

Date Received: 10/17/20255 APPLICANT INFORMATION ta Chern Institute/Sherita Williams APPLICANT NAME: ADDRESS: PHONE **EMAIL ADDRESS:** OWNER INFORMATION (If different from Applicant) ADDRESS: PHONE: **EMAIL ADDRESS:** PROPERTY INFORMATION (attach legal description) PARCEL ID#: 0524 LAND LOT: _ CONDITIONAL USE PERMIT REQUEST CURRENT LAND USE: 1600 CURRENT ZONING: PROPOSED LAND USE: DESCRIPTION OF USE (ex.: number of employees, details of operation, etc.):

CERTIFICATION OF OWNERSHIP I hereby certify that I am the owner of the property shown on the attached plat, described in the attached legal description, and identified as follows: 8712 Tava Blvd, Jonesboro, GA 30236 Sworn and subscribed before me this 17 day of October , 2025 Mary R. Have Ja Owner's Signature Notary Public October 17, 2025 04/27/2031 Commission Expires POWER OF ATTORNEY (if owner is not the applicant) Applicant states under oath that: (1) he/she is the executor or Attorney-in-fact under Power-of-Attorney for the owner (attach a copy of Power-of-Attorney letter); (2) he/she has an option to purchase said property (attach a copy of the contract); or (3) he/she has an estate for years which permits the petitioner to apply (attach a copy of lease). Sworn and subscribed before me this Type or Print Owner's Name **Notary Public** Owner's Signature **Commission Expires** Date (Seal) Type or Print Applicant's Name

Applicant's Signature

Date

CIRCLE ONE: Attorney Agent	
Type or Print Attorney / Agent's Name	Attorney / Agent's Signature
Address	
Phone Number	Email Address
AUTHORIZATION TO INSPECT PREMISES	
I/weowner(s) of the subject property, which is the su Jonesboro to inspect the premises, which is the su	am/are the abject matter of this application. I/we authorize the City of abject of this request for a Conditional Use Permit.
Type or Print Owner's Name	Owner's Signature
Date	

ATTORNEY / AGENT