



**CITY OF WALTHOURVILLE**  
*The Honorable Mayor Sarah B. Hayes, Presiding*  
**July 22, 2025 @ 6:00 PM**  
**Walthourville Police Department**

**Elected Officials**

Luciria L. Lovette, Mayor Pro Tem  
Mitchell Boston  
Patrick Underwood  
Bridgette Kelly  
Robert Dodd

**City Administration**

Nicolas Maxwell, Fire Chief  
Mrs. Ivy Norris, Finance Manager  
Christopher Reed, Police Chief  
Mr. Dave Martin, Public Works Administrator  
Mr. Luke R. Moses, City Attorney  
Ms. Shana T. Moss, City Clerk

**AGENDA**

- |       |   |                      |
|-------|---|----------------------|
| I.    | Call to Order   | Mayor Sarah B. Hayes |
| II.   | Roll Call   | City Clerk           |
| III.  | Invocation  | Appointee            |
| IV.   | Pledge of Allegiance  | In Unison            |
| V.    | Adoption of Meeting Agenda  | Councilmembers       |
| VI.   | Adoption of Meeting Minutes   | Councilmembers       |
|       | <ul style="list-style-type: none"><li>• <i>July 8, 2025 Regular Meeting Minutes.</i></li><li>• <i>July 8, 2025 Executive Session Minutes.</i></li></ul> |                      |
| VII.  | Presentation  | Ms. Leah Poole       |
|       | Liberty County Chamber of Commerce. FLOST and TSPLOST.  |                      |
| VIII. | Agenda Item(s)  |                      |
|       | 1. LCPC   | Mrs. Lori Parks      |
|       | Business License Request for Polished Perfection Day Spa.   |                      |
|       | 2. LCPC   | Ms. Lori Parks       |
|       | Mobile Home Permit for 1951 Shaw Road.  |                      |
|       | 3. LCPC   | Ms. Lori Parks       |
|       | One Time Event Permit for Hinesville Fort Stewart Shrine Club.  |                      |
|       | 4. LCPC   | Ms. Lori Parks       |
|       | One Time Event Permit for a Tent Revival (Pastor Cedric Jones, Sr.).  |                      |

**5. City of Walthourville**  
Water Delinquency.

**Councilmember Patrick Underwood**

**6. City of Walthourville**  
Unpaid Health Insurance.

**Councilmember Patrick Underwood**

**7. City of Walthourville**  
Sanitation Billing and Payment Status.

**Councilmember Mitchell Boston**

**8. City of Walthourville**  
Millage Update.

**Mayor Sarah B. Hayes**

**9. City of Walthourville**  
Liberty County Tax Commissioner Contract.

**Mayor Sarah B. Hayes and Attorney Luke R. Moses**

**10. City of Walthourville**  
City Roads.

**Mayor and Council**

**IX. Department Comments**

- Water Department
- Fire Department
- Police Department

**City of Walthourville**

Mr. Patrick Golphin

Chief Nicolas Maxwell

Chief Christopher Reed

**X. Citizens Comments**

**Walthourville Citizens**

**XI. Mayor's Update**

**Mayor Sarah B. Hayes**

**XII. Elected Officials' Comments**

**City of Walthourville**

- Mayor Pro Tem Luciria L. Lovette
- Councilmember Mitchell Boston
- Councilmember Patrick Underwood
- Councilmember Bridgette Kelly
- Councilmember Robert Dodd

**XIII. Executive Session**

**Attorney Luke R. Moses**

**XIV. Adjournment**

**Mayor and Council**

**When an Executive Session is warranted, it is called for the following:**

**(Litigation, Personnel and Real Estate)**

Liberty Consolidated Planning Commission – Report

**Governing Authority: The City of Walthourville**



Mayor & Council Date: July 22, 2025

Business License: Polished Perfection Day Spa

Business Owner: Jennifer Gaskill

Address: 4981 W Oglethorpe Highway, Suite 9

Zoned: C-3 (Highway Commercial District)

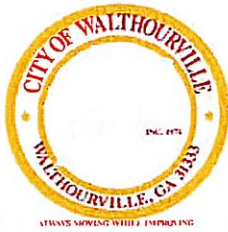
Comments: Day Spa – Nails, waxing and facials

Recommendation: APPROVAL

LCPC Staff: *Lori Parks*  
Lori Parks  
Zoning Administrator

7-15-25  
Date





**City of Walthourville Business License Division**

**Mailing Address:** P.O Box K  
Walthourville, GA 31333  
**Office Location** 222 Busbee Road  
Walthourville, GA 31333  
Phone: (912) 368-7501  
**Web site address-** [www.cityofwalthourville.com](http://www.cityofwalthourville.com)

**Application For corporation or limited Liability Company LLC  
Occupation Tax Certificate**

\*The application must be filled out completely to obtain a City of Walthourville Occupation Tax Certificate. Payment must be filed with the application to obtain a City of Walthourville Occupation tax Certificate. This application will not be processed if it is not accompanied by the appropriate tax fee. **You will not be billed.** Please print with ink or type. In order for the appropriate tax or fee to be determined the application accompanied by all appropriate documents must be submitted in person.

Pursuant to The Georgia Immigration Reform Act that was passed by the State Legislature and signed by the Governor all persons applying for renewing a City of Walthourville Tax Certificate must provide a secure and verifiable document as required by O.C.G.A 50-36-1(e) (1) and sign and notarize the affidavit required by O.C.G.A 50-36-1 (e) (2) and the affidavit required by O.C.G.A 36-60-6 (d).

This Business is: ☒ New Application  
☐ Ownership Change / Date ownership changed & Certificate # \_\_\_\_\_  
☐ I am filling a name/or address change for Certificate# \_\_\_\_\_

Name business as Polished Perfection Day Spa Business Phone# (301) 622-4304 430-9487  
Name of Corporation/LLC\* French Me Nails LLC  
Business Address 4981 W Oglethorpe Hwy, Unit 9  
Mailing Address \_\_\_\_\_  
Email Address Frenchnailsllc@yahoo.com  
Full Detailed Description of  
Business Day spa - nails, waxing, facials

Date Business began in City of Walthourville \_\_\_\_\_  
#of employees in City of Walthourville 1 E-verify# (Required if 11 or more employees) \_\_\_\_\_  
State Sales Tax ID# \_\_\_\_\_ Federal ID # 92-3895501  
Owner Name Jennifer Gaskill SS# \_\_\_\_\_ DOB 10/09/1983  
Home Address 77 Deerfield Dr NE Apt# \_\_\_\_\_ City Ludowici State GA Zip 31316

\*\*\* All electrical, mechanical, plumbing, well drilling contractors, mobile home dealers, mobile home installers, and any other contractor that is required to have a State of Georgia License will be required to attach a copy of the license to this application before insurance.  
\*\*\*All commercially used building may be subject to an inspection for fire and safety code compliance prior to any certificate of occupancy or business license being issued.



Are you, the applicant the corporation, LLC or any shareholder currently delinquent in payment of any taxes or fees to any state or local government? no If yes, please indicate the type of tax or fee, and the amount due with the reason the tax is delinquent.

If this property is zoned residential, no clients Employees, sales, deliveries, storage of inventory, Or equipment are allowed on the premises. Only One commercial vehicle not to exceed 12,500 lbs Gross weight used as transportation by the occupant May be parked at the residence.

I swear or affirm that I have obtained or will obtain within thirty days of the date of this application a City of Walthourville Certificate of Occupancy as required by the city ordinances.

I will comply with the Zoning Restrictions stated above: SG  
(initials)

Signature: Jennifer Gastill

Jennifer Gastill affirm that the facts stated by me are true, I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and/revocation of the license. I understand that all signs displayed on my premise must be permitted by the City of Walthourville, I further understand that my business must operated in compliances with all applicable state, federal & local laws, ordinances & regulations, & that the granting of this occupation tax certificate or payment of this occupation tax does not waive the right of any federal, state or local entity to regulate & enforce laws, ordinances & regulations. I understand that all decisions of Business License Division may be appealed to the City of Walthourville.

This 14 day of July, 2025.

Signature of applicant: Jennifer Gastill legibly print name Jennifer Gastill

**This application must be approved by the Liberty County Planning Commission**

Tax Map & Parcel# 050A 143

Zoning Classification C3

Approved by: Xori Parks

Date Approved: 7-15-25

Date the request will be presented to Mayor and Council: 7-22-25

**\*\*\*APPLICANT MUST COMPLETE THE AFFIDAVITS AND PROVIDE A SECURE AND VERIFIABLE DOCUMENT\*\*\***

**O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT**

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) ☒ I am a United States Citizen.
- 2) ☐ I am a legal permanent resident of the United States.
- 3) ☐ 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.

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.

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

\_\_\_\_\_.

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 this the 14 day of July, 2025 in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

Jennifer Daskill  
Signature of Applicant

Jennifer Daskill  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

DAY OF \_\_\_\_\_, 201\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_  
*\*This Affidavit must be signed by the same person who executes the Application Certification Form Letter*



**Secure and Verifiable Documents Under O.C.G.A. § 50-36-2**  
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:  
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



**Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**Section 1. Please check only one:**

(A) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) ☒ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If you select Section 1(B), please skip Section 2 and execute below.

**Section 2.**

**The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:**

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

-----  
**I hereby declare under penalty of perjury that the foregoing is true and correct.**  
**Executed on \_\_\_\_\_, \_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).**

\_\_\_\_\_  
**Signature of Authorized Officer or Agent**

\_\_\_\_\_  
**Printed Name and Title of Authorized Officer or Agent**

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.



**STATE OF GEORGIA**  
**Brad Raffensperger, Secretary of State**  
Georgia State Board of Cosmetology and Barbers

Nail Technician  
LICENSE NO. NT022693  
Jennifer Rebecca Gaskill  
Glennville, GA 30427  
EXP DATE - 08/31/2027  
Active  
Issue Date 06/12/2023

A pocket-sized license card is below. Above is an enlarged copy of your pocket card.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires. Please notify the Board if you have a change of address.

Wall certificates suitable for framing are available at cost, see board fee schedule. To order a wall certificate, please order from the web site – [www.sos.state.ga.us/plb](http://www.sos.state.ga.us/plb).

Please refer to Board Rules for any continuing education requirements your profession may require.

Georgia Professional Licensing Boards Division  
237 Coliseum Drive  
Macon GA 31217  
Phone: (404) 424-9966  
[www.sos.ga.gov/plb](http://www.sos.ga.gov/plb)



**STATE OF GEORGIA**  
**Brad Raffensperger, Secretary of State**  
Georgia State Board of Cosmetology and Barbers  
Nail Technician

LICENSE NO. NT022693  
Jennifer Rebecca Gaskill  
Glennville, GA 30427  
EXP DATE - 08/31/2027  
Active  
Issue Date 06/12/2023  
1776



# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**French Me Nails LLC**

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 29292897  
Date Inc/Auth/Filed: 05/05/2023  
Jurisdiction : Georgia  
Print Date : 04/14/2025  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State

Liberty Consolidated Planning Commission – Report

**Governing Authority: The City of Walthourville**



Mayor & Council Date: July 22, 2025

Type of Permit: Mobile Home Permit for 1951 Shaw Road  
Parcel – 049C105  
For a single-wide manufactured home.

Owner of Property: Fleming Nelson C/O Corth Nelson

Applicant: Same

Utilities: City Water and Sewer

Comments: Zoned AR-1 (Agricultural Residential) which  
allows double or single wide homes.  
Type B skirting, which is vinyl,  
treated lumber or masonry material.

Recommendation: APPROVAL

LCPC Staff: Lori Parks  
Lori Parks  
Zoning Administrator

7.9.25  
Date



Liberty Consolidated Planning Commission  
100 Main Street, Suite 7520  
Hinesville, Georgia 31313  
Phone: 912-408-2030



Jeff Ricketson, AICP  
Executive Director

### Zoning Permit

Tax Map & Parcel#: 049C 105 Date: 4/22/25  
Property Owner: Corth Nelson  
Contact Name & Number: Corth Nelson 912-237-9009  
Contact Mailing Address: 2392 Shaw Rd Hinesville, GA 31313  
Property Street Address (if existing): 1951 Shaw Rd Hinesville, GA 31313  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_  
What are your permit plans? Moving a mobile home  
Type of Water and Sewer: City water and sewer  
What structures are on this property? None. There are NO structures  
I confirm that these statements are true: [Signature]

### LCPC Use Only

☐ Unincorporated Liberty  
County  
☐ Allenhurst

☐ Flemington  
☐ Gum Branch  
☐ Hinesville

☐ Midway  
☐ Riceboro  
☒ Walthourville

Building: ☒ Principal ☐ Accessory\* Zoning District(s): AR-1  
Setbacks: Front: 35' Rear: 25' Side: 25' Side Street: 25'

\*Accessory structures shall not be any closer than 10 feet to any other structure (principal or accessory).

Maximum Height: \_\_\_\_\_

vinyl, treated lumber

Mobile Home Requirements: Size: DW or SW Skirting Type: B- or masonry

Flood Zone: \_\_\_\_\_ Base flood elevation (if any): \_\_\_\_\_ FIRM Map & Panel: 13179C \_\_\_\_\_

Comments: Placing Single wide mobile home on property  
Verified the home is a Wind Zone II

☐ Impact Fees Paid (City of Flemington only)

☒ Approved; meets Zoning standards

☐ Disapproved; does not meet Zoning standards

LCPC Staff: [Signature]

Date: 7-9-25



Manufacturer Address

**GENERAL**  
MANUFACTURED HOUSING, INC.  
★★★★★

P. O. BOX 1449  
WAYCROSS, GEORGIA 31502-1449

Limited 7014 3+2 Plant Number #4

Date of Manufacture 10/17/01 HUD No. GEO/1333156

Manufacturer's Serial Number and Model Unit Designation  
GMHGA4410128653 S-22366LTD

Design Approval by (D.A.P.I.A.)

Hilborn, Werner, Carter & Associates

This manufactured home is designed to comply with the federal manufactured home construction and safety standards in force at time of manufacture.  
(For additional information, consult owner's manual.)

**The factory installed equipment includes:**

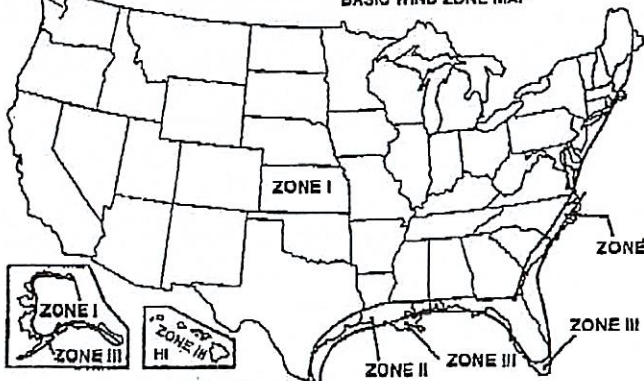
Equipment	Manufacturer	Model Designation
For heating	Nordyne	E2EH 012HA
For air cooling	Whirlpool	RF3020XRQO
For cooking	Whirlpool	ET18BPMXKO
Refrigerator	State	SCI301HMSE
Water Heater		
Dishwasher		
Fireplace		
Stereo		

HOME CONSTRUCTED FOR ☐ ZONE I ☒ ZONE II ☐ ZONE III

This home has not been designed for the higher wind pressure and anchoring provisions required for ocean/coastal areas and should not be located within 1500' of the coastline in Wind Zone II and III unless the home and its anchoring and foundation system have been designed for the increased requirements specified for Exposure D in ANSI/ASCE 7-88.

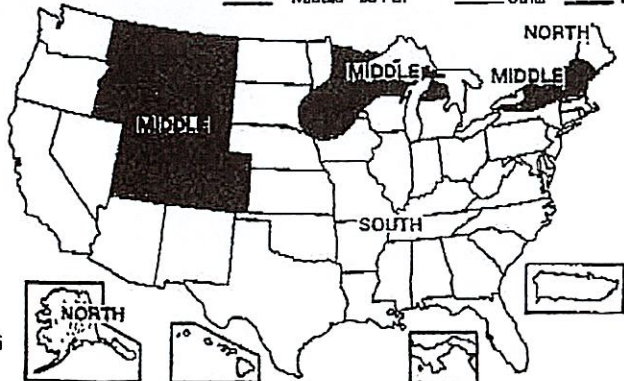
This home has XX been equipped with storm shutters or other protective coverings for windows and exterior door openings. For homes designed to be located in Wind Zone II and III, which have not been provided with shutters or equivalent covering devices, it is strongly recommended that the home be made ready to be equipped with these devices in accordance with the method recommended in manufacturers printed instructions.

**BASIC WIND ZONE MAP**



NOTE: See Section 3280.305(c)(2) for areas included in each Wind Zone

**DESIGN ROOF LOAD ZONE MAP** North 40 PSF ☒ South 20 PSF  
Middle 30 PSF Other PSF



G-15

**COMFORT HEATING**

This manufactured home has been thermally insulated to conform with the requirements of the federal manufactured home construction and safety standards for all locations.

within climate zone 2  
Heating equipment manufacturer and model (see list at left)  
The above heating equipment has the capacity to maintain an average 70° F temperature in this home at outdoor temperatures of -28 F

To maximize furnace operating economy, and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (97° %) is not higher than 1 degrees F

The above information has been calculated assuming a maximum wind velocity of 15 mph at standard atmospheric pressure

**COMFORT COOLING**

☐ Air conditioning provided at factory (Alternate I)

Air conditioner manufacturer and model (see that at left)

Certified capacity                      B.T.U./hr in accordance with the appropriate air conditioning and refrigeration institute standards  
The central air conditioning system provided in this home has been sized assuring an

orientation of the front (hitch end) of the home facing                      on this basis the system is designed to maintain an indoor temperature of 75° F when outdoor temperatures are                      F dry bulb and                      F wet bulb

The temperature to which this home can be cooled will change depending upon the amount of exposure of the windows of this home to the sun's radiant heat. Therefore, the home's heat gains will vary dependent upon its orientation to the sun and any permanent shading provided. Information concerning the calculation of cooling loads at various locations, windows exposures and shadings are provided in Chapter 22 of the 1987 edition of the ASHRAE Handbook of Fundamentals

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this home.

☒ Air conditioning not provided at factory (Alternate II)

The air distribution system of this home is suitable for the installation of central air conditioning

The supply air distribution system installed in this home is sized for a manufactured home central air conditioning system of up to 31,500 B.T.U./hr. rated capacity which are certified in accordance with the appropriate air conditioning and refrigeration institute standards, when the air circulators of such air conditioners are rated at 0.3 inch water column static pressure or greater for the cooling air delivered to the manufactured home supply air duct system.

Information necessary to calculate cooling loads at various locations and orientations is provided in the special comfort cooling information provided with this manufactured home.

☐ Air conditioning not recommended (Alternate III)

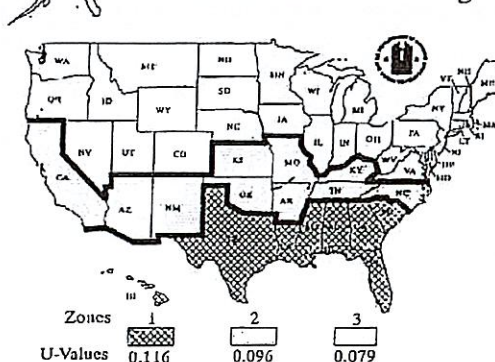
The air distribution system of this home has not been designed in anticipation of its use with a central air conditioning system

**INFORMATION PROVIDED BY THE MANUFACTURER  
NECESSARY TO CALCULATE SENSIBLE HEAT GAIN**

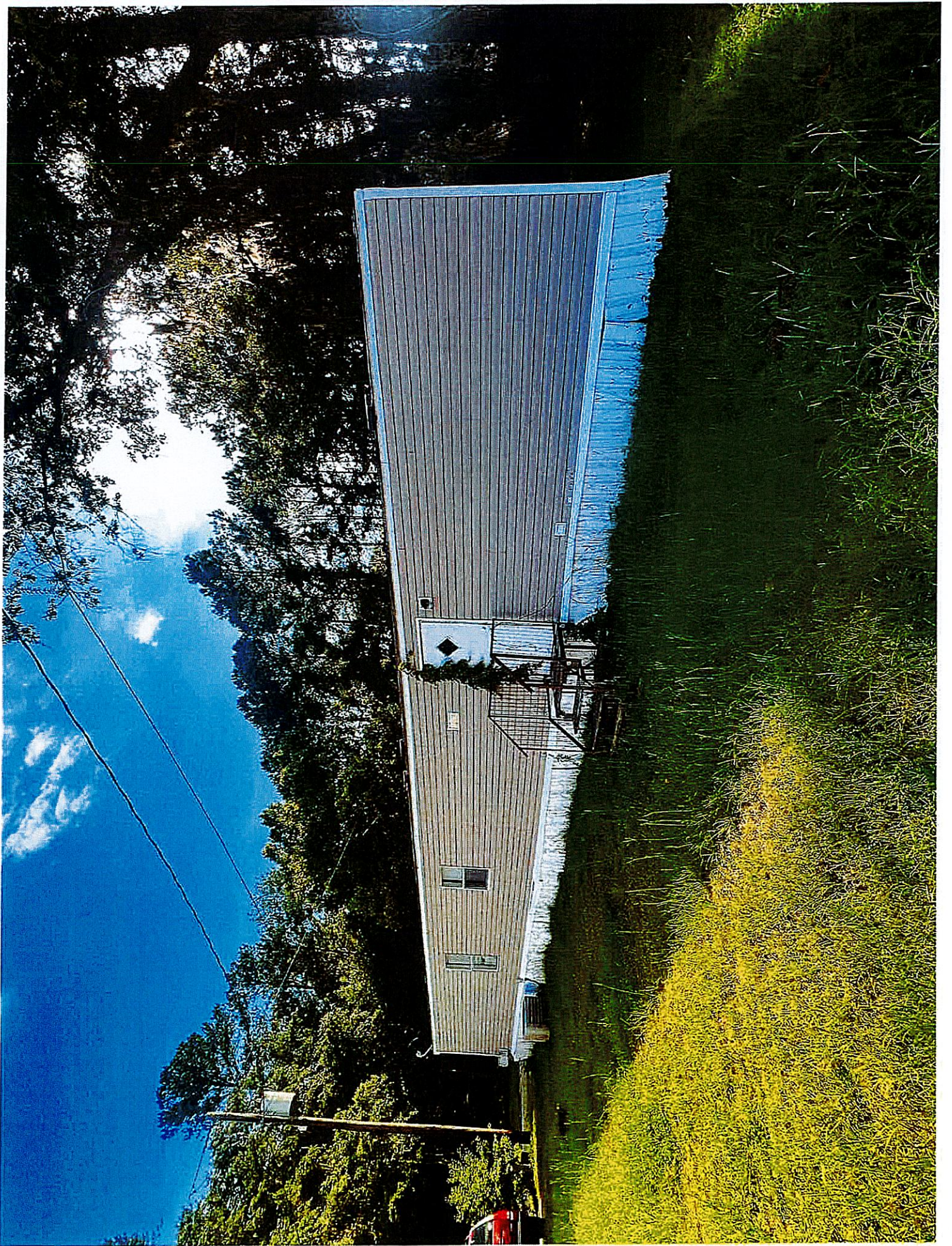
Walls (without windows and doors) "U" .0973  
Ceilings and roofs of light color "U" .0422  
Ceilings and roofs of dark color "U" .0487  
Floors "U" .087  
Air ducts in floor "U" .087  
Air ducts in ceiling "U"                       
Air ducts installed outside the home "U"                       
The following are the duct areas in this home:  
Air ducts in floor 49 sq. ft.  
Air ducts in ceiling                      sq. ft.  
Air ducts outside the home                      sq. ft.

To determine the required capacity of equipment to cool a home efficiently and economically, a cooling load (heat gain) calculation is required. The cooling load is dependent of the orientation, location and the structure of the home. Central air conditioners operate most efficiently and provide the greatest comfort when their capacity closely approximates the calculated cooling load. Each home's air conditioner should be sized in accordance with Chapter 22 of the American Society of Heating, Refrigerating and Air Conditioning Engineers (ASHRAE) Handbook of Fundamentals, once the location and orientation are known.

**U/O Value Zone Map  
for Manufactured Housing**







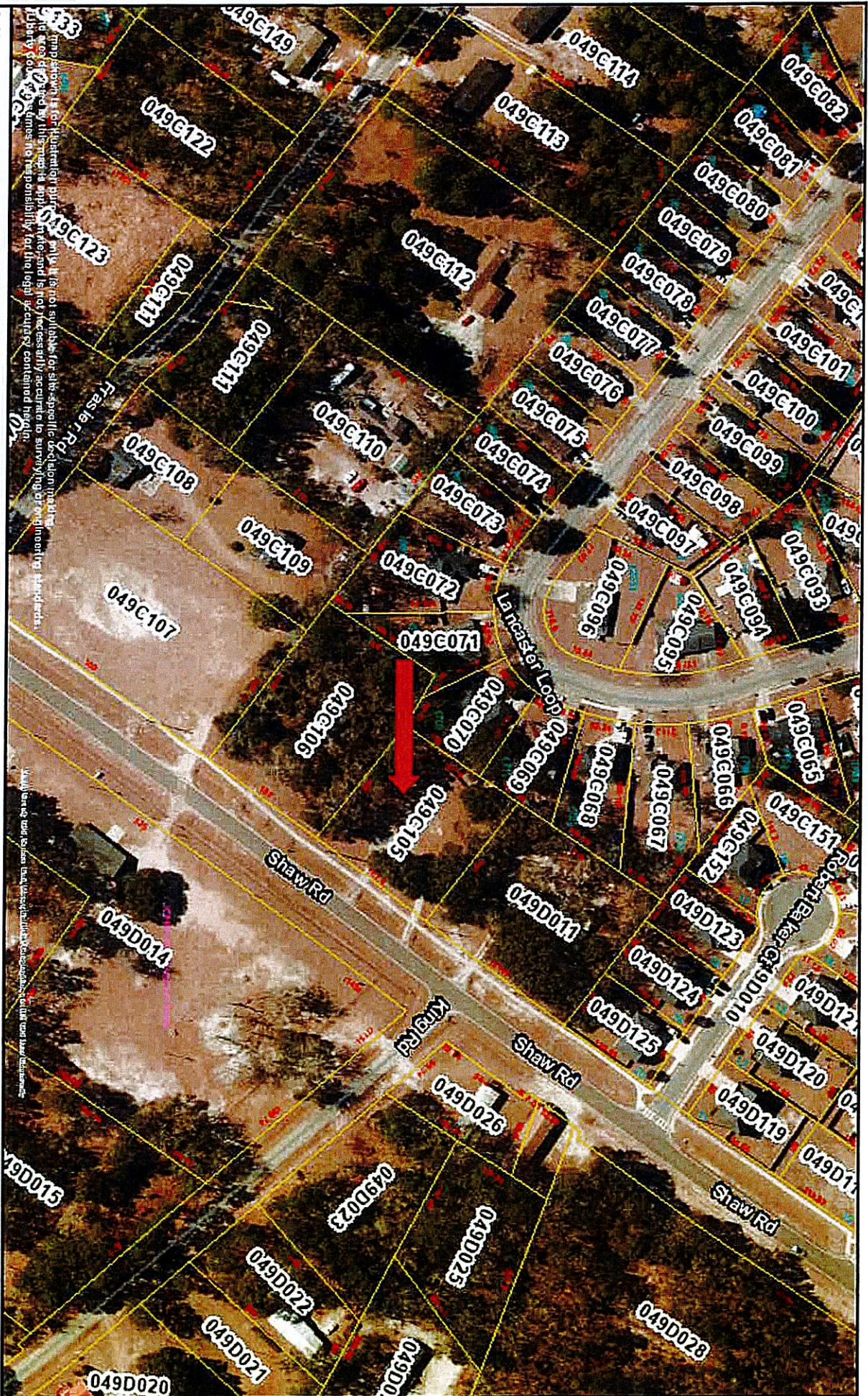












# Liberty County PRISM 2.0

- Areas

Override 1

Roads

Parcels
- Carto Line

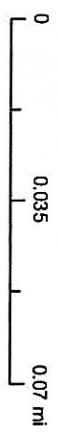
Land Hook

Red: Band\_1

Green: Band\_2
- Blue: Band\_3



Liberty County  
 Assessors' Office  
 100 Main Street, Suite 1550  
 Hinesville, Georgia 31313  
 Phone: (912) 876-3568



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Liberty Consolidated Planning Commission – Report

**Governing Authority: The City of Walthourville**



Mayor & Council Date: July 22, 2025

Business License: One Time Event for a Donation Drive for  
Shriner Paper Drive (Hospital Crusade)

Business Owner: Hinesville St. Stewart Shrine Club

Representative: Chris Niksch

Address: Intersection of Highway 84 & Airport Road

Zoned:

Comments: Shriners will be out at the intersection collecting  
Donation for Shriners Children's Hospital.  
Date is September 6, 2025 from 7:30 am to 12pm

Recommendation: APPROVAL

LCPC Staff: Lori Parks  
Lori Parks  
Zoning Administrator

7-15-25  
Date



## City of Walthourville Business License Division

### SPECIAL EVENT PERMIT

This application must be completed and submitted 21 Days Prior to the Outdoor Event  
Please do not begin advertising your event until your application is approved.

#### Applicant information

Name: Chris Nilesch on Roger Hutchinson 912-255-9650  
Event Name: Shriners Paper Drive (Hospital Crusade)  
Business: Hinesville Rt Stewart Shrine Club Business Address: 933A E 6 Mile Pkwy Hinesville GA 31313  
Mailing Address: PO Box 2002 City: Hinesville State: GA Zip: 31310  
Home Address: 1500 Tuben Wells Rd City: Hinesville State: GA Zip: 31313  
Email Address: president@hinesville Shrine@gmail.com  
Address of Outdoor Event: Interpretation: Hwy 84 / Airport Rd  
Date/Time of Outdoor Event:  
Beginning Date: 6 Sep 2025 End Date: Sept 6, 2025  
Event Time: 6 Sep 2025 AM / PM until 8:00 AM to 12:00 PM  
Set-Up Time: 7:30 AM / PM  
Break-Down Time: 12:00 AM / PM

Event Type: ☐ Private \*no more than three (3) days duration in which alcohol is served/sold by a Licensed Alcoholic Beverage Caterer or bona fide nonprofit organization\*

☐ Public \*no more than three (3) days duration\*

Anticipated Number of Participants: \_\_\_\_\_

Alcohol will be: ☐ Sold ☐ Served Food Will Be: ☐ Sold ☐ Served Onsite Cooking ☐ Yes ☐ No

Has a Food Service permit been granted? ☐ Yes ☐ No ☐ By The Department of Public Health ☐ N/A

Will Tents be used? ☐ Yes ☐ No How many? \_\_\_\_\_ Will sound amplification equipment be used? ☐ Yes ☐ No

Will artificial lighting be used? ☐ Yes ☐ No Will a sign or other type of display be used? ☐ Yes ☐ No

Detailed Description of Outdoor Event: (Include information about activities, structures, vendors, merchandise, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINTED NAME AND SIGNATURE OF APPLICANT: Chris Nilesch DATE: 7 / 15 / 25

I acknowledge and affirm that this Outdoor Event will occur in accordance with the terms and conditions stipulated therein of the permit.

PRINTED NAME AND SIGNATURE OF PROPERTY OWNER \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Mailing Address: P.O Box K, Walthourville, GA 31333  
Office Location: 222 Busbee Road, Walthourville, GA 31333

Phone: (912) 368-7501  
Web site address: [www.cityofwalthourville.com](http://www.cityofwalthourville.com)



Liberty County GIS Source: Esri, Maxar, Earthstar Geographics and the GIS User

Liberty County GIS Source: Esri, Maxar, Earthstar Geographics and the GIS User

Liberty County  
Assessors' Office

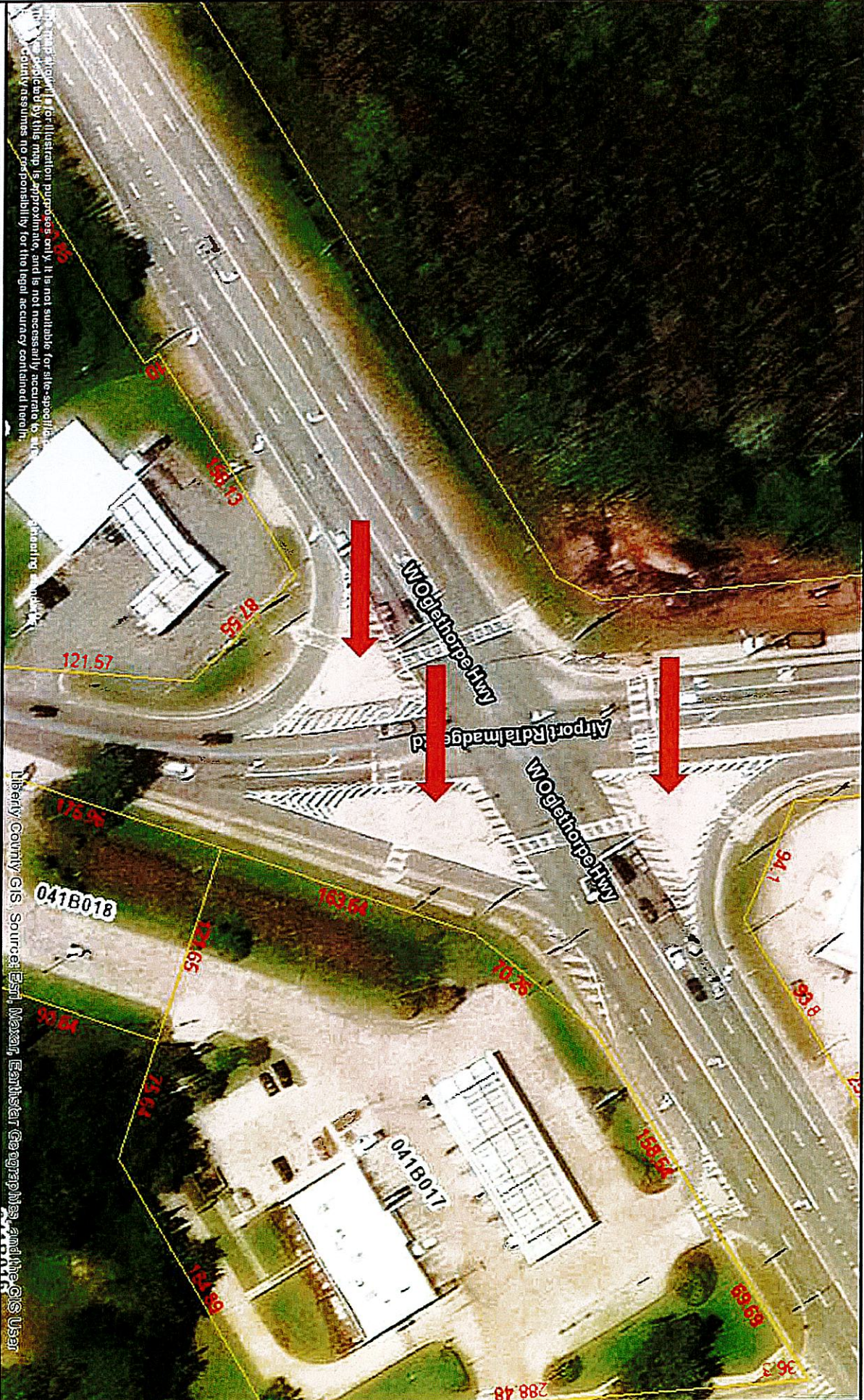
100 Main Street, Suite 1550  
Hinesville, Georgia 31313

Phone: (912) 876-3568



1 inch = 94 feet

Printed on 7/16/2025  
http://www.libertycountryga.com





Liberty Consolidated Planning Commission – Report

**Governing Authority: The City of Walthourville**



Mayor & Council Date: July 22, 2025

Business License: One Time Event for a Tent Revival  
Pastor Cedric Jones Sr.

Business Owner: Javier Martinez  
Walthourville Meat Market

Address: 5715 W Oglethorpe Hwy

Zoned: C2 (General Commercial) Parcel 050C006

Comments: This will be an old fashion southern tent revival.  
Dates 7-22-25 through 8-1-25

Recommendation: APPROVAL

LCPC Staff:

*Lori Parks*

Lori Parks

Zoning Administrator

*7-15-25*

Date





## City of Walthourville Business License Division

### SPECIAL EVENT PERMIT

This application must be completed and submitted 21 Days Prior to the Outdoor Event

Please do not begin advertising your event until your application is approved.

#### Applicant information

Name: Rev Cedric Jones Sr.  
Event Name: Revival  
Business: unfolding outreach center Business Address: 4099 Trinity Rd  
Mailing Address: same City: Franklin State: TN Zip: 37067  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: unfolding@unfolding.org  
Address of Outdoor Event: 5715 Oglethorpe Highway  
Date/Time of Outdoor Event:  
Beginning Date: 7/1/25 End Date: 8/2/25 7-21-25 to 8-1-25  
Event Time: 7:30 AM / PM until 10:30 AM / PM  
Set-Up Time: \_\_\_\_\_ AM / PM  
Break-Down Time: \_\_\_\_\_ AM / PM

Event Type: ☐ Private \*no more than three (3) days duration in which alcohol is served/sold by a Licensed Alcoholic Beverage Caterer or bona fide nonprofit organization\*

☐ Public \*no more than three (3) days duration\*

Anticipated Number of Participants: \_\_\_\_\_

Alcohol will be: ☐ Sold ☐ Served Food Will Be: ☐ Sold ☐ Served Onsite Cooking ☐ Yes ☐ No  
Has a Food Service permit been granted? ☐ Yes ☐ No ☐ By The Department of Public Health ☐ N/A  
Will Tents be used? ☒ Yes ☐ No How many? 1 Will sound amplification equipment be used? ☐ Yes ☐ No  
Will artificial lighting be used? ☐ Yes ☐ No Will a sign or other type of display be used? ☐ Yes ☐ No

Detailed Description of Outdoor Event: (Include information about activities, structures, vendors, merchandise, etc.)

This will be a tent revival -

PRINTED NAME AND SIGNATURE OF APPLICANT: Rev Cedric Jones Sr. DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

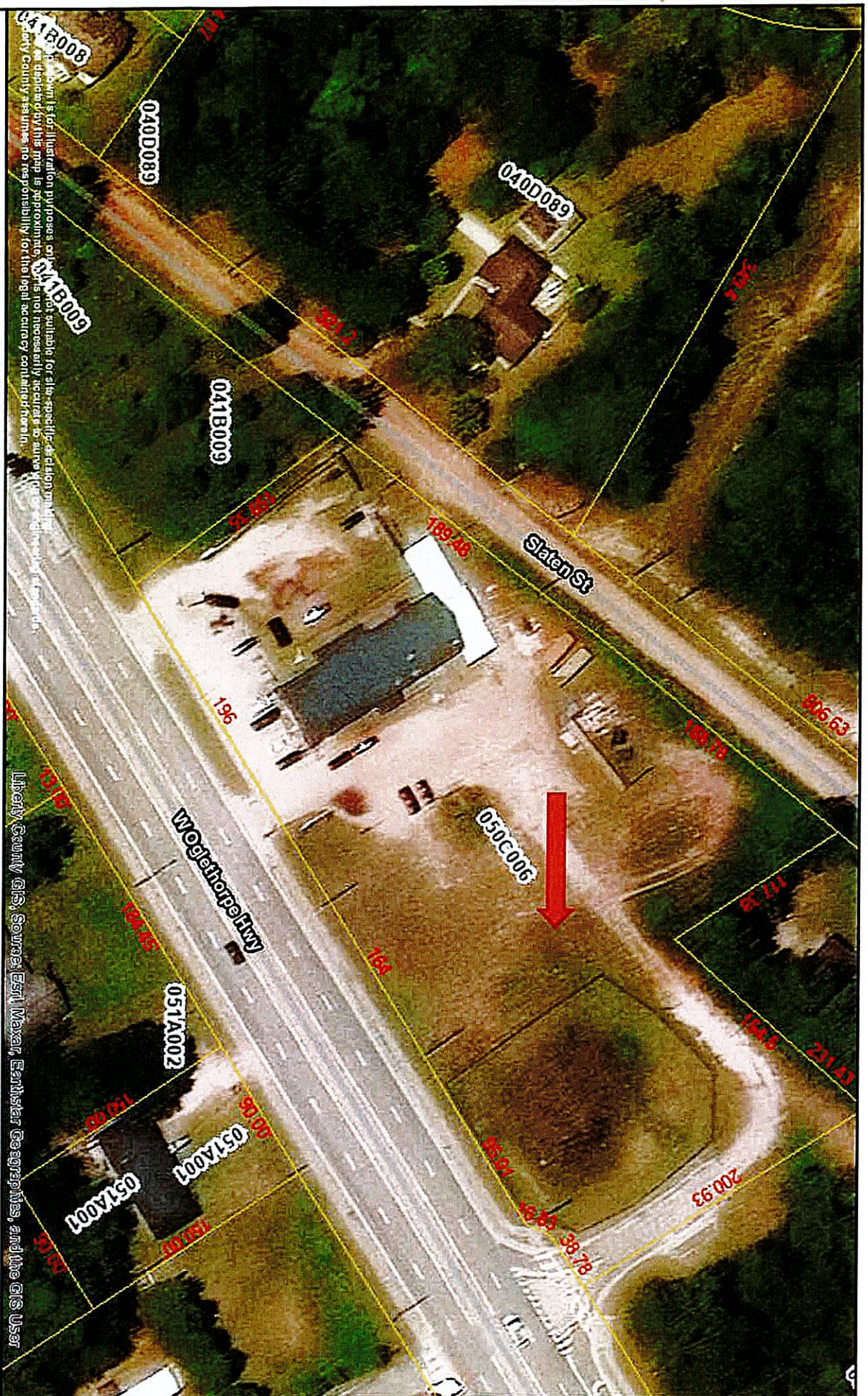
I acknowledge and affirm that this Outdoor Event will occur in accordance with the terms and conditions stipulated therein of the permit.

PRINTED NAME AND SIGNATURE OF PROPERTY OWNER: [Signature] Mr. Javier Martinez Date: 07/15/2025

Mailing Address: P.O Box K, Walthourville, GA 31333  
Office Location: 222 Busbee Road, Walthourville, GA 31333

Phone: (912) 368-7501  
Web site address: [www.cityofwalthourville.com](http://www.cityofwalthourville.com)

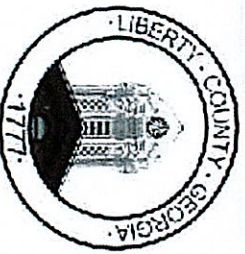




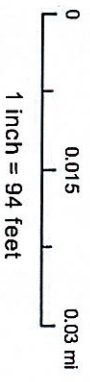
This map is for illustration purposes only and is not suitable for site-specific decision making. The map is not necessarily accurate to survey and is not intended to be used as a legal document. Liberty County assumes no responsibility for the legal accuracy of this map.

# Liberty County PRISM 2.0

- Areas**
- Carto Line**
- Override 1**
- Roads**
- Parcels**
- Land Hook**



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# CITY OF WALTHOURVILLE

## MAYOR AND CITY COUNCIL AGENDA ITEM

**SUBJECT: Water Delinquency**

☐ AGREEMENT  
☐ ORDINANCE

☐ POLICY / DISCUSSION  
☐ RESOLUTION/PROCLAMATION

☐ CONTRACT  
☐ OTHER

**SUBMITTED: 07-15-2025**

**Council Meeting: 07-22-2025**

**DEPARTMENT: Council**

**BUDGET IMPACT:**

**PUBLIC HEARING?** ( ) Yes ( ) No

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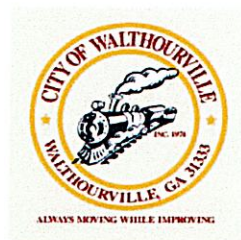
**PURPOSE:**

**HISTORY:**

**FACTS AND ISSUES:**

**RECOMMENDED ACTIONS:**

*Councilmember Patrick Underwood*



# CITY OF WALTHOURVILLE

## MAYOR AND CITY COUNCIL AGENDA ITEM

**SUBJECT: Unpaid Health Insurance**

☐ AGREEMENT

☐ POLICY / DISCUSSION

☐ CONTRACT

☐ ORDINANCE

☐ RESOLUTION/PROCLAMATION

☐ OTHER

**SUBMITTED: 07-15-2025**

**Council Meeting: 07-22-2025**

**DEPARTMENT: Council**

**BUDGET IMPACT:**

**PUBLIC HEARING?** ( ) Yes ( ) No

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**PURPOSE:**

**HISTORY:**

**FACTS AND ISSUES:**

**RECOMMENDED ACTIONS:**

*Councilmember Patrick Underwood*





# CITY OF WALTHOURVILLE

## MAYOR AND CITY COUNCIL AGENDA ITEM

**SUBJECT: Sanitation Billing and Payment Status**

☐ AGREEMENT

☐ POLICY / DISCUSSION

☐ CONTRACT

☐ ORDINANCE

☐ RESOLUTION/PROCLAMATION

☐ OTHER

**SUBMITTED: 07-14-2025**

**Council Meeting: 07-22-2025**

**DEPARTMENT: Council**

**BUDGET IMPACT:**

**PUBLIC HEARING?** ( ) Yes ( ) No

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**PURPOSE:**

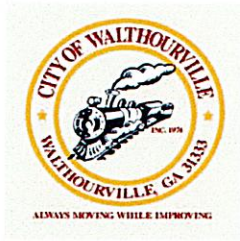
**HISTORY:**

**FACTS AND ISSUES:**

**RECOMMENDED ACTIONS:**

*Councilmember Mitchell Boston*





# **CITY OF WALTHOURVILLE**

## **MAYOR AND CITY COUNCIL AGENDA ITEM**

**SUBJECT: Millage Update**

☐ AGREEMENT  
☐ ORDINANCE

☐ POLICY / DISCUSSION  
☐ RESOLUTION/PROCLAMATION

☐ CONTRACT  
☐ OTHER

**SUBMITTED: 07-17-2025**

**Council Meeting: 07-22-2025**

**DEPARTMENT: Council**

**BUDGET IMPACT:**

**PUBLIC HEARING?** ( ) Yes ( ) No

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**PURPOSE:**

**HISTORY:**

**FACTS AND ISSUES:**

**RECOMMENDED ACTIONS:**

*Mayor Sarah B. Hayes*





# CITY OF WALTHOURVILLE

## MAYOR AND CITY COUNCIL AGENDA ITEM

**SUBJECT: Liberty County Tax Commissioner Contract**

☐ AGREEMENT                      ☐ POLICY / DISCUSSION                      ☒ CONTRACT  
☐ ORDINANCE                      ☐ RESOLUTION/PROCLAMATION                      ☐ OTHER

**SUBMITTED: 07-17-2025**

**Council Meeting: 07-22-2025**

**DEPARTMENT: Council**

**BUDGET IMPACT:**

**PUBLIC HEARING?** ( ) Yes                      ( ) No

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**PURPOSE:**

**HISTORY:**

**FACTS AND ISSUES:**

**RECOMMENDED ACTIONS:**

*Mayor Sarah B. Hayes and Attorney Luke R. Moses*





# CITY OF WALTHOURVILLE

## MAYOR AND CITY COUNCIL AGENDA ITEM

**SUBJECT: City Roads**

☐ AGREEMENT

☐ POLICY / DISCUSSION

☐ CONTRACT

☐ ORDINANCE

☐ RESOLUTION/PROCLAMATION

☐ OTHER

**SUBMITTED: 07-17-2025**

**Council Meeting: 07-22-2025**

**DEPARTMENT: Council**

**BUDGET IMPACT:**

**PUBLIC HEARING?** ( ) Yes ( ) No

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**PURPOSE:**

**HISTORY:**

**FACTS AND ISSUES:**

**RECOMMENDED ACTIONS:**

*Mayor and Council*