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



CONDITIONAL USE APPLICATION

| Applicant (Name & Mailing Address) | Property Owner (Name & Maili | ng Address) | |
|---|--|---|--|
| Rochester & Associates, LLC | GA Lula Cornelia Hwy, LLC | | |
| 425 Oak St. | 201 Riverplace, Suite 400 | | |
| Gainesville, GA 30501 | | | |
| Phone 770-363-1997 | | | |
| Email Address bdunckel@dccm.com | | | |
| Proposed Use Industrial Buildings (cold storage ware | house and further processing) | _ | |
| Contact Person (Name & Mailing Address) | Status of Applicant | Requested Action | |
| Bradley Dunckel | Owner | Permissive Use: | |
| 425 Oak St. | | | |
| Gainesville, GA 30501 | Option to Purchase | | |
| Phone _770-363-1997 | ─── Area Resident ✓Other | Fee:\$Receipt #: | |
| Email Address bdunckel@dccm.com | Zoning: PID | | |
| Tax Parcel Number 15007 000030 & 15007 000031 | Acreage 80.03 +/- acr | | |
| Location Address 3825 & 3875 Cornelia Hwy, Lula, G | SA SA | | |
| Sign Bradley Dunckel Applicant must complete all information above. Fai application. The Planning Department has 15 day application. If the application is found insufficient, as submitted. Please note that the Planning Com | lure to complete this section will re s to review all applications and wil n agenda date will not be set until t | Date: 10/18/24 esult in the refusal of the I set the dates for each the required information is | |
| Application Withdrawal: I hereby withdraw the application | on. | | |
| 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) | GA Lula Cornelia Hwy, LLC |
|----------------------|---------------------------|
| Address | 201 Riverplace, Suite 400 |
| | Greenville, SC 29601 |
| Phone Number | 404-310-0815 |
| Name of applicant(s) | Rochester DCCM |
| Address | 425 Oak St. |
| | Gainesville, GA 30501 |
| Phone Number | 770-363-1997 |
| | |
| | |

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) Personally appeared before me

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

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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 ha | ve** I ha | ave not <u> </u> |
| within the two years immediately preceding to any local government official involved in | | any contribution(s) aggregating \$250.00 or more sideration of this application. |
| **If you have made such contributions, you this application. | must provide the | e data required below within ten (10) days of filing |
| Name of Official(s): | | Office: |
| Dollar Amount: | | Date of Contribution: |
| Applicant's/Owner's Signature: <i>Bradl</i> | by Dunckel | Date: 10/18/24 |
| Applicant's/Owner's Name (Printed): Roche | ester DCCM | |

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| | 7 |
|---|---|
| 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 to any local government official involved in the review or conside | contribution(s) aggregating \$250.00 or more eration of this application. |
| **If you have made such contributions, you must provide the dathis application. | ta required below within ten (10) days of filing |
| Name of Official(s): | Office: |
| Dollar Amount: | Date of Contribution; |
| Applicant's/Owner's Signature: | |
| Applicant's/Owner's Name (Printed):GA Lula Cornelia Hwy, LL | С |