

CITY OF WOODSTOCK

Conditional Use Permit Application

Important Notes:

1. Please check all information supplied on the following pages to ensure that all spaces are filled out accurately before signing this form.
2. All documents required as part of the application package shall be submitted at the same time as the application. Incomplete application packages WILL NOT BE ACCEPTED.
3. Please contact the Zoning Administrator at 770.592.6050 ext 1 if you have any questions regarding the application package, the application or the process.

Contact Person: Chris Nomis (Agent) Phone: 404.915.5070

Applicant's Information:

Name: Tiara Hardin
 Address: 2003 Spicers Ln Phone: 770-312-1606
 City, State Zip: Woodstock, Ga 30189 Fax: 770-810-6350

Property Owner's Information:

same as above

Name: Jackson+Kings Inc
 Address: 840 Roswell St Phone: 404.542-0230
 City, State Zip: Marionetta, Ga 30060 Fax: 770-428-3319

Property Information:

Location: 8720 Main St (AKA) 100 Main St
 Parcel Identification Number(s) (PIN): 15-1068-0010 Total Acreage: .579
 Zoning Classification: CBD
 Conditional Use Request: Office

OFFICE USE ONLY:		HEARING SCHEDULE:	
Case:	CUP# <u>017-13</u>	Planning Commission:	<u>2.6.14 @ 7pm</u>
Fee Paid:	<u>12.20.13 \$300.00</u>	City Council:	<u>2.24.14 @ 7pm</u>
Date:	<u>12.20.13</u>	Other:	<u>DPC 1.7.14 @ 2pm</u>

Authorization:

Upon receipt of the completed application package, the Zoning Administrator shall notify the applicant of scheduled dates, times and locations of required meetings and public hearings. The applicant or a representative must be present to answer any questions that may be asked. In the event that an application is not complete, the request may be delayed or postponed at the discretion of the Zoning Administrator.

This form is to be executed under oath. I, TARA HARDIN, do solemnly swear and attest, subject to criminal penalties for false swearing, that the information provided in this Application for Conditional Use Permit is true and correct and contains no misleading information.

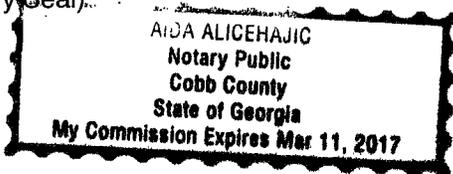
This 19th day of December, 20 13.

Signed: Tara Hardin

Sworn to and Subscribed before me this: 19th day of December, 20 13.

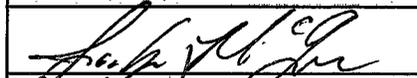
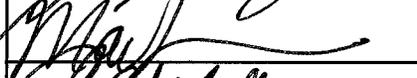
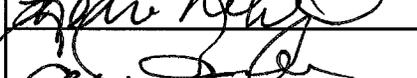
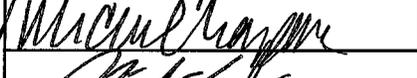
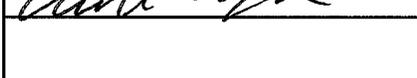
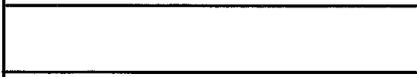
Notary Signature: Aida Alicehajic

(Notary Seal)



Consent of Contiguous Occupants and/or Land Owners

By signature, it is hereby acknowledged that I have no objection that Tiara Hardin intends to make application for a Conditional Use Permit for the purpose of Farmers Insurance on the premises described in the application.

Signature	Printed Name	Address
	Journey McGinn	8720 MAIN ST 30188
	MacIone Jossa	127 East Main St.
	CHARLES F. NOLL, JR.	PREMIER ENERGY 127 EAST MAIN ST.
	Caitlin Coco	200 Chambers St Woodstock GA 30188
	KERRI LEDFORD	220 Chambers Street Woodstock 30188
	Corey Jourdan	330 chambers street
	Tatalen Proctor	390 Chambers street
	Michael Cullicksen	400 Chambers St.
	erin Colunga/Gib Roland	450 Chambers St.
	Michelle Champagne	470 Chambers St
	MARC SMITH	8640 Main St.
	Greg Scott	8636 Main St
	Amanda Topper	8670 Main Street

(Attach additional pages as necessary)

Conflict of Interest Certification

The undersigned below, making application for a zone change has complied with O.C.G.A § 36-67A, et. Seq., Conflict of Interest in Zoning Actions, and has submitted or attached the required information on the forms provided. Title 36 relates to the disclosure of financial interests, campaign contributions and penalties for violating O.C.G.A.

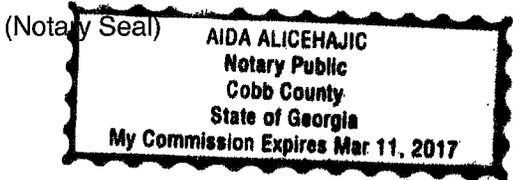
Signature of Applicant: Jaair Hardin Date: 12/19/2013
Print Name: TIARA Hardin

N/A

Signature of Applicant's Attorney: _____ Date: _____
Print Name: _____

Sworn to and Subscribed before me this: 19th day of December, 2013.

Notary Signature: Aida Alicehajic



Disclosure Statement

Nothing in Chapter 36 of O.C.G.A. shall be construed to prohibit a local government official from voting on a zoning decision when the local government is adopting a zoning ordinance for the first time or when a local government is voting upon a revision of the zoning ordinance initiated by the local government pursuant to a comprehensive plan as defined in Chapter 70 of this title.

No, I have not made any campaign contribution to City Officials voting on this application exceeding \$250 in the past two (2) years.

Yes, I have made campaign contributions to City Officials voting on this application exceeding \$250 in the past two (2) years.

To Whom: _____

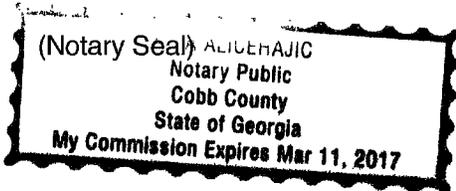
Value: _____

Date: _____

Signature of Applicant: Tiara Hardin Date: 12-19-2013
Print Name: TIARA HARDIN

Sworn to and Subscribed before me this: 19th day of December, 20 13.

Notary Signature: Alice Alicajic



Property Tax Verification

The undersigned is authorized to make this application. The undersigned certifies that all City of Woodstock and Cherokee County property taxes billed to this date for the parcel listed below have been paid in full to the tax officials of the City of Woodstock and Cherokee County. In no case shall an application or reapplication for a zoning action be processed without such property verification.

NOTE: A separate verification form must be completed for each tax parcel included in the request.

Tax Parcel Number: 15-1068-0010

Signature of Applicant: Joia Hardin

Date: 12/19/2013

Print Name: TIARA Hardin

TAX OFFICE USE ONLY:

Payment of all property taxes billed to date for the above referenced parcel have been verified as paid current and confirmed by the signature below:

Signature of Tax Official: _____ Date: _____

Authorization of Property Owner

I, Anna Norris, being duly sworn upon his/her oath, being of sound mind and legal age deposes and states; that he/she is the owner of the property which is subject matter of the attached application, as is shown in the records of Cherokee County/City of Woodstock, Georgia.

He/She authorizes the person named below to act as applicant in the pursuit of a request for a Conditional Use Permit for the purposes named in the application.

I hereby authorize the staff of the City of Woodstock to inspect the premises which are subject of this application.

Applicant's Information:

Name: TIARA HARDIN
Address: 2003 Spicers Ln Phone: 770-312-1606
City, State Zip: Woodstock, GA 30188 Fax: 770-810-6352

Signature of Owner: Anna K. Norris Date: 12-19-13
Print Name: Anna K. Norris, Secretary, Jackson & King, Inc.

Sworn to and Subscribed before me this 19th day of December, 20 13.

Notary Signature: [Signature]

**Notary Public, Cobb County Georgia
My Commission Expires October 28, 2016**

(Notary Seal)