

ATTACHMENT A - CONDITIONAL USE APPLICATION

Application Date: 11-8-2023

Applicant/Agent: DAVID CLOUGH

Applicant Email Address: DAVIDCLOUGH66@OUTLOOK.COM

Phone # 440-876-3414

Applicant Mailing Address: 3285 GA. HWY. 119 N.

City: SPRINGFIELD State: GA. Zip Code: 31329

Property Owner, if different from above: _____
Include Signed & Notarized Authorization of Property Owner

Owner's Email Address (if known): _____

Phone # _____

Owner's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Property Location: 3285 GA. HWY. 119 N. SPRINGFIELD GA 31329

Present Zoning of Property AR-1 Tax Map-Parcel # 407-15A Total Acres 5.01

CONDITIONAL USE REQUESTED:

Section 3.15A – Residential Business
See Section 3.15A for requirements

Section 3.15B – Rural Business
See Section 3.15B for requirements

OTHER (provide relevant section of code): _____

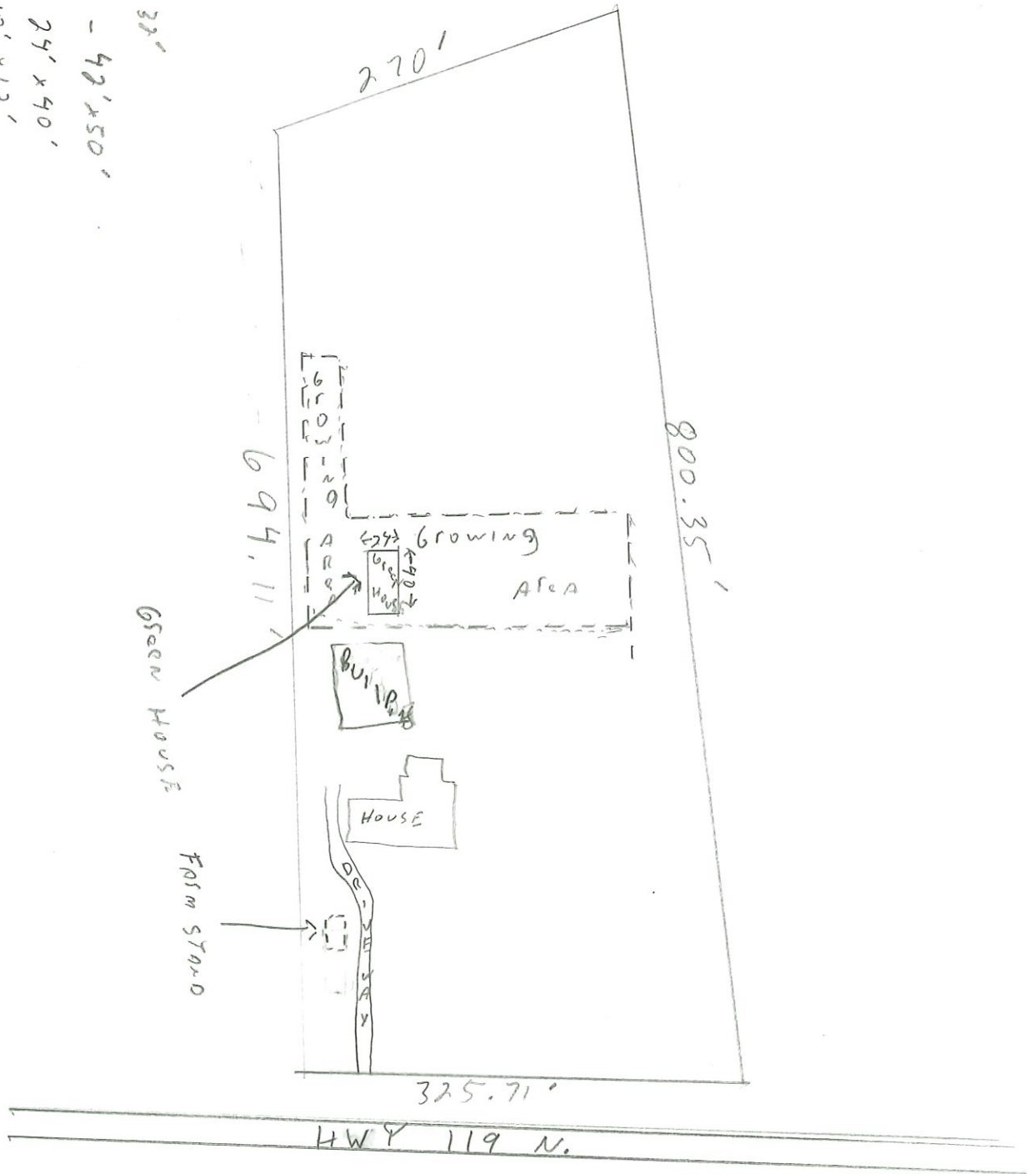
Reason: TO OPEN A NURSERY BUSINESS

How does request meet criteria of Section 7.1.6 (see Attachment C): _____

Applicant Signature: [Handwritten Signature]

Date 11-08-2023

HOUSE - 76' x 33'
 UTILITY BUILDING - 42' x 50'
 GREEN HOUSE - 24' x 40'
 FARM STAND - 10' x 12'



PROPOSED SITE PLAN

3285 GA HWY 119 N 407-15A

