



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

SPECIAL / CONDITIONAL USE APPLICATION

Applicant (Name & Mailing Address)

MARY KIRRANE
5253 LAWSON ROAD
GAINESVILLE, GA 30506

Phone [REDACTED]
 Email Address [REDACTED]

Proposed Use WEDDING VENUE

Property Owner (Name & Mailing Address)

CMFK TRUST
P. O. BOX 5910
ALPHARETTA, GA 30023

Phone [REDACTED]
 Email Address [REDACTED]

Contact Person (Name & Mailing Address)

MARY KIRRANE
5253 LAWSON ROAD
GAINESVILLE, GA 30506

Phone [REDACTED]
 Email Address [REDACTED]

Tax Parcel Number 11008 000023
 Location Address 5253 LAWSON ROAD, GAINESVILLE, GA 30506

Status of Applicant

- Owner
- Option to Purchase
- Area Resident
- Other

Requested Action

Type of Request:
 SU CUP
 Fee: \$ _____
 Receipt #: _____

Zoning: AR-1 Acreage 30.77
 Check #: _____

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

Sign Mary Frances (Eissy) Korrane Date: 4/2/25

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) CMFK TRUST

Address P. O. BOX 5910
ALPHARETTA, GA 30023

Phone Number [REDACTED]

Name of applicant(s) MARY KIRRAANE

Address 5253 LAWSON ROAD
GAINESVILLE, GA 30506

Phone Number [REDACTED]

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)
Mary Frances (Cissy) Kirrane

Personally appeared before me
Sarah Ford

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

[Signature]
Notary Public

4-3-25
Date



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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

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: Mary J. Cissy Kirrane

Date: 4/3/25

Applicant's/Owner's Name (Printed): MARY KIRRANE