## 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



## **VARIANCE APPLICATION**

Applicant (Name and Mailing Address)		(Name and Mailing Address)
Leslie (Moore	Same	(1
3548 (allview DR	<	
Cainesville Ca. 30501		10000
Phor	Phone	
Email Addres	Email Address	
Location of Property 3568 ICKNIEW		25ville (30, 3050)
Present Zoning R   Existing Structures   COS		EST. VIE COST.
Present Zoning 12   Existing Structures (100)		-
CCOD Variance	Front Yard Right Side Yard Left Side Yard Rear Yard Road Frontage Sign Area Sign Height Doctor's Letter	Fronft, tft. Fromft. toft. Fromft. toft. Fromft. toft. Fromft. toft. Fromft. toft. Fromft. toftTerms Agreement
· · · · · · · · · · · · · · · · · · ·	∑ Site Plan Floor Plans Other	Hardship Mobile Home:  I understand that, if granted, the mobile home must be removed from the property when my hardship ceases to exist.  (Signature)
Deed of Property  Hardship Statement  Fee (Must be paid for application to be complete): \$	Floor Plans Other	I understand that, if granted, the mobile home must be removed from the property when my hardship ceases to exist.  (Signature)
Deed of Property Hardship Statement  Fee (Must be paid for application to be complete): \$  I hereby certify that the above information is true	Floor Plans Other	I understand that, if granted, the mobile home must be removed from the property when my hardship ceases to exist.  (Signature)
Deed of Property  Hardship Statement  Fee (Must be paid for application to be complete): \$  I hereby certify that the above information is true	Floor Plans Other	I understand that, if granted, the mobile home must be removed from the property when my hardship ceases to exist.  (Signature)  t of my knowledge.
Deed of Property Hardship Statement  Fee (Must be paid for application to be complete): \$  I hereby certify that the above information is true	Floor Plans Other & correct to the bes	I understand that, if granted, the mobile home must be removed from the property when my hardship ceases to exist.  (Signature)
Deed of Property  Hardship Statement  Fee (Must be paid for application to be complete): \$  I hereby certify that the above information is true  Print Lessie Move	Floor Plans Other & correct to the bes	I understand that, if granted, the mobile home must be removed from the property when my hardship ceases to exist.  (Signature)  t of my knowledge.
Deed of Property  Hardship Statement  Fee (Must be paid for application to be complete): \$  I hereby certify that the above information is true  Print LOSIL MOVE  Sign  I hereby withdraw this application.	Floor Plans Other & correct to the best	I understand that, if granted, the mobile home must be removed from the property when my hardship ceases to exist.  (Signature)  t of my knowledge.  Date 819185  Date 919185
Deed of Property  Hardship Statement  Fee (Must be paid for application to be complete): \$  I hereby certify that the above information is true  Print LOSIE WOYL  Sign	Floor Plans Other & correct to the best	I understand that, if granted, the mobile home must be removed from the property when my hardship ceases to exist.  (Signature)  t of my knowledge.  Date 819185  Date 919185
Deed of Property  Hardship Statement  Fee (Must be paid for application to be complete): \$  I hereby certify that the above information is true  Print  Sign  I hereby withdraw this application.  Sign	Floor Plans Other & correct to the besi	I understand that, if granted, the mobile home must be removed from the property when my hardship ceases to exist.  (Signature)  t of my knowledge.  Date 819185  Date 919185
Deed of Property  Hardship Statement  Fee (Must be paid for application to be complete): \$  I hereby certify that the above information is true  Print  Sign  I hereby withdraw this application.  Sign  Staff Use Only	Floor Plans Other  & correct to the best	I understand that, if granted, the mobile home must be removed from the property when my hardship ceases to exist.  (Signature)  t of my knowledge.  Date 819185  Date 919185

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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 abo	ove 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, this application.	you must provide	the data requ	uired below within ten (10) days of filing	
Name of Official(s):			Office:	
Dollar Amount:			Date of Contribution:	
Applicant's/Owner's Signature:			Date: 8119125	
Applicant's/Owner's Name (Printed):	eslie L	Loove		