

CONDITIONAL USE APPLICATION

| | |
|---|--|
| Applicant (Name & Mailing Address) | Property Owner (Name & Mailing Address) |
| Laura Laboritz | Laura Laboritz |
| 7042 Baker Lane | 7042 Baker Lane |
| Clermont, GA 30527 | Clermont, GA 30527 |
| Phone 404-579-1288 | Phone 404-579-1288 |
| Email Address IvyRoseFarm@gmail.com | Email Address IvyRoseFarm@gmail.com |
| Proposed Use <u>Agri-entertainment</u> | |

| | | |
|---|---|--|
| Contact Person (Name & Mailing Address) | Status of Applicant | Requested Action |
| Laura Laboritz | <input checked="" type="checkbox"/> Owner | Permissive Use: <u>Agri-entertainment</u> |
| 7042 Baker Lane | <input type="checkbox"/> Option to Purchase | <input type="checkbox"/> HCPC <input type="checkbox"/> HCC |
| Clermont, GA 30527 | <input type="checkbox"/> Area Resident | Fee: \$ _____ |
| Phone 404-579-1288 | <input type="checkbox"/> Other | Receipt #: _____ |
| Email Address IvyRoseFarm@gmail.com | Zoning: <u>AR-1V</u> | Check #: _____ |
| Tax Parcel Number 12037 000003 | Acreage <u>32</u> | |
| Location Address <u>7042 Baker Lane, Clermont, GA 30527</u> | | |

I hereby certify that the above information and all attached information are true and correct.

Sign [Signature] Date: 7/21/23

Applicant must complete all information above. Failure to complete this section will result in the refusal of the application. The Planning Department has 15 days to review all applications and will set the dates for each application. If the application is found insufficient, an agenda date will not be set until the required information is submitted. Please note that the Planning Commission and County Commission dates are tentative.

Application Withdrawal: I hereby withdraw the application.

Sign _____ Date: _____

Staff Use Only

Application Date: _____ Taken by: _____

Tentative Planning Commission Date: _____ Tentative County Commission Date: _____

County Commission District: _____

PLANNING AND DEVELOPMENT DEPARTMENT
2875 BROWNS BRIDGE ROAD, GAINESVILLE, GA. 30504
MAILING ADDRESS: PO BOX 1435, GAINESVILLE, GA 30503
t 770-531-6809 | f 770-531-3902



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, made any contribution(s) aggregating \$250.00 or more to any local government official involved in the review or consideration of this application.

****If you have made such contributions, you must provide the data required below within ten (10) days of filing this application.**

Name of Official(s): _____ Office: _____

Dollar Amount: _____ Date of Contribution: _____

Applicant's/Owner's Signature: *Laura Laboritz* Date: 4/28/2023

Applicant's/Owner's Name (Printed): Laura Laboritz

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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: _____

Date: 4-30-23

Applicant's/Owner's Name (Printed): _____

Sheri Labovitz

CAMPAIGN CONTRIBUTIONS DISCLOSURE FORM

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Name of Official(s): _____ Office: _____

Dollar Amount: _____ Date of Contribution: _____

Applicant's/Owner's Signature: Stavros J. Labovitz Date: 4/2/23

Applicant's/Owner's Name (Printed): Stavros J. Labovitz