

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 & Mailing Address)

Connie Allen
4188 Highway 115 F
Cleveland, Ga 30528
 Phone 770-654-6679
 Email Address conconallen@gmail.com

Connie Allen and Marcus T Allen and Rhonda Allen Trust
4188 Highway 115 F
Cleveland, GA 30528
 Phone 770-654-6679
 Email Address conconallen@gmail.com

Proposed Use My mother will continue to reside at 4137 Short Road. I will own 2 acres and my brother will own 2 acres as my father deeded

Contact Person (Name & Mailing Address)

Status of Applicant

Requested Action

Connie Allen } Owner
Same } Option to Purchase HCPC HCC
 } Area Resident Fee: \$ _____
 Phone _____ } Other Receipt #: _____
 Email Address _____ Zoning: Residential Check #: _____
 Tax Parcel Number 10080 - 000010 Acreage 4.02 total
 Location Address 4137 Short Road, Gainesville GA 30506

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

Sign [Signature] Date: 8/5/24

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: _____

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AUTHORIZATION OF PROPERTY OWNERS

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

Name of owner(s) Marcus T. and Rhonda L. Allen

Address 21474 River Ranch Rd
ESTERO FL 33928

Phone Number 863 599 2595

Name of applicant(s) Connie Allen

Address 4188 SR 115 East
Cleveland, GA 30528.

Phone Number 770 654 6679

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)

 Rhonda L. Allen

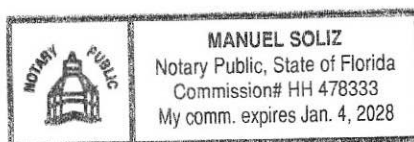
Personally appeared before me

Marcus T. Allen Rhonda L. Allen

who swears that the information contained in this authorization is true and correct to the best of his/her knowledge and belief.


Notary Public

08/08/2024
Date



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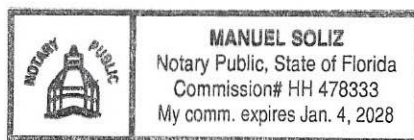
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CAMPAIGN CONTRIBUTIONS DISCLOSURE FORM

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 x

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: _____

Date: 8/5/24

Applicant's/Owner's Name (Printed): Connie Allen

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Name of Official(s): _____

Office: _____

Dollar Amount: _____

Date of Contribution: _____

Applicant's/Owner's Signature: Marcus T. Allen

Date: 8/7/2024

Applicant's/Owner's Name (Printed): Marcus T. Allen

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Name of Official(s): _____ Office: _____

Dollar Amount: _____ Date of Contribution: _____

Applicant's/Owner's Signature: Rhonda Allen Date: 8/7/2024

Applicant's/Owner's Name (Printed): Rhonda Allen