## PLANNING AND ZONING DEPARTMENT

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



# SPECIAL / CONDITIONAL USE APPLICATION

| Applicant (Name & Mailing Address)  | Property Owner (Name & Mailing Address)   |   |  |  |  |
|---|---|---|--|--|--|
| Janet Truelove  | Janet and Joyce Truelove  |   |  |  |  |
| 5702 Bethel Rd  | 5702 Bethel Rd  |   |  |  |  |
| Clermont, GA 30527  | Clermont, GA 30527  |   |  |  |  |
| Phone   | Phone   |   |  |  |  |
| Email Address   | _ Email Address   | Email Address   |  |  |  |
| Proposed Use_Divide into 5 lots for residentia  | l homes.  |   |  |  |  |
| Contact Person (Name & Mailing Address)   | Status of Applicant   | Requested Action  |  |  |  |
| Janet Truelove  | — <b>X</b> Owner  | Type of Request:  |  |  |  |
| 5702 Bethel Rd.   |   | □ SU □ CUP  |  |  |  |
| Clermont, GA 30527  | •   | Fee:\$  |  |  |  |
| Phone   | Other   | Receipt #:  |  |  |  |
| Email Address   | Zoning:   | Check #:  |  |  |  |
| Tax Parcel Number 12007000001   | _   |   |  |  |  |
| Location Address 5684 Bethel Rd. Clermont, GA 305   |   |   |  |  |  |
| I hereby certify that the above information and all attached  |   |   |  |  |  |
| Print Janet Truelove  |   |   |  |  |  |
| Applicant must complete all information above. Failure application. The Planning Department has 15 days to application. If the application is found insufficient, an agustient submitted. Please note that the Planning Commi | e to complete this section will re<br>o review all applications and wil<br>genda date will not be set until t | esult in the refusal of the<br>I set the dates for each<br>he required information is |  |  |  |
| Application Withdrawal: I hereby withdraw the application.  |   |   |  |  |  |
| Sign  |   | _Date:  |  |  |  |
| Staff Use Only  |   |   |  |  |  |
| Application Date: T   | aken by:  |   |  |  |  |
| Tentative Planning Commission Date: T   | entative 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)  | James and James Townson  |  |                         |  |
|---|--|--|-------------------------|--|
| .,  | •  |  |                         |  |
| Adaress   | 5702 Bethel Rc.  |  |                         |  |
|   | Clermont, GA 30527   |  | <del></del>             |  |
| Phone Number  |  |  | S0-74                   |  |
| Name of applicant(s)  | Janet Truelove   |  | _                       |  |
| Address   | 5702 Bethel Rd.  |  | <del></del>             |  |
|   | Clermont, GA 30527   |  | · · · · · ·             |  |
| Phone Number  |  |  |                         |  |
|   |  |  |                         |  |
| 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. |  |  |                         |  |
| l authorize the person  |  | in the pursuit of a rezoning, permissive us property.                                  | se, or variance of this |  |
| Signature of Owner(s  | s) Jay Inthe   |  |                         |  |
| Personally appeared   |  |  |                         |  |
|   | before me  |  |                         |  |
|   | before me  |  |                         |  |
| who swears that the belief.   | and the second s | zation is true and correct to the best of his/her                                      | r knowledge and         |  |
|   | and the second s | ization is true and correct to the best of his/her $\frac{1 - 14 - 3025}{\text{Date}}$ | r knowledge and         |  |

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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).

| hereby certify that I have read the above  | e and that:           |  |
|--|-----------------------|--|
|  | I have**              | I have notχ  |
| within the two years immediately precedir government official involved in the review |                       | ny contribution(s) aggregating \$250.00 or more to any local this application. |
| **If you have made such contributions, you application.                              | ou must provide the o | data required below within ten (10) days of filing this                        |
| Name of Official(s):   |                       | Office:  |
| Dollar Amount:   |                       | Date of Contribution:  |
| Applicant's/Owner's Signature:   | Julie                 | Date: <u>05–14–2025</u>  |
| Applicant's/Owner's Name(Printed): <u>Jane</u> t                                     | t Truelove            |  |

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|   | <del></del>  |   |   |  |  |
|---|--|---|---|--|--|
| and that:   | 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.  |  |   |   |  |  |
|   |  | Office:   |   |  |  |
|   |  | Date of Contri  | ibution:  |  |  |
| Inular  |  | Date:   | 05/14/25  |  |  |
| Toyce Tr  | uelove   |   |   |  |  |
|   | I have**<br>og this date, made a<br>or consideration of the<br>our must provide the of | I have** I have not  In this date, made any contribution(sor consideration of this application.  I have not | I have** I have not  In this date, made any contribution(s) aggregating or consideration of this application.  In the must provide the data required below within tental contribution.  Office: |  |  |