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



# CONDITIONAL USE APPLICATION

Applicant (Name & Mailing Address)	Property Owner (Name & Mailin	ng Address)	
Ashley Xitlaly Ruelas	Ludivina Gallardo Lopez  535 W 49th St 5FE  New York, NY 10019  Phone 770-878-7920		
2030 Spring Road			
Gainesville, Georgia 30504			
Phone 770-878-7920			
Email Address ashleyruelas@icloud.com	Email Address ludyg77@		
Proposed Use Re-establish a non-conforming use of a residential - II (R-II) building setbacks.  Contact Person (Name & Mailing Address)  Walker, Ball & Dimo, LLC  Attn: Carla J. Walker, Esq.	Status of Applicant  X Owner	Requested Action  Permissive Use:	
340 Jesse Jewell Pkwy, Suite 650, Gainesville, GA 30501	<ul> <li>Option to Purchase</li> </ul>	□ HCPC □ HCC	
Phone 404-210-6271	Area Resident Fee:\$  Other Receipt #:		
Email Address carla@wbdlawfirm.com	Zoning: H-B	Check #:	
Tax Parcel Number 00122 002010  Location Address 2052 Spring Road, Gainesville, Geo	Acreage 0.187 acres		
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	re to complete this section will r to review all applications and wi agenda date will not be set until	Date: 6 / 07/29 esult in the refusal of the ll set the dates for each the required information is	
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:			

Name of owner(s)

Phone Number

Address

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Ludivina Gallardo Lopez

535 W 49th St 5FE

770-878-7920

New York, NY 10019



Revised December 2019

# **AUTHORIZATION OF PROPERTY OWNERS**

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

Name of applicant(s)	Ashley Xitlaly Ruelas			
Address	2030 Spring Road			
	Gainesville, Georgia 30504			
Phone Number	770-878-7920			
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	Judgipul 9			
who swears that the i	information contained in this authorization is true and correct to the best of his/her			
Notary Public	<u>G(7/24</u> Date			
	WOTAAL AS			

### PLANNING AND DEVELOPMENT DEPARTMENT

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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 a		
	I have**	I have not
within the two years immediately pre- to any local government official invol-	ceding this date, m	ade any contribution(s) aggregating \$250.00 or more r consideration of this application.
**If you have made such contribution this application.	ns, you must provid	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:	agh	Date: 06/07/29
Applicant's/Owner's Name (Printed):		as

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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 this date to any local government official involved in the review	e, made any contribution(s) aggregating \$250.00 or more w or consideration of this application.
**If you have made such contributions, you must prothis application.	ovide 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:
Applicant's/Owner's Name (Printed): Ludivina Gallar	do Lopez