PROF SVCS-ATTORNEY

				<u>BUDGET</u>	<u>YTD AMT</u>	<u>ENC AMT</u>	<u>REMBAL</u>	
				22,725.00	19,873.02	0.00	2,851.98	
<u>DATE</u>	<u>MOD</u>	<u>REFERENCE</u>	<u>JE # or VOUCHER#</u>	<u>CHECK#</u>	<u>DEBIT</u>	<u>CREDIT</u>	<u>BALANCE</u>	
		BALANCE FORWARD						0.00
01/29/2015	AP	FOX CHANDLER HOMANS HICKS & MCKIN	89734	167175	1,950.00		1,950.00	
02/26/2015	AP	FOX CHANDLER HOMANS HICKS & MCKIN	90309	167453	1,387.50		3,337.50	
03/26/2015	AP	FOX CHANDLER HOMANS HICKS & MCKIN	90824	167757	6,450.00		9,787.50	
04/30/2015	AP	FOX CHANDLER HOMANS HICKS & MCKIN	91528	168155	225.00		10,012.50	
05/28/2015	AP	FOX CHANDLER HOMANS HICKS & MCKIN	92171	168454	1,237.50		11,250.00	
06/25/2015	AP	FOX CHANDLER HOMANS HICKS & MCKIN	92767	168747	3,317.50		14,567.50	
06/25/2015	AP	FOX CHANDLER HOMANS HICKS & MCKIN	92767	168747	918.02		15,485.52	
07/30/2015	AP	FOX CHANDLER HOMANS HICKS & MCKIN	93437	169101	4,387.50		19,873.02	
SUBTOTALS FOR ACCOUNT 100-00-1550-521201-000 :					19,873.02	0.00		
					19,873.02	0.00		

**Tax Assessor  
2015 Budget**

<u>GL Account</u>	<u>2015 Original Budget</u>	<u>Budget Changes (1)</u>	<u>2015 Amended Budget at 7/31/2015</u>	<u>2015 YTD Expenditures</u>	<u>2015 Remaining Budget at 7/31/2015</u>
100-00-1550-521201-000	18,000	4,725	22,725	19,873	2,852

(1) Budget was moved within the Tax Assessor's department from other accounts as permitted by the Budget Resolution.

**Backup material for agenda item:**

4. Approval of the 2015 Emergency Management Performance Grant (EMPG)





# DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

All items requiring action by the Commissioners must be presented first at a work session. The following information should be provided for each item.

No item will be considered for a work session until the Department has received authorization on the item by the County Manager.

Form must be submitted to the County Clerk 10 days prior to the meeting date.

Department: EMA

Presenter: Lanier Swafford

Submitted By: Billy Thurmond

Date Submitted: 08-04-2015

Item of Business/Agenda Title: 2015-2016 EMPG Grant

**Attach an Executive Summary fully describing all elements of the item of business.  (Attached)**

### THE ITEM IS FOR:

**Work Session presentation only**  
(no action needed)

**OR**  **Commission Action Needed.**

Is there a deadline on this item? If so, Explain: \_\_\_\_\_

Purpose of Request: Annual renewal of EMPG grant funds used to fund Swift Reach 911 emergency notification systems.

Department Recommendation: Approval to apply for EMPG funding

If the action involves a Resolution, Ordinance, Contract, Agreement, etc. has it been reviewed by the County Attorney?

Yes Explanation/ Additional Information: Has a sub-grantee agreement that has to be signed by Chairman

No

If funding is involved, are funds approved within the current budget? **If Yes, Finance Authorization is Required Below.**

Yes Explanation/ Additional Information: Annually budgeted in grant match fund. This is a 50/50 match.

No

Amount Requested: 7,199

Amount Budgeted: 7,199 County portion. State matches at 7,199

Fund Name and Account Number: 250-00-3924-521304-016

#### Administration Staff Authorization

Dept. Head Authorization: Billy Thurmond Date: 08-04-2015

Finance Dept. Authorization: Dena Bosten Date: 08-05-2015

County Manager Authorization: CINDY CAMPBELL Work Session Date: 08/13/2015

Comments: \_\_\_\_\_

Attachments: Agenda form, Executive Summary, EMPG grant documentation



**DAWSON COUNTY BOARD OF COMMISSIONERS**  
**EXECUTIVE SUMMARY**

**SUBJECT:** EMPG Grant

**DATE:** 08-04-2015

**RECOMMENDATION**  
 **POLICY DISCUSSION**  
 **STATUS REPORT**  
 **OTHER**

**BUDGET INFORMATION:**

**ANNUAL-** 50/50 match  
**CAPITAL-**

**COMMISSION ACTION REQUESTED ON:** Approval to apply for annual EMPG Grant

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**PURPOSE:** Annual 50/50 match grant used for payment of county emergency notification systems.

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**HISTORY:** This is an annual renewed grant that is budgeted for in the grant match fund. State portion \$7,199.00 County match \$7,199.00 Total \$14,398.00. \$1,000.00 of total dedicated to EMA training, 500 state 500 county

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**FACTS AND ISSUES:** Grant funds Swift Reach 911 Emergency notification system, Barron Weather Services, maintenance of weather sirens, EMA training and equipment and software to maintain county Emergency Operation Center.

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**OPTIONS:** Provides the county a means to receive 50% of cost to maintain systems that otherwise we would have to fund completely.

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**RECOMMENDED SAMPLE MOTION:** Approval to apply for EMPG grant funds

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**DEPARTMENT:** EMA

Prepared by: \_\_\_\_\_ Billy Thurmond \_\_\_\_\_

Director \_\_\_\_\_ Billy Thurmond \_\_\_\_\_

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**GEORGIA EMERGENCY MANAGEMENT AGENCY-Homeland Security**  
 FY 2015 Emergency Management Performance Grant (2015 EMPG)  
**Base Award Application**

This application is for the FY 2015 EMPG Base Award submitted to the Georgia Emergency Management Agency-Homeland Security (GEMA-HS). Please complete *all* sections and provide *all* information as requested. **Incomplete applications will be removed from further consideration.** The applicant will be required to match the EMPG Base Award Funds with a local non-federal cash, in-kind or combination local match. If you require assistance with this application, please contact your GEMA-HS Field Coordinator.

**Applicant Information**

<b>Implementing Agency</b>	Dawson County EMA				
<b>DUNS Number</b>	039486055	<b>FEI Number</b>	58-6011882		
<b>Mailing Address</b>	393 Memory Lane				
<b>City</b>	Dawsonville	<b>State</b>	Georgia	<b>ZIP + 4</b>	30534-3434

<b>EMPG Award</b>	<b>Local Cash Match</b>	<b>Local In-Kind Match</b>	<b>Total EMA Budget</b>
<b>7199</b>	<b>7199</b>		<b>14,398</b>

**Local Contact Information**

<b>Authorized Agent Name</b>	<b>Phone</b>	<b>Email Address</b>
Mike Berg	7063443500	chairman@dawsoncounty.org

<b>Project / Application Manager</b>	<b>Phone</b>	<b>Email Address</b>
Billy Thurmond	7063443666	bthurmond@dawsoncounty.org

**Local Goals/Objectives for EMPG FY 2015** (EXAMPLES: enhance warning c

1. Maintain and upgrade emergency Warning systems
2. Maintain EOC operations
3. Purchase equipment and software to enhance county emergency management readiness.

# GEORGIA EMERGENCY MANAGEMENT AGENCY

## Homeland Security

### FY 2015 Performance Partnership Agreement

**The FY 2015 Performance Partnership Agreement (PPA) between the Georgia Emergency Management Agency-Homeland Security (GEMA-HS) and the Dawson County Government.**

In order to best ensure that state and local governments are fully prepared to help their citizens in times of emergency, the Dawson County Government, the Dawson County Emergency Management Agency, (EMA), and its Director agree to meet the requirements specified in the Official Code of Georgia Annotated (Section 38-3-27), of the Georgia Emergency Management Act of 1981, as amended, the Federal Emergency Management Agency (FEMA) FY 2015 Emergency Management Preparedness Grant (EMPG) Guidance and the FY15 GEMA-HS EMPG Program Guidance and those rules, regulations and guidelines dictated by the Director of GEMA-HS.

GEMA-HS agrees to provide required and necessary state and federal resources to local governments on a timely basis in response to major emergencies and disasters; a comprehensive training and exercise program for emergency personnel; and other critical situational information. GEMA-HS further agrees to provide funding support to local qualified governments for appropriate administrative expenses; administer and manage federal and state assistance programs for the benefit of local governments; provide necessary and requested information, advice, recommendations and technical assistance concerning emergency management administrative, operations and planning issues and to eliminate restrictive and unnecessary administrative requirements in managing its responsibilities on behalf of local governments.

#### APPROVAL and REVIEW

**By signing this Performance Partnership Agreement (PPA) the parties agree to work cooperatively in accomplishing the objectives set forth above.**

**This PPA must be signed by the local EMA Director and the Chief Elected Official (CEO) of the local government and the Director of GEMA-HS. Evaluation of progress will be reviewed by the GEMA-HS Area Field Coordinator. Lack of satisfactory 2014 GEMA PPA/Work Plan progress may be cause for recommendation that eligibility for federal or state assistance be withdrawn.**

\_\_\_\_\_  
Local EMA Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
City/County CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
GEMA-HS Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
GEMA-HS Area Field Coordinator

\_\_\_\_\_  
Date

# GEMA RISK ASSESSMENT SURVEY

Today's date (MM/DD/YYYY):  /  /

**Agency Name:**

**Tax Status:**

Appropriated Division of the Town

501(C)(3)

Other

**Please specify**

**Your Jurisdiction Fiscal Year (e.g. July - June or Jan – Dec)**

**Legal name of the entity to which the FTIN was assigned**

**Physical address as listed on SAM.gov**

Address

Address 2

City/Town

State:

Zip:



**Mailing address**

Address: 25 Justice Way Ste. 2313

Address 2:

City/Town: Dawsonville

State: Ga. Zip: 30534-3434

**Financial Point of Contact:**

Title: CFO

Name: Dena Bosten

Address: 25 Justice way Ste. 2214 Dawsonville, Ga. 30534

E-Mail Address: dbosten@dawsoncounty.org

Phone number: 706-344-3500 ext. 42214

**Survey completed by:**

Title: Director Of Emergency Services

Name: Billy Thurmond

Address: 393 Memory Lane, Dawsonville, Ga. 30534

Email Address: bthurmond@dawsoncounty.org

Phone number: 706-344-3666 ext. 225

**1. Has your organization been audited within the past twelve months?**

- No, not within the past twelve months
- Yes, by an outside audit firm
- Yes, by town/local auditors
- Yes, by a State of Georgia auditor
- Yes, by a federal auditor

**2. What was the completion date of the most recent audit?**

- Our organization has never been audited
- Completion date (MM/DD/YYYY)

**3. Did your organization have any findings?**

- Our organization has never been audited
- Our organization's audit produced no findings
- Our organization's audit findings have been resolved
- Our organization has an active corrective action plan for our audit findings
- Our organization has not yet addressed our audit findings

**4. Is your organization required to have a single audit conducted in accordance with the Single Audit Act (sub recipient expends \$750,000 or more in federal assistance during its fiscal year)? If "No" skip questions 4a through 4d and go to Question 5.**

- Yes
- No

**4a. Has the A-133 single audit been submitted to primary pass through Party?**

Yes – provide date (MM/DD/YYYY) and to whom the audit was sent

No                    07-20-2015 Federal Audit Clearing House

**4b. Did the organization have significant audit findings from your last single audit regarding program non-compliance?**

Yes

No

**4d. If the single audit has not yet been conducted, when will this be completed?**  
(MM/DD/YYYY)

**5. What type of accounting system do you use?**

Automated

Manual

**6. Does your organization have written policies and procedures for checks and balances of all fiscal transactions?**

Yes

No

**7. Does your organization maintain for inspection all the books, documents, payroll papers, accounting records and grant files pertaining to sub grant agreements and contracts for a period of three years after the close of the sub-grant?**

Yes

No

8. Has your organization obtained a DUNS number?

Yes. Please provide DUNS number

039486055

No

9. Has the DUNS number been registered with the System for Award Management (SAM) at <https://www.sam.gov/portal/public/SAM/>?

Yes – provide expiration date (MM/DD/YYYY)

01-15-2016

No – estimated date of completion (MM/DD/YYYY)

## Federal Funding Accountability and Transparency Act Certification

In order to remain in compliance with The Federal Funding Accountability and Transparency Act of 2006 (FFATA) reporting, please complete Items 1 through 7 (and Items 8, 9 and 10 if applicable), sign and certify by an authorized agent.

Sub-recipient award Number: **OEM15 - 044**

Agency Name: Dawson County Emergency Management Agency

CFDA Program Number and Program Title: **97.042 Emergency Management Performance Grant (EMPG)**

Sub-award Project Description: **GEMA-HS EMPG Base Award**

1. Sub-recipient DUNS Number 039486055
2. Sub-recipient Name Dawson County EMA
3. Sub-recipient DBA Name Dawson County EMA
4. Sub-recipient Address 393 Memory Lane Dawsonville, Ga. 30534
5. If DBA, Sub-recipient Parent DUNS Number 039486055
6. Sub-award Principle Place of Project Performance 393 Memory Lane
7. In the preceding fiscal year, did the sub-recipient receive 80% of its annual gross revenues from the Federal government? Yes \_\_\_\_\_ No x  
If **Yes**, continue to question 8. **If No, STOP and certify.** The questionnaire is complete.
8. In the preceding fiscal year, were the sub-recipient's annual gross revenues from the Federal government more than \$25 million annual? Yes \_\_\_\_\_ No \_\_\_\_\_  
If **Yes**, continue to question 9. **If No, STOP and certify.** The questionnaire is complete.
9. Does the public have access to the names and total compensation of the sub-recipient's five most highly compensated officers through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? Yes \_\_\_\_\_ No \_\_\_\_\_  
If **No**, continue to question 10. **If Yes, STOP and certify.** The questionnaire is complete.
10. Please list the names and compensation of the sub-recipient's five most highly compensated officers **only if question 9 was applicable and answered NO.**

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

4. \_\_\_\_\_ \$ \_\_\_\_\_

5. \_\_\_\_\_ \$ \_\_\_\_\_

I certify that to the best of my knowledge all of the information on this form is complete and accurate.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This section is for use by the Georgia Emergency Management Agency Only.**

Sub-recipient Obligation/Agency Name: \_\_\_\_\_

In accordance with The Federal Funding Accountability and Transparency Act of 2006 (FFATA), this document has been processed in the FFATA Sub-award Reporting System (FSRS) by the undersigned:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Sub-recipient Obligation/Action Date: \_\_\_\_\_



**CERTIFICATION REGARDING LOBBYING;  
DEBARMENT, SUSPENSION, AND DRUG FREE WORKPLACE**

**Lobbying**

As required by section 1352, Title 31 of the U.S. Code, and implemented at 44 CFR Part 18, for persons entering into a grant or cooperating agreement over \$ 100,000, as defined at 44 CFR Part 18, the applicant certifies that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement.
2. If any other funds than Federal appropriated funds have been paid or will be paid to any other person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or an employee of Congress, or employee of a member of Congress in connection with this Federal Grant or cooperative agreement, the undersigned shall complete and submit Stand Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

**Debarment, Suspension, and Other Responsibility Matters; Drug-Free Workplace**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 44 CFR Part 17 and maintenance of a Drug Free Workplace (44CFR, Subpart F). The applicant certifies that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
2. Have not within a three-year period preceding this application been convicted of or had a civilian judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or perform a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or locally) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
4. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and

5. As required by the Drug-Free Workplace Act of 1988, and implemented at 44 CFR Part 17, Sections 17.615 and 17.620, the applicant certifies it will continue to provide a drug-free workplace per referenced regulations.

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As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

1. Grantee Name and Address: Dawson County EMA  
393 Memory Lane  
Dawsonville, Ga 30534

2. Application Number and/or Project Name: **Emergency Management Performance Grant (EMPG)**

58-6011882

3. Grantee IRS/Vendor Number: \_\_\_\_\_

4. Typed or Printed Name and Title of Authorized Representative:

Mike Berg; Chairman



# Georgia Emergency Management Agency

Emergency Management Performance Grant CDFA 97.042

2015 Performance Partnership Agreement (PPA)  
Base Award Payment Request Form

## Request:

Under penalty of perjury, I certify that to the best of my knowledge and belief that all requirements of the 2015 Performance Partnership Agreement with the Georgia Emergency Management Agency-Homeland Security have been satisfied. I hereby request payment of the Base Award to cover expenses for the period of July 1, 2015 through June 30, 2016.

**Award Number:** OEM15 - 044

## Payee Address:

Dawson County Emergency Management Agency

**Attn:** Billy Thurmond

393 Memory Lane

Dawsonville, Georgia 30534

\_\_\_\_\_  
Signature of EMA Director

[bthurmond@dawsoncounty.org](mailto:bthurmond@dawsoncounty.org)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

706-344-3666 ext. 225

\_\_\_\_\_  
Phone Number

## Recommend Approval:

\_\_\_\_\_  
Signature of Area Field Coordinator

\_\_\_\_\_  
Date

## Approval:

\_\_\_\_\_  
Signature of Director of Field Operations

\_\_\_\_\_  
Date



# Georgia Emergency Management Agency Homeland Security

Emergency Management Performance Grant (EMPG) CDFA 97.042

FY 2015 Emergency Management Directed Training Award Payment Request Form

### Request:

Under penalty of perjury, I certify that to the best of my knowledge and belief that all requirements for the Georgia Emergency Management Agency/Homeland Security (GEMA/HS) FY 2015 EMPG Base Award Application with GEMA/HS have been satisfied. I hereby request the GEMA/HS FY 2015 EMPG Emergency Management Directed Training Award Payment.

**Award Number:** OEM15 - 044

### Payee Address:

Dawson County Emergency Management Agency

**Attn:** Billy Thurmond

393 Memory Lane

Dawsonville, Georgia 30534

\_\_\_\_\_  
Signature of EMA Director

\_\_\_\_\_  
Date

[bthurmond@dawsoncounty.org](mailto:bthurmond@dawsoncounty.org)

706-344-3666 ext. 225

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

### Recommend Approval:

\_\_\_\_\_  
Signature of Field Coordinator

\_\_\_\_\_  
Date

### Approval:

\_\_\_\_\_  
Signature of Director of Field Operations

\_\_\_\_\_  
Date



# Georgia Emergency Management Agency

## STATEMENT OF SUBGRANT AWARD

EMPG 15

<b>FEDERAL GRANT:</b> Emergency Management Performance Grant	
<b>FEDERAL AWARD NUMBER:</b> EMW-2015-EP-00017-S01	<b>CFDA #:</b> 97.042
<b>STATUTORY AUTHORITY FOR GRANT:</b> This project is supported under DHS Appropriations Act of 2015 (P.L. 114-4)	

<b>GRANTEE IMPLEMENTING AGENCY:</b> Dawson County Emergency Management Agency 393 Memory Lane, Suite 103 Dawsonville, GA 30534  <b>FEI #:</b> 58-6011882	<b>GEMA PROJECT ID:</b> OEM15-044
	<b>START DATE:</b> 07/01/2015
	<b>END DATE:</b> 06/30/2016
	<b>AWARD DATE:</b> 07/27/2015

SUBGRANT FUNDING:	FEDERAL AWARD	LOCAL MATCH	TOTAL PROJECT
PPA Base Award	6,699.00	6,699.00	13,398.00

**SPECIAL CONDITIONS:**

This FY 2015 Performance Partnership Award is funded by the Department of Homeland Security, Federal Emergency Management Agency, Emergency Management Performance Grant (EMPG) Award, and includes a minimum 50 percent (cash and/or in-kind) match requirement. Federal funds cannot be used to match this award. All expenses must occur within the period of performance and be in accordance with Title 44 of the Code of Federal Regulations Part 13 regarding allowable costs and match requirements (<http://www.gpo.gov/fdsys/pkg/CFR-2002-title44-voll/content-detail.html>) and the FY 2015 Emergency Management Performance Grant Funding Opportunity Announcement (<http://www.fema.gov/media-library/assets/documents/103656>). Additionally, all procurement efforts must be in accordance with one of the following options (select one):

- Office of Management and Budget Circular 2 CFR 200 (current guidance), or
- Previous OMB guidance (2 CFR 200 procurement requirements deferred for one year).

To receive FY 2015 funding, subrecipient:

- Must have met the terms of the FY 2014 Performance Partnership Agreement (PPA)
- Must have shown satisfactory progress on the FY 2014 PPA workplan as determined by their Field Coordinator
- Must have submitted all required FY 2014 EMPG administrative documents to GEMA/HS
- Must have completed NIMSCAST reporting for FY 2014

Payment will not be made until the FY 2015 PPA Request for Payment Form is approved by the GEMA/HS Director of Field Operations.

<b>Authorized Grantee Official</b>			
_____	_____	_____	_____
Please Print Name	Title	Signature	Date of Acceptance

<b>Approving Authority - GEMA</b>	
_____	_____
Jim Butterworth	Date

**Backup material for agenda item:**

5. Approval of Special Event Business License - *MarineMax Boat Show*





# DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA REQUEST

All items requiring action by the Commissioners must be presented first at a work session. The following information should be provided for each item.

No item will be considered for a work session until the Department has received authorization on the item by the County Manager.

Form must be submitted to the County Clerk 10 days prior to the meeting date.

Department: Planning & Development

Presenter: Rachel Burton

Submitted By: Rachel Burton

Date Submitted: 8/4/2015

Item of Business/Agenda Title: Special Event Business License – MarineMax Boat Show

**Attach an Executive Summary fully describing all elements of the item of business.  (Attached)**

### THE ITEM IS FOR:

**Work Session presentation only** (no action needed)      OR       **Commission Action Needed.**

Is there a deadline on this item? If so, Explain: Event will be held 9/18 - 9/28/2015

Purpose of Request: Approval of Special Event Business License

Department Recommendation: Director Burton recommends approval of the business license.

If the action involves a Resolution, Ordinance, Contract, Agreement, etc. has it been reviewed by the County Attorney?

Yes      Explanation/ Additional Information: \_\_\_\_\_

No

If funding is involved, are funds approved within the current budget? **If Yes, Finance Authorization is Required Below.**

Yes      Explanation/ Additional Information: \_\_\_\_\_

No

Amount Requested: \_\_\_\_\_      Amount Budgeted: \_\_\_\_\_

Fund Name and Account Number: \_\_\_\_\_

### Administration Staff Authorization

Dept. Head Authorization: Rachel Burton

Date: 8/4/2015

Finance Dept. Authorization: N/A

Date: \_\_\_\_\_

County Manager Authorization: CINDY CAMPBELL

Work Session Date: 8/13/2015

Comments: \_\_\_\_\_

Attachments: \_\_\_\_\_



**DAWSON COUNTY BOARD OF COMMISSIONERS**  
**EXECUTIVE SUMMARY**

**SUBJECT:** Special Event Business License – MarineMax Boat Show

**DATE:** 8/4/2015

**BUDGET INFORMATION:**  
ANNUAL-  
CAPITAL-

**RECOMMENDATION**  
 **POLICY DISCUSSION**  
 **STATUS REPORT**  
 **OTHER**

**COMMISSION ACTION REQUESTED ON:** 8/20/2015

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**PURPOSE:** Approval of Special Event Business License for MarineMax Boat Show to be held 9/18 – 9/28/15 (setup on 9/17/15). Approval by the BOC is required since the total square footage of the temporary tent structure exceeds 1,000 square feet.

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**HISTORY:** This is the second year that MarineMax has requested to have this event in Dawson County in the same location.

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**FACTS AND ISSUES:** Approval by the BOC is required since the total square footage of the temporary tent structure exceeds 1,000 square feet.

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**OPTIONS:**

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**RECOMMENDED SAMPLE MOTION:** Recommend approval of the application as applied for.

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**DEPARTMENT:**

Prepared by: Rachel Burton

Director: Rachel Burton

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**F. SPECIAL EVENT BUSINESS LICENSE APPLICATION**

TMP 114 029 Acreage of the request 2

ZONING OF THE PROPERTY I-3 CIR

911 Street address of property: LL 313LD 13-5 Tract 7 Dawson County  
Industrial park, Dawsonville, GA 30534

Submittal Date 7-23-15 Time 1:55pm am pm Rec'd. By M. Hearn  
Staff initials

Board of Commissioners Work Session Date: 8/13/2015  
(if applicable)

Board of Commissioners Meeting Date: 8/20/2015  
(if applicable)

**APPLICANT INFORMATION**

(Authorized Representative)

Printed Name Tom Riemann

Address 1860 Bald Ridge Marina Rd  
Cumming, GA 30041

Phone 770-781-9370

Email Address Tom.Riemann@MarineMax.com

Status  Owner  Authorized Agent  Lessee  Option to purchase

NOTE: *If applicant is other than owner, enclosed Property Owner Authorization form must be completed.*

**PROPERTY OWNER INFORMATION**

Name Karen Hughes & Sandra Campbell

Address C/o Jack Hughes  
33 Parkside Circle

Phone Dawsonville, GA 30534 770-530-0252

**PROPERTY INFORMATION**

911 Street Address of Property LL 313 LD B-5 Tract 7 Dawson County Industrial Park, Dawsonville, GA 30534

Directions to Property \_\_\_\_\_

Corner of GA 400 and Dawson County Industrial Park

Tax Map & Parcel # (TMP) 114 029

Land Lot(s) LL 313LD District B-5 Section Tract 7

Commission District # ~~I3 unincorporated~~

Subdivision Name ~~I3~~ Lot # \_\_\_\_\_

Current Zoning ~~I3~~ C-1R Current Use of Property Vacant  
*(Example: residence, farm, commercial)*

**SURROUNDING ZONING:**

North ~~C3~~ CHB/CIR

South ~~AC3~~ CH-B

East ~~C4~~ CPCD

West ~~AR3~~ C-1R

**PROPOSED ACCESS:**

Access to the development will be provided from:

Road Name Dawson County Industrial Park

Type of Road Surface Asphalt

**SITE PLAN:** Attach detailed site plan.

Site plan notes: Attached

# REQUESTED ACTION & DETAILS OF PROPOSED USE

Special Event Business License for MarineMax Boat Dealer Ship to hold Boat show to Show Boats.

DATE (S) OF THE EVENT 9/18/15 - 9/28/15 (Setup 9/17 Breakdown 9/28/15)

Anticipated Attendance 100

Existing Utilities:  Water  Sewer  Gas  Electric

Number of Parking Spaces 5

Number of Maintenance Personnel: N/A

Nearest Emergency Medical Clinic: 0.7 miles Northeast Georgia Physicians Group

Distance to Clinic: 0.7 miles

Total # of Toilet Fixtures Provided: 0

Total # of Public Water Fountains: 0

Proposed Hours of Operation: (See page 5 for times not permitted to operate.)  
M-F 10:00am - 6:00pm  
Sat 10:00 AM - 6:00pm  
Sun 10:00AM - 6:00pm

Is there a charge for admission, a ticket, or a tour?  Yes  No

Is there a temporary tent structure?  Yes  No  
If yes, what is the square footage? 60x90 (5400 SF)

Are food vendors participating in the event?  Yes  No  
If yes, are they licensed by the Environmental Health Department?  Yes  No  
(Provide copy of licenses)

If yes, how many vendors will participate? \_\_\_\_\_

Will alcohol be served or sold during the event?  Yes  No  
If yes, what type?  Beer  Wine  Liquor

# REQUESTED ACTION & DETAILS OF PROPOSED USE

(Continued)

Is there any potentially dangerous or hazardous activity?  Yes  No  
If yes, please describe \_\_\_\_\_

Will any national or local celebrity be participating in the event?  Yes  No  
If yes, provide name and describe type of participation \_\_\_\_\_

Will there be any media coverage?  Yes  No  
If yes, provide name(s) of media and describe type of coverage Possible News Paper  
Ad, Facebook, Possible Radio Announcing  
Sale

Do you foresee any unusual or excessive burden on the Sheriff Department, Emergency Services, County Marshal, or other county personnel?  Yes  No  
If yes, describe \_\_\_\_\_

**Note that as a condition on the issuance of a temporary special event business license, the license holder shall indemnify and hold Dawson County harmless from claims, demand, or cause of action that may arise from activities associated with the special event.**



**NOTE:** Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith.

STATE OF GEORGIA, DAWSON COUNTY

I, (Print Name) Tom Riemann, DO SOLEMNLY SWEAR, SUBJECT TO PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING APPLICATION STATEMENT ARE TRUE AND CORRECT.

  
Applicant's Signature

I HEREBY CERTIFY THAT Tom Riemann SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS 9<sup>th</sup> DAY OF July, 2015  
  
  
Notary Public

<b>FOR OFFICE USE ONLY:</b>	<b>APPROVALS:</b>	<b>DATE:</b>
<b>Chairman, Board of Commissioners</b>	_____	_____
<b>Sheriff</b>	_____	_____
<b>Emergency Services</b>	_____	_____
<b>Environmental Health</b>	_____	_____
<b>County Marshal</b>	_____	_____
<b>Planning Director</b>	_____	_____
<b>County Manager</b>	_____	_____



# PROPERTY OWNER AUTHORIZATION

I / we Karen G Hughes / Sandra Campbell hereby swear that I / we own the property located at (fill in address and / or tax map & parcel #):

Address: 33 Parkside Circle, Dawsonville, GA 30534

TMP: \_\_\_\_\_

as shown in the tax maps and/or deed records of Dawson County, Georgia, and which parcel will be affected by this request. I hereby authorize the person named below to act as the applicant or agent in pursuit of a business license for a special event held on this property. I understand that any license granted, and/or conditions or stipulations placed on the property will be binding upon the property regardless of ownership. The under signer below is authorized to make this application.

Printed Name of applicant or agent Tom Riemann

Signature of applicant or agent [Signature] Date \_\_\_\_\_

Mailing address 1860 Bald Ridge Marina Rd

City, State, Zip Cumming, GA 30041

Telephone Number 770-781-9370

Printed Name of Owner(s) Karen G Hughes / Sandra Campbell

Signature of Owner(s) [Signature] Date 7/15/15

Notary Public [Signature] Date 7/15/15



*(The complete names of all owners must be listed, if the owner is a partnership, the names of all partners must be listed, if a joint venture, the names of all members must be listed. If a separate sheet is needed to list all names, please identify as applicant or owner and have the additional sheet notarized also.)*

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Zoom To Parcel Center On Parcel

Additional Options Dawson Home / Property Search

Controls

- Available Layers
- Parcels
- Parcel Numbers
- Address #
- Yearly Sales
- Roads
- Lakes & Rivers
- Flood Map
- Aerial Photos

Show Scale

50 m 200 ft

Reports

Parcel

View as: [Google Earth](#) | [Bird's Eye](#) | [Google Maps & Stn View](#)

PARCEL INFORMATION TABLE	
Selected Parcel	114 029 (Click for Complete Card)
Class Code (NOTE: Not Zoning Info)	13
Taxing District	UNINCORPORATED
Acres	2.48

OWNERSHIP INFORMATION	
Name	CAMPBELL SANDRA & BILL G HUGHES
Mailing Address	C/O JUDD HUGHES 33 PARKSIDE CIR DAWSONVILLE, GA 30534
Situs/Physical Address	0

VALUES			
Land Value			\$632,400.
Improvement Value			\$0.
Accessory Value			\$0.
Total Value			\$632,400.

LAST 2 SALES			
Date	Price	Reason	Qual
05-1996	\$50,000	FM	Q
05-1996	\$135,000	FM	Q

Website last updated August 29, 2014  
GIS Maps last updated May 29, 2014

Parcel List  
Legend  
Measure

Dawson County makes every effort to produce the most accurate information possible. No warranties, expressed or implied, are provided for the data herein, its use or interpretation. The assessment information is from the last certified taxroll. All data is subject to change before the next certified taxroll.

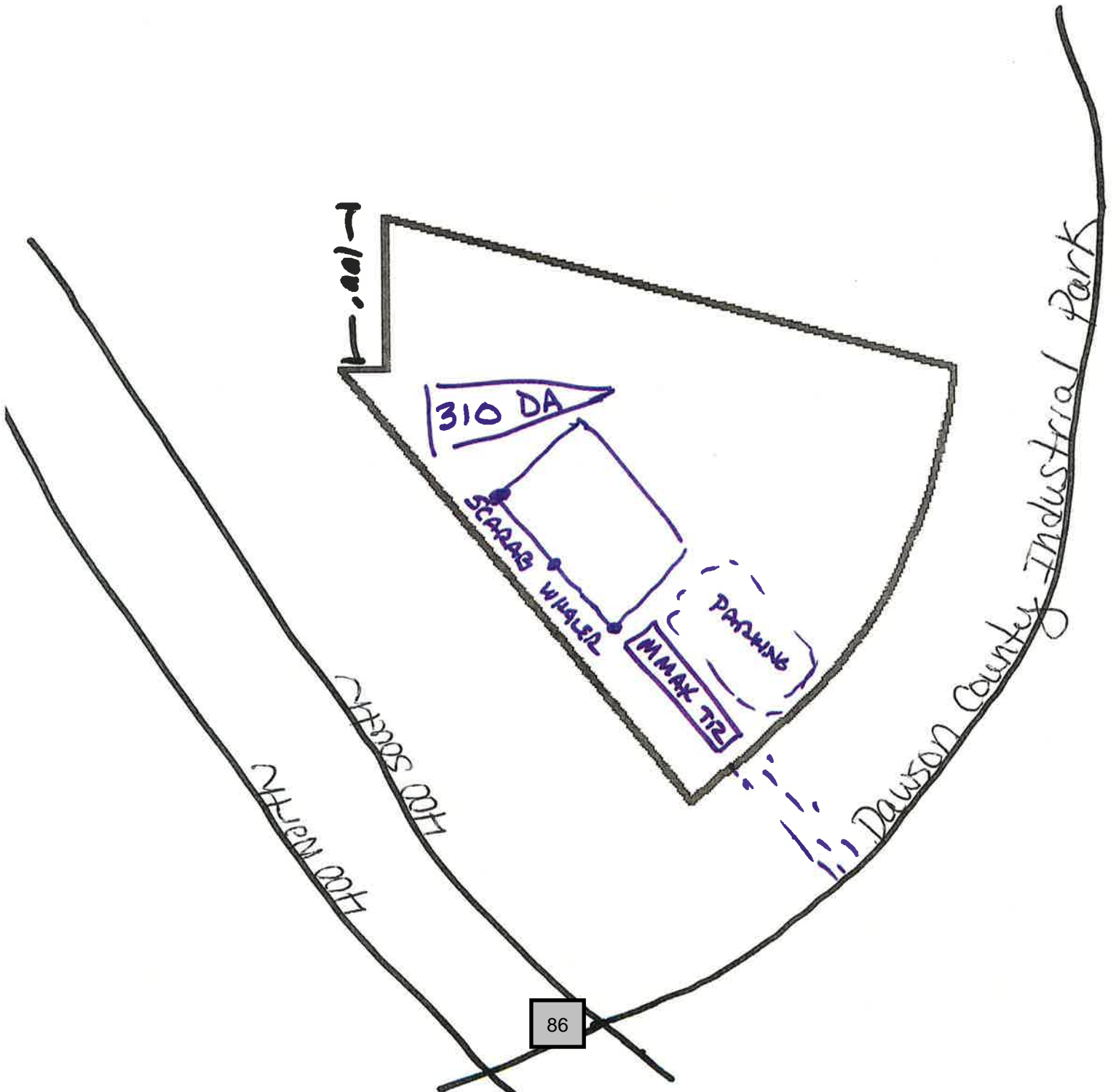
Event

Owner : Sandra Campbell or Billy G. Hughes  
 Represented by : Judd Hayes 770-530-0252  
 check mailing address : Karen Hughes and Sandra Campbell  
 33 Parkside Circle  
 Dawsonville, GA 30534  
 770-530-0252

Phy. Address : 66 313 LD 13-S Tract 7  
 Dawson County Industrial Park  
 Dawsonville, GA 30534

located: Corner of GA 400<sup>(SW)</sup> and Dawson County Industrial Pa

# Site Plan





1860 Bald Ridge Marine Road  
Cumming, GA 30041  
770-781-9370

## LETTER OF INTENT

MarineMax East, Inc. will be holding a Factory Boat Show on LL 313 LD I3-S Tract 7  
Dawsonville County Industrial Park, Dawsonville, GA 30534.

We are a boat dealership and will be showing new and used boats, displaying them for the public to view. We will have a 60' X 90' tent to display boats.

Set up dates: 9/17/14-9/28/14

Event Dates: 9/18/14-9/27/15 Time: 10:00am-6:00pm each day

Breakdown : 10/7/15

This should not affect the community in regards to Security, health, law enforcement, emergency services, utilities and Roads.

Kind Regards,  
Tom Riemann  
MarineMax East, Inc.

Lease Agreement

July 9, 2015

This agreement is intended to be a lease agreement between, Karen G Hughes and Sandra Campbell, hereinafter referred to as ("Lessor") and MarineMax, Herinafter referred to as ("Lessee") to rent the undeveloped parcel of land owned by Lessor for a boating Event. The Description of the parcel is as follows:

LL313 LD 13-S Tract 7  
Dawson County Industrial Park  
Dawsonville, GA 30534  
(Located at the corner GA400(SW) and Dawson County Industrial Park)

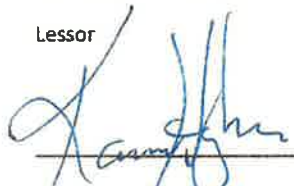
The agreed upon rate is \$2000.00 The MarineMax Event is scheduled to be September 17 through September 28, 2015.

- Thursday September 17, 2015 Install tent and set up
- Friday September 18-September 27 – Sunday September 27 – Event Sales
- Monday September 28 Breakdown, Tent Removal and Cleanup


MarineMax will comply with all Dawson County Permits and insurance to be able to display boats to the public. MarineMax also has named the lessor as additional insured on Lessee's Liability insurance and agrees to hold lessor harmless and waiver of subrogation. Lessee may prepare the land by bush hogging the planned area, including small brush and new small tree growth. MarineMax may use gravel to aid in parking.

All correspondence regarding the lessor should be sent to the following addresses: Karen Hughes 33 Parkside Circle, Dawsonville, GA 30534

Lessor

  
\_\_\_\_\_  
Karen Hughes                      Date                      7/15/15

Lessee:

MarineMax By:   
Position: GM  
Date: 7/23/15



# Dawson County Emergency Services

Billy Thurmond, Director  
Lanier Swafford, Chief  
Tim Satterfield, Deputy Chief  
Danny Speaks, Asst. Chief

393 Memory Lane  
Dawsonville, Georgia 30534  
(706) 344-3666 Office  
(706) 344-3669 Fax

## DAWSON COUNTY EMERGENCY SERVICES TENT PERMIT CONDITIONS

Date Issued: \_\_\_\_\_

Name of Vendor/Renter: Marine Max East, Inc.

Location of Tent: LL 313 LD 13 S Tract 7 Parcel 114 029

Date (s): 9/17/15 - 9/28/15

The following conditions will apply to all tents erected within Dawson County except that tents of less than 1000 square feet in an area shall be exempt. If fireworks are involved or if materials are present that may create a hazardous environment, an inspection shall be performed by Dawson County Emergency Services with a fee of \$100.00.

Check One	Tent Area (sq. ft)	Fire Extinguisher	Main Aisle Width	Exits
_____	>1000 but <3000	1	44 inches	2
<input checked="" type="checkbox"/>	>3001 but <6000	2	44 inches	2
_____	>6001 but <9000	3	66 inches	3
_____	>9001 but <12000	4	88 inches	3

If tent is to be used during the evening hours or with closed sides, the following additional requirements shall apply:

- a. Emergency lighting shall be installed throughout
- b. Illuminated exit lights shall be installed at each exit

If you have any questions concerning these conditions, please contact the Fire Marshal's Office at (706) 344-3666, ext. 229.





# Estimate

Reece Tent Rental, LLC.  
1393 Cobb Industrial Way  
Marietta, GA 30066

**A 3% Convenience charge will be added to  
invoices paid by AMEX and Discover credit cards.**

Date	Estimate #
7/9/2015	15-062621

Billing Address	Ship To
Marinemax 5800 Lanier Islands Pkwy Buford, GA 3051	GA 400 N Dawsonville, GA 30534

Qty	Description	Cost	Total
	EVENT: Boat Sale 2015 Install: 09/17/15 Removal: 10/29/15 Contact: Melissa - 770-781-9370 Site Contact: <del>Gerry Adair - 706-531-4745</del> <i>Tom Riemann</i> RTR Contact: Cornelius		
1	60 x 90 Green/White/Yellow Striped Pole Tent @ 10ft (Staked)	2,362.00	2,362.00T
2	Fire Extinguisher- ABC 10 LB	35.00	70.00T
1	Additional Weeks Rental	1,216.00	1,216.00T
	**USE RACHET STRAPS NOT ROPE**WHERE POSSIBLE **DRIVE STAKES AS DEEP AS POSSIBLE ON THE ENDS**		
	Installation and Removal Labor	150.00	150.00
	Fuel Surcharge for Delivery	100.00	100.00T
	Dawson County Sales Tax	7.00%	262.36
<b>Total</b>			<b>\$4,160.36</b>

**\*\*PLEASE READ:** Prices shown above include installation and removal of all materials. Setup and breakdown of tables and chairs is customer responsibility unless otherwise noted. Do not leave tables and chairs exposed to weather. Charge backs for damage to equipment may apply. Should area for installation not be ready upon arrival of crew, wait time is charged at \$45.00 per man per hour. Hours of operation are Monday -Saturday 8am-5pm. Should you need Installation prior to or after regular business hours there will be a 45.00 charge per man per hour, with a 4 hour minimum. Customer is responsible for obtaining all applicable permits and contacting fire department officials for proper authorizations. Reece Tent Rental shall not be responsible for damage to utilities or installations unless specifically marked by Renter. SEE ATTACHED FOR FURTHER TERMS & CONDITIONS.

Phone #	Fax #
404-355-1392	404-355-1073

Accepted By: *[Signature]* Date: 7-9-15





**REECE TENT RENTAL TERMS AND CONDITIONS**

- 1. **AGREEMENT:**  
These Terms and Conditions constitute a legal agreement between Reece Tent Rental, LLC (hereafter known as the "Company") and the Customer (or Authorized Signing Agent/ASA). TR INITIAL
- 2. **PAYMENT:**  
Customer agrees to pay in advance and without demand for the use of the rental property during the Initial Rental Period and any extension thereof, the total rental charges specified. By signing these Terms and Conditions Customer or Authorized Signing Agent (ASA) will be held responsible for any/all charges and/or goods/services supplied by the Company. Customer agrees to make deposit within terms agreed upon (as specified in #4) with remaining balance paid upon delivery. The Company may, at their discretion, require a credit card to be held on file. If payment is not received, as per agreement, the Customer authorizes Company to charge remaining balance to credit card on file. TR INITIAL
- 3. **PERMITS:**  
If government permits are required for the erection of tents, Customer shall procure at Customer's expense and furnish the Company evidence of permit. In the event that a permit is not obtained by the Customer and event is shut down; the rental payment required shall nevertheless remain due and payable. TR INITIAL
- 4. **DEPOSIT:**  
A 50% deposit of the total invoice is due and payable when the Agreement is signed. In the event Customer cancels the order for any reason, half of the 50% deposit paid is Non Refundable. If event is cancelled less than 72 hours prior to delivery NO REFUND on the deposit shall be issued. If equipment is cancelled upon delivery, entire balance of invoice is due and payable. TR INITIAL
- 5. **INSTALLATION PREMISES:**  
Full or partial destruction of the property due to negligence of the Customer, Customer's Agents or employees, or damage due to vandalism, malicious mischief or theft shall cause the Customer to become liable for the repair or replacement value of the destroyed or missing property. TR INITIAL
- 6. **DAMAGES TO EQUIPMENT:**  
The Company agrees that damage to the rented equipment due to an Act of God, (i.e. rain, hail, wind, etc.) shall be born by the Company IF notified by the Customer immediately after said damage. The Customer has an obligation to maintain the equipment in good condition, not altering the property as installed without assistance from the Company. Full or partial destruction of the property due to negligence of the Customer, Customer's Agents or employees, or damage due to vandalism, malicious mischief or theft shall cause the Customer to become liable for items missing or suffered. In the event the equipment is blown down or damaged in any manner due to storm, tornado, high winds or other disturbance of nature, the rental payment required shall nevertheless remain due and payable. TR INITIAL
- 7. **COMPANY'S LIABILITY:**  
It is understood and agreed between all parties that the Company shall not be liable in any injuries or damages caused to persons, property or materials, or other things or articles whatsoever while said persons, things or articles are in, under or about said property. Company shall not be liable for injuries or damages caused by fire from any cause, rain, hail, sleet, snow, storm, high winds, tornadoes, flood or other disturbances of nature or by tents falling by reason thereof upon any persons, materials or exhibits while under, near or about the equipment. Company shall not be held liable in any manner for injuries or damages caused to persons or things falling over or coming in contact with ropes, chains, stakes or other supports of the equipment. TR INITIAL
- 8. **WATER LIABILITY:**  
It is understood tents are NOT guaranteed to be waterproof even though processed with special water resistant compounds. Customer agrees to hold Company harmless from any demand of claim whatsoever for bodily injury or property damage arising from the use of equipment or material furnished hereunder. TR INITIAL
- 9. **RELEASE:**  
Company shall be released hereunder for conditions brought about by Acts of God, strikes, boycotts, civil insurrections or commotions, terrorist actions, invasions by a common enemy or by all other conditions beyond their control. TR INITIAL
- 10. **LABOR:**  
Unless otherwise described or agreed upon, the Company shall not furnish labor beyond erection and dismantling of tents. The Company's employees are covered by Worker's Compensation insurance for this purpose only. TR INITIAL
- 11. **ENTIRE AGREEMENT:**  
This Rental Agreement constitutes the entire agreement between the Company and Customer and may not be varied except by a subsequent written agreement between both parties. TR INITIAL
- 12. **LIMITATION OF LIABILITY:** In the event that any Customer brings a claim against Company the extent to damages is limited to the contracted price for the property provided and any installation or associated fees. Customer waives any and all rights to punitive or consequential damages related to any liability related to Company's actions. TR INITIAL
- 13. **WARRANTIES AND REPRESENTATIONS:** The Company warrants and represents that the tents and equipment provided under the terms of this Agreement are in good working order and comply with the specifications as provided by the Client. No further representations or warranties are provided. TR INITIAL

**CUSTOMER/ASA SIGNATURE:** [Signature] **DATE:** 7-9-13

**PLEASE NOTE: THIS PAGE MUST BE SIGNED, INITIALED AND RETURNED TO CONFIRM RESERVATION**



# CERTIFICATE OF LIABILITY INSURANCE

4/1/2016

DATE (MM/DD/YYYY)

7/10/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : ACE American Insurance Company		22667
INSURER B : Sentry Insurance a Mutual Company		24988
INSURER C : Starr Indemnity & Liability Company		38318
INSURER D : Great American Insurance Co of New York		22136
INSURER E : Alterra America Insurance Company		21296
INSURER F : Zurich American Insurance Company		16535

COVERAGES MARMA14 CERTIFICATE NUMBER: 13569173 REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	OGLG2427603A	5/1/2015	5/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	N	N	90-19964-02	4/1/2015	4/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	MASILNY00033915	5/1/2015	5/1/2016	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$ XXXXXXXX
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	90-19964 01	4/1/2015	4/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Protection & Indemnity Marine Liab Marina Oper	N	N	Y10178708 001	5/1/2015	5/1/2016	\$1,000,000 Each Occurrence \$10,000,000 Each Occurrence \$10,000,000 Each Occurrence

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.  
RE: Factory Tent Sale from 9/17 - 10/7/15 located at: LL 313 LD 13 Tract 7, Dawsonville County Industrial Park, Dawsonville, GA 30534. Sandra Campbell and Karen Hughes are included as additional insured as respect to General Liability as required by written contract/agreement, subject to terms, conditions and exclusions of the policy.

**CERTIFICATE HOLDER**

13569173  
Sandra Campbell and Karen Hughes  
33 Parkside Circle  
Dawsonville GA 30534

**CANCELLATION** See Attachment

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Excess Bumpershoot Liability 05/01/2015 - 05/01/2016

<b>Insurer</b>	<b>Participation</b>	<b>Limit</b>	<b>Policy #</b>
Starr Indemnity & Liability Company	50%	Difference Between 30MM and Underlying	MASILNY00033915
Great American Insurance Company	50%	Difference Between 30MM and Underlying	OMH89159458
Continental Insurance Company	25%	20MM XS of 30MM	EX0121897
Lloyds of London	40%	20MM XS of 30MM	B0713MAHHY1503065
Starr Indemnity & Liability Company	20%	20MM XS of 30MM	MASIHNY000127-15
Alterra America Insurance Company	15%	20MM XS of 30MM	MAXA6OM0067867
Lloyds of London	40%	25MM XS of 50MM	B0713MAHHZ1500929
Zurich North America	40%	25MM XS of 50MM	MAR3545780-15
Great American Insurance Company	20%	25MM XS of 50MM	OMH1093960

Excess Boat Dealer Coverage 05/01/2015 - 05/01/2016

<b>Insurer</b>	<b>Participation</b>	<b>Limit</b>	<b>Policy #</b>
Starr Indemnity & Liability Company	50%	20MM XS of 10MM	MASIHNY000126-15
Great American Insurance Company	50%	20MM XS of 10MM	OMH8915947
Continental Insurance Company	25%	20MM XS of 30MM	MB7603031
Lloyds of London	40%	20MM XS of 30MM	B0713MAHHY1503065
Starr Indemnity & Liability Company	20%	20MM XS of 30MM	MASIHNY000127-15
Alterra America Insurance Company	15%	20MM XS of 30MM	MAXA6OM006786



# CERTIFICATE OF LIABILITY INSURANCE

4/1/2016

DATE (MM/DD/YYYY)

7/10/2015

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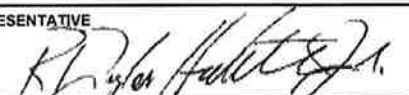
<b>PRODUCER</b> Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____													
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<b>INSURED</b> 1352848 MarineMax East, Inc. 2600 McCormick Drive Suite 200 Clearwater FL 33759														

**COVERAGES** MARMA14 **CERTIFICATE NUMBER:** 13102148 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ _____ RETENTION \$ _____	N	N	MASILNY00033915	5/1/2015	5/1/2016	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$ XXXXXXXX
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	90-19964 01	4/1/2015	4/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Protection & Indemnity Marine Liab Marina Oper	N	N	Y10178708 001	5/1/2015	5/1/2016	\$1,000,000 Each Occurrence \$10,000,000 Each Occurrence \$10,000,000 Each Occurrence

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Dawson County is included as Additional Insured solely as respects to General Liability as required by written contract/agreement, subject to terms, conditions and exclusions of policy.

<b>CERTIFICATE HOLDER</b> <b>13102148</b> Dawson County 25 Justice Way, Suite 2322 Dawsonville GA 30534	<b>CANCELLATION</b> See Attachment  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

OP ID: KC

DATE (MM/DD/YYYY)

03/20/15

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Jowers-Sklar Insurance Agency</b> 706 E 2nd Avenue PO Box 511 Rome, GA 30162-0511 Emmett A. Long	706-232-9704	CONTACT NAME:	
	706-232-1220	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		PRODUCER CUSTOMER ID #:	<b>REECE-1</b>
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
INSURED <b>Reece Tent Rental, LLC</b> 1393 Cobb Industrial Way Marietta, GA 30066-6614	INSURER A : <b>Axis Insurance</b>		
	INSURER B : <b>Security National Insurance</b>		
	INSURER C : <b>Rochdale Insurance Company</b>		<b>12491</b>
	INSURER D :		
	INSURER E :		
	INSURER F :		

**COVERAGES**

CERTIFICATE NUMBER:

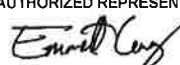
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			A1REGA007-007456-05	03/29/15	03/29/16	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			SPP1109915 00	03/29/14	03/29/15	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			A5REGA007-007457-05	03/29/15	03/29/16	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DEDUCTIBLE							\$
	<input checked="" type="checkbox"/> RETENTION \$ <b>NIL</b>							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			KWC1039152	03/29/15	03/29/16	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / N	N / A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Equipment Floater			A1REGA007-007456-05	03/29/15	03/29/16	Equipment	ALS*
	Blanket						Deduct	2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

<b>MarineMax, Inc.</b> <b>and it's Subsidiaries</b> <b>Attn: Acct Payable/Support</b> <b>2600 McCormick Dr. STE 200</b> <b>Clearwater, FL 33759</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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**NOTEPAD**INSURED'S NAME **Reece Tent Rental, LLC****REECE-1  
OP ID: KC**PAGE 2  
DATE **03/20/15**

This document is issued as a matter of information only and confers no rights upon the document holder. This document does not amend, extend, or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policies referenced herein. (Georgia Insurance Directive Office of Insurance & Safety Fire Commissioner Directive 11-EX-2 Eff 01-10-11).

Georgia Law O.C.G.A. 33-24-19.1

No person, wherever located, may knowingly prepare or issue a certificate of insurance that contains false or misleading information or that purports to affirmatively or negatively alter, amend, or extend the coverage provided by the policy of insurance to which the certificate makes reference. \$5,000 FINE PER VIOLATION OF CODE!

The provision applies to all certificate holders, policyholders, insurers, insurance producers, and certificate of insurance coverage forms on property, operations, or risks located in this state regardless of where the certificate holder, policyholder, insurer, or agent is located.



DATE: \_\_\_\_\_

The following individuals have reviewed the request and their recommendations are as indicated:

<u>Department</u>	<u>Recommendation</u>	<u>Initials/Date</u>
Dawson County Fire Marshal	Grant/Deny	_____
Dawson County Sheriff	Grant/Deny	_____
Dawson county Health Dept.	Grant/Deny	_____
Planning & Development	Grant/Deny	_____

Is tent to be placed on Dawson County Property?  
 (If yes, then applicant must have Parks & Recreation approval) Yes \_\_\_\_\_ NO

Parks & Recreation	Grant/Deny	_____
--------------------	------------	-------

Comment/Remarks

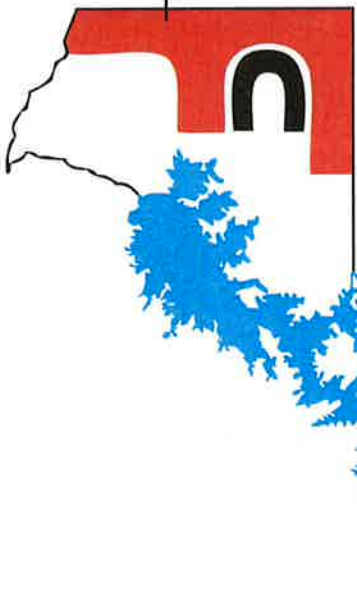
Site Plan Description  
 Copy of Certification of Flame Resistance



# FORSYTH COUNTY

## 20 BUSINESS LICENSE 15

MARINEMAX EAST, INC  
BUSINESS NAME



1860 BALD RIDGE MARINA RD  
STREET ADDRESS

2500353

BUSINESS LICENSE NUMBER

March 03, 2005  
ORIGINAL ISSUE DATE

December 31, 2015  
EXPIRATION DATE

336612

NAICS CODE

MARINEMAX EAST, INC  
BUSINESS OWNER

  
LICENSE OFFICIAL



[HOME](#)

[PROPERTY](#)

[GENERAL INFORMATION](#)

[FREQUENTLY ASKED QUESTIONS](#)

[MOTOR VEHICLES](#)

[LINKS](#)

Tax Search and Pay

[Overview and Pay](#)

[View / Print Bill](#)

[View / Print Receipt](#)

[Address Change](#)

**CAMPBELL SANDRA & BILLY G HUGHES**  
 C/O JUDD HUGHES  
 33 PARKSIDE CIR  
 DAWSONVILLE, GA30534

Date Due: 12/01/2014  
 Base Amount Due: \$6,446.44  
 Penalties & Interest: \$871.71  
 Fees: \$13.00

Map: 114 029  
 District: DAWSON COUNTY UNINCORPORATED

Tax Year: 2014  
 Bill Number: 2124  
 Parcel Number: 114 029

Payment Status: Unpaid  
 Paid Date: 12/1/2014  
 Paid Amount: \$3,923.22  
 Balance Due: **\$3,407.93**

Description: LL 313 LD 13-5 TRACT 7 DAWSON CO  
 INDUS PK

[Add To Cart](#)  
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**Dawson County Marshal's Office**

**25 Justice Way, Suite 2322**

**Dawsonville, GA 30534**

**Phone: 706-344-3232**

Permit #: 201516824

**Employee Permit**

Issue Date: 07/28/2015

Expires: 07/28/2016



Name: Thomas J Riemann

Company: Marine Max

Address:  
, GA

Phone: (770)781-9370

**Fees / Payments:**

<b>Fee: Bank Card Fee</b>	
7/28/15	Credit Card
	\$21.00

The permit required by this ordinance shall be issued for a period of one calendar year from the date of the original application. Employee permits are issued for work for specific licensed establishment as indicated on the employee permit application and may not be issued at another licensed establishment. The permit must be either on the premises or in the possession of the individual to whom it is issued while that individual is working at the licensed establishment. This permit must be available for inspection by members of the Sheriff's Office, the Marshal's Office or the County Commission's staff.

This permit approved by:

Sgt J. Mann

Date:

8-3-15