

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

RECEIVED

OCT 06 2023

Planning & Zoning Department



HALL COUNTY
GEORGIA
We have it all in Hall

CONDITIONAL USE APPLICATION

Applicant (Name & Mailing Address)

Property Owner (Name & Mailing Address)

Megan Partrick-Bark Camp Farm
143 Woodlake Dr
Gainesville, GA 30506

Cleghorn Penn
5348 Grant Road
Murrayville, GA 30564

Phone 770-530-5647

Phone

Email Address megan@barkcampfarm.com

Email Address

Proposed Use Farm-style dog daycare & boarding

Contact Person (Name & Mailing Address)

Megan Partrick
143 Woodlake Dr
Gainesville, GA 30506

Phone 770-530-5647

Email Address megan@barkcampfarm.com

Status of Applicant

Requested Action

Owner

Permissive Use:

Option to Purchase

HCPC HCC

Area Resident

Fee: \$

Other

Receipt #: _____

Zoning: AR 111

Check #: _____

Tax Parcel Number 11-00085-00-005B

Acreage 11.5

Location Address 5348 Grant Road Murrayville, GA 30564

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

Sign *Megan Partrick*

Date: 10/5/23

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 *Megan Partrick*

Date: 11/21/23

Staff Use Only

Application Date: 10/6/23

Taken by: *B. W. ...*

Tentative Planning Commission Date: _____

Tentative County Commission Date: _____

County Commission District: _____

AUTHORIZATION OF PROPERTY OWNERS

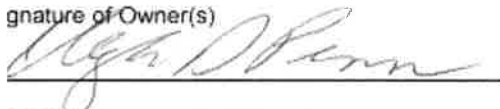
Note: If the applicant is the property owner, please disregard this form

Name of owner(s) CLEGGHORN D. PENN
Address 5348 GRANT ROAD
MURRAYVILLE, GA 30564
Phone Number 678-429-0927
Name of applicant(s) Megan Partrick-Bark Camp Farm
Address 143 Woodlake Dr.
Gainesville, GA 30506
Phone Number 770-530-5647

I swear that I am the owner of the property which is the subject matter of the attached applications as shown in the records of Hall County, Georgia.

I authorize the person named above to act as applicant in the pursuit of a rezoning, permissive use, or variance of this property.

Signature of Owner(s)



Clegg Horn D. Penn 10-3-23

Personally appeared before me

I do swear that the information contained in this authorization is true and correct to the best of his/her knowledge and belief



Notary Public

10-3-2023
Date



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): N/A

Office: N/A

Dollar Amount: N/A

Date of Contribution: N/A

Applicant's/Owner's Signature: Cleghorn D Penn

Date: 10-06-2023

Applicant's/Owner's Name (Printed): CLEGHORN D. PENN



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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: Megan Partrick

Date: 10/5/23

Applicant's/Owner's Name (Printed): Megan Partrick