PLANNING AND DEVELOPMENT DEPARTMENT 2075 BROWNS BRIDGE ROAD GAINESVILLE GA 20304 MAILING ADORESS PO BOX 1435 GAINESVILLE GA 30503 1 770-531-6809 F 770-531-3902



CONDITIONAL USE APPLICATION

Applicant (Name & Mailing Address)	Property Owner (Name & Mailin	ng Address)
Westwood Sheds	Wine Hundred 1	No Nine LLC
2491 Hwy 184 W	- 1 - 1	ment Ct.
Due West SC 29639	Laurenceville G	A 30046
Phone _ 864-379-3333	Phone 770-338-2	2620
Email Address mike@westwoodtribe.com	Email Address	
Proposed Use Retail sales location for outdoor products su	uch as sheds, gazebos, playhouses,	etc.
Contact Person (Name & Mailing Address) Lloyd Martin	Status of Applicant	Requested Action
2491 Hwy 184 W	Owner Owner	Permissive Use:
Due West SC 29639	Option to Purchase	□ HCPC #ACC
Phone 864-379-3333	Area Resident	Fee:\$
Email Address manager.sales@westwoodsheds.com	Other	Receipt #:
Tax Parcel Number00140 000001D & 0014000001C	Zoning: I -/ Acreage2.2	Check #:
Location Address1590 Monroe Dr Gainseville GA	Acreage	
Applicant must complete all information above. Failu application. The Planning Department has 15 days application. If the application is found insufficient, an submitted. Please note that the Planning Comm	ure to complete this section will re to review all applications and wil agenda date will not be set until t	Date: 4-14-2-7 esult in the refusal of the I set the dates for each the required information is
Application Withdrawal: I hereby withdraw the application	1.	
Sign		_ Date:
Staff Use Only		
	Taken by:	
Tentative Planning Commission Date:	Tentative County Commission Date:	
County Commission District:		

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CAMPAIGN CONTRIBUTIONS DISCLOSURE FORM

This form must be completed by the applicant and property owner, or person representing the property owner, for all zoning actions.

OCGA § 36-67A-3[C] Disclosure of campaign contributions:

- (b) When any applicant for zoning action has made, within two years immediately preceding the filing of the applicant's application for the zoning action, campaign contributions aggregating \$250.00 or more to a local government official who will consider the application, it shall be the duty of the applicant to file a disclosure report with the governing authority of the respective local government showing:
- (3) The name and official position of the local government official to whom the campaign contribution was made; and
- (4) The dollar amount and description of each campaign contribution made by the applicant to the local government official during the two years immediately preceding the filing of the application for the rezoning action and the date of each such contribution.
 - (b) The disclosures required by subsection (a) of this Code section shall be filed within ten days after the application for the zoning action is first filed. (Code 1981, Section OCGA § 36-67A-3[C], enacted by GA L. 1986, page 1269, Section 1, GA L. 1991, page 1365, Section 1).

I hereby certify that I have read the above and that:	
I have**	I have not
within the two years immediately preceding this date, may local government official involved in the review or	
**If you have made such contributions, you must provide this application.	e the data required below within ten (10) days of filing
Name of Official(s):	Office:
Dollar Amount:	Date of Contribution:
Applicant's/Owner's Signature:	Date: 4-14-27
Applicant's/Owner's Name (Printed):	Voder

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I hereby certify that I have read to	he above and that:	
	I have**	nave not
to any local government official in	nvolved in the review or co	e any contribution(s) aggregating \$250.00 or more ensideration of this application. ne data required below within ten (10) days of filing
Name of Official(s):		Office:
Dollar Amount:		Date of Contribution:
Applicant's/Owner's Signature: <u>(</u>	Scott Moon	Date: 04 / 27 / 2023
Applicant's/Owner's Name (Printe	d): Nine Hundred No	Scott Moon

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I hereby certify that I have read the above and	that:
I have*	* I have not_ √ _
within the two years immediately preceding thi to any local government official involved in the	s date, made any contribution(s) aggregating \$250.00 or more review or consideration of this application.
**If you have made such contributions, you muthis application.	ust provide the data required below within ten (10) days of filing
Name of Official(s):	Office:
Dollar Amount:	Date of Contribution:
Applicant's/Owner's Signature: Robert C	Sule Date: 04 / 25 / 2023
Applicant's/Owner's Name (Printed): Robert C Su	le Majors Management