2875 BROWNS BRIDGE ROAD, GAINESVILLE, GA, 30504 MAILING ADDRESS: PO BOX 1435, GAINESVILLE, GA 30503 L 770-531-6809 I f: 770-531-3902



CONDITIONAL USE APPLICATION

Karan Ahuja	Property Owner (Name & Mail	
The second secon	Ronald C. Dale Executor of	f the Estate of Edna T. D
325 Crooked Stick Drive	1720 Spruce Ave.	
Alpharetta, GA 30004	Winter Park pr	32789
Phone404-403-8267		32/89
Email Address karansingh12121@gmail.com	Email Address	
Proposed Use Commercial Retail Center		
Contact Person (Name & Mailing Address)	Status of Applicant	
Madison Winship	Status of Applicant	Requested Action
24 Dawson Village Way South	Owner	Permissive Use:
Dawsonville, GA 30534	— → Option to Purchase	M HCPC X HCC
Phone706-926-0316	Area Resident	Fee:\$
Email Address_mwinship@davisengineers.com	Other	Receipt #:
Tax Parcel Number08027_000010	Zoning: S-S	Check #:
_ocation Address2860 Atlanta Highway, Ga	Acreage 3.52	
Applicant must complete all information above. Failure application. The Planning Department has 15 days to application. If the application is found insufficient, an agus submitted. Please note that the Planning Commis	e to complete this section will respectively all applications and will send a date will not be set until the	Date: 0 6 2,25
application Withdrawal: I hereby withdraw the application.		
ign		
		Date:
taff Use Only		
pplication Date:	ken by:	
pplication Date: Ta antative Planning Commission Date: Te	ntative County Commission Date:	

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AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s)	Ronald C. Dale Executor of the Estate of Edna T. Dale	
Address	1720 Spruce Ave.	
	Winter Park, FL 32789	
Phone Number _	407 468 4702	
Name of applicant(s) _	Karan Ahuja	
Address	325 Crooked Stick Drive	
	Alpharetta,GA 30004	
Phone Number	404-403-8267	
Signature of Owner(s)	variance of this property.	
Personally appeared by		
Ronald C. DA	ale	
who swears that the in knowledge and belief.	nformation contained in this authorization is true and correct to the best of his/her	
Mil CVan	1-15+2024	
Notary Public	Date MICHAEL CHARLES VALORE	
	Notary Public State of Florida	

or

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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 rea	I have**	I have not_X
		made any contribution(s) aggregating \$250.00 or more or consideration of this application.
**If you have made such contr this application.	ibutions, you must provi	de the data required below within ten (10) days of filing
Name of Official(s):		Office:
Dollar Amount:	102 111	Date of Contribution:
Applicant's/Owner's Signature:	UTMOULEC	ble Date: 0 19, 2023
Applicant's/Owner's Name (Pri	nted): Ronald C. Dal	le Executor of the Estate of Edna T. Dale

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I hereby certify that I have read the above and that:	
I have** I hav	ve not_X_
within the two years immediately preceding this date, made ar to any local government official involved in the review or consi	ny contribution(s) aggregating \$250.00 or more ideration of this application.
**If you have made such contributions, you must provide the d	
Name of Official(s):	Office:
Dollar Amount:	Date of Contribution:
Applicant's/Owner's Signature:	Date: 01/16/2024
Applicant's/Owner's Name (Printed): Karan Ahuja	