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Application for Special Exception

Contact Community Development (478) 988-2720

Application # Subse
0142-2025

*Indicates Required Field

	*Applicant	*Property Owner
*Name	Mitchell Louis Faraone	Mitchell Faraone / Linda Faraone
*Title	Manager / Authorized Agent	Owner
*Address	212 Silverside Dr. Perry	212 Silverside Dr. Perry
*Phone		
*Email		

Property Information

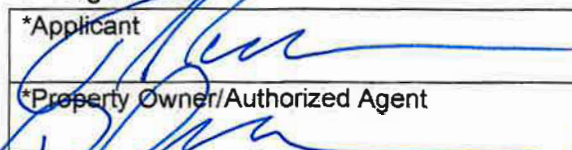

*Street Address	314 Grayton Way Perry, GA 31069
*Tax Map Number(s)	0P0 590 133 000
*Zoning Designation	PUD - R3

Request

*Please describe the proposed use: Short term rental

Instructions

1. The application and *\$325.00 fee (made payable to the City of Perry) must be received by the Community Development Office or filed on the online portal no later than the date reflected on the attached schedule.
2. *The applicant/owner must respond to the 'standards' on page 2 of this application (The applicant bears the burden of proof to demonstrate that the application complies with these standards). See Sections 2-2 and 2-3.5 of the Land Management Ordinance for more information. You may include additional pages when describing the use and addressing the standards.
3. *For applications in which a new building, building addition and/or site modifications are proposed, you must submit a site plan identifying such modifications.
4. The staff will review the application to verify that all required information has been submitted. The staff will contact the applicant with a list of any deficiencies which must be corrected prior to placing the application on the planning commission agenda.
5. Special Exception applications require an informational hearing before the planning commission and a public hearing before City Council. Public notice sign(s) will be posted on the property at least 15 days prior to the scheduled hearing dates.
6. *The applicant must be present at the hearings to present the application and answer questions that may arise.
7. The applicant and property owner affirm that all information submitted with this application, including any/all supplemental information, is true and correct to the best of their knowledge and they have provided full disclosure of the relevant facts.
8. *Signatures:

*Applicant		*Date	8/4/2025
*Property Owner/Authorized Agent	 Linda Faraone	*Date	8/4/2025

- 1. *There are no covenants and/or restrictions pertaining to the property which would preclude the uses permitted in the proposed zoning district.***
- 2. *The proposed use does comply with the Comprehensive Plan and other adopted plans applicable to the subject property.***
- 3. *The proposed use would have no impact on traffic volume or traffic flow and pedestrian safety in the vicinity.***
- 4. *The hours and manner of operation would have no impact on nearby properties and uses in the vicinity.***
- 5. *There would be no impact to nearby properties and uses in the vicinity with regard to noise, light, glare, smoke or odor.***
- 6. *No new structure is being built and current structure is compatible with the size, height, and/or location of structures on nearby properties in the vicinity.***
- 7. *Parcel is of sufficient size to accommodate proposed use and reasonable future growth of the proposed use.***
- 8. *There will be no excessive burden on existing streets, utilities, city services, or schools.***

Standards for Granting a Special Exception

The applicant bears the burden of proof to demonstrate that an application complies with these standards.

*Are there covenants and restrictions pertaining to the property which would preclude the uses permitted in the proposed zoning district?

- (1) Whether the proposed use complies with the Comprehensive Plan and other adopted plans applicable to the subject property;
- (2) Whether the proposed use would impact traffic volume or traffic flow and pedestrian safety in the vicinity;
- (3) Whether the hours and manner of operation of the proposed use would impact nearby properties and uses in the vicinity;
- (4) Whether parking, loading/service, or refuse collection areas of the proposed use would impact nearby properties and uses in the vicinity, particularly with regard to noise, light, glare, smoke, or odor;
- (5) Whether the height, size, and/or location of proposed structures is compatible with the height, size, and/or location of structures on nearby properties in the vicinity;
- (6) Whether the parcel is of sufficient size to accommodate the proposed use and the reasonable future growth of the proposed use; and
- (7) Whether the proposed use will cause an excessive burden on existing streets, utilities, city services, or schools.

Revised 7/1/2025

*All eight (8) items must be addressed as an addendum to your special exception application.

see attached sheet

House Rules for [314 Grayton Way Perry Ga 31069]

Welcome to Peach Palace! Please treat it with the same respect you would your own.

General Rules

- Check-in: 4:00pm | Check-out: 11:00am
- Maximum Guests: 6 (including children)
- Minimum Age to Book: 25 years old
- Quiet Hours: 10 PM – 8 AM
- No parties or events allowed.
- No unregistered guests or visitors.
- No smoking or vaping inside the home.
- Do not rearrange furniture or remove items from the home.

Cleanliness & Care


- Please leave the home tidy and return it in the condition you found it.
- Wash used dishes or load them in the dishwasher.
- Put all trash in designated bins, *cleaner will roll to curb on appropriate pick-up day*
- Report any damages immediately.

Safety & Security

- Lock all doors and windows when leaving the property.
- Do not tamper with security devices or smoke detectors.
- Use appliances safely and responsibly.

Other Notes

- **Parking:** There are two parking spots, do not park on road.
- **Wi-Fi:** There is a QR code on desk for you to scan with password.
- **Neighborhood Respect:** Please be mindful of neighbors and local rules.

 **Violations of these rules may result in fees, cancellation of your reservation, or removal from the property without a refund.**

Thank you for your cooperation, and enjoy your stay!

State Farm Fire and Casualty Company

Applicant Name:

FARAONE, MITCHELL

Effective Date:

08-04-2025

GA

Personal Liability UmbrellaApplication / Customer
Copy

APPLICANT: FARAONE, MITCHELL

MAILING ADDRESS: 212 SILVERSIDE DR
PERRY, GA 31069-9477

BILLING:

Put application on SFPP: Yes

COVERAGES/PREMIUM SECTION:

Policy Coverage	Limit	Premium
L Personal Liability	1,000,000	550.00

Discounts:

Total Premium:	\$	550.00
Amount Paid:	\$	0.00
Credit Amount:	\$	0.00
Balance Due:	\$	0.00

APPLICANT(S) ACKNOWLEDGEMENT:

By submission of this application, you agree that: (1) You have read this application, (2) your statements on this application are correct, (3) the minimum policy limits are in force, (4) all vehicles are insured, (5) the premium charged must comply with State Farm's rules and rates and may be revised, and (6) traffic violation reports may be obtained by the company named hereon on any person named as a driver of the insured motor vehicle at any time.

AGENT INFORMATION:

App date and time: 08-04-2025 03:12 PM

Agent: Ryan Lyons
Lyons Ins and Fin Services Inc

Agent / AFO Code: 11-2BD9/27FBB6 Agent Phone: (478)313-3007

Location Address: 4993 Russell Pkwy Ste 140
Warner Robins, GA 31088-8652

Mailing Address: 4993 Russell Pkwy Ste 140

IMPORTANT NOTICES

REGARDING CONSUMER REPORTS...

Consumer reports may be ordered in conjunction with this application. These reports provide information that assists with determining your eligibility for insurance.

REGARDING PERSONAL, FAMILY OR HOUSEHOLD INSURANCE TRANSACTIONS...

We may collect personal information from persons other than the individual or individuals applying for coverage. Such personal information as well as other personal or privileged information subsequently collected may, in certain circumstances, be disclosed to third parties without your authorization as permitted by law. If you would like additional information about the collection and disclosure of personal information, please contact your State Farm agent. You may also act upon your right to see and correct any personal information in your State Farm files by writing your State Farm agent to request this access.



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Application # STR-INT
0143-2025

Supplement to Application for Special Exception For Initial Short-term Rental (STR) Permit

A Special Exception of Short-term Rental Permit is not complete until this supplemental form and accompanying documents are complete
Contact Community Development (478) 988-2720

*Indicates Required Field

	*Property Owner	*Designated Local Contact Person complying with Sec. 4-3.5(C) of Land Management Ordinance
*Name	<u>Mitch Faraone / Linda Faraone</u>	<u>Mitch Faraone</u>
*Mailing Address	<u>212-Silverside Dr. Perry, GA</u>	[REDACTED]
*Phone	[REDACTED]	*24-hour contact: [REDACTED]
*Email	[REDACTED]	[REDACTED]

*Street Address of Short-term Rental Unit:	<u>314 Grayton Way Perry, GA 31069</u>
*Tax Map Number:	<u>OPD 590 133000</u>

*The following items are required to be submitted to complete this supplement (Refer to Sec. 4-3.5 of the Land Management Ordinance (LMO) for standards):

1. Proof of insurance
2. Copy of application for City of Perry Occupational Tax Certificate
3. Copy of proposed Host Rules
4. Plan for trash collection
5. The maximum number of occupants proposed at any given time
6. Plot plan of the premises identifying location and number of parking spaces for the STR
7. Dimensioned floor plan of the STR identifying bedrooms other living spaces and emergency evacuation routes
8. Copy of proposed written rental agreement to be executed between the owner and responsible Person
9. Name and contact information for the homeowner's association, if any, of which the premises is subject to by restrictive covenants No HOA / None
10. Other certifications and information deemed necessary and proper to ensure compliance with the LMO

Upon submittal the City will contact the property owner to schedule an inspection of the property to ensure the proposed short-term rental unit complies with minimum health and safety requirements for use and occupancy. If a premises fails to pass an inspection, a re-inspection fee will be charged for each subsequent inspection. Application for Special Exception will not be scheduled for Planning Commission consideration until the proposed STR unit complies with minimum health and safety requirements.

*Notarized Property Owner Signature:

I affirm that the information provided in this supplement is accurate and complete. I understand an STR permit may be revoked by the administrator if the permit holder has: 1) received more than 2 citations for violations of the Code of the City of Perry within the proceeding 12-month time period; or 2) failed or refused to comply with an express condition of the permit and remains in non-compliance ten days after being notified in writing of such non-compliance; or 3) knowingly made a false statement in an application or supplement; or 4) otherwise become disqualified for the issuance of a permit under the terms of the Land Management Ordinance. I further understand that I must wait one year from the date of a revoked permit before an STR renewal permit can be issued.

Signature

Date

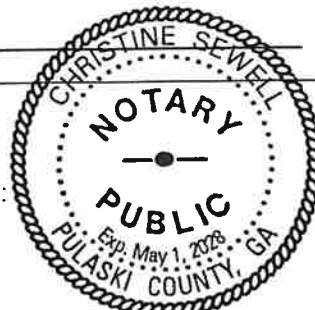
8/4/2025

*Notary Public signature and seal:

Signature:
Date:

Christine Sewell

Seal:



SHORT-TERM RENTAL AGREEMENT

This Short-Term Rental Agreement ("Agreement") is entered into by and between:

Owner/Host: Mitchell Faraone Address: 114 Constitution Way Suite 1100

AND

Guest: _____ Address: _____

Phone: _____ Email: _____

Property The property is located at: Address: **314 Grayton Way, Perry, GA 31069**

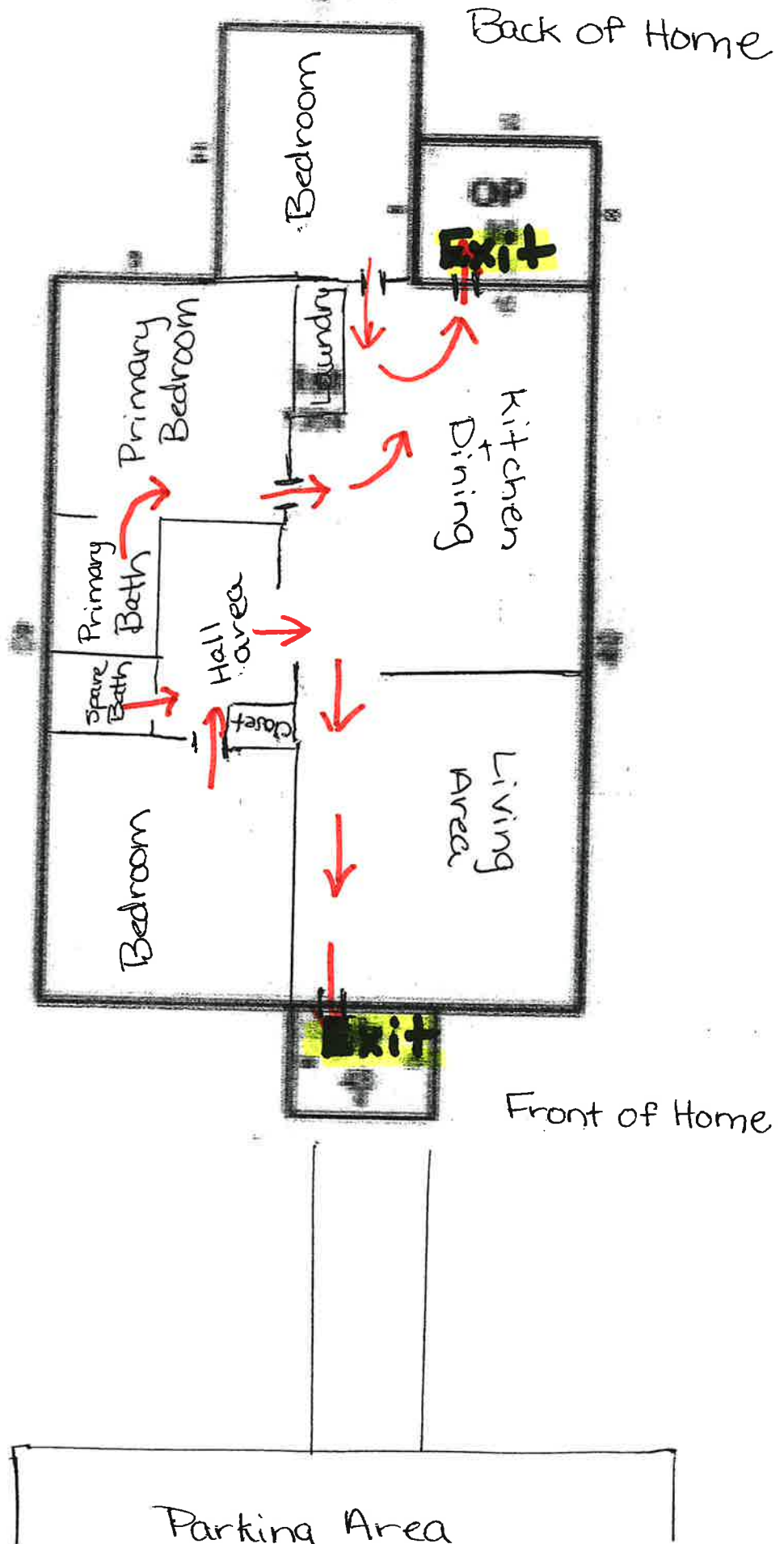
1. Rental Term Check-in Date: _____ at 4:00PM Check-out Date: _____ at 11:00AM
2. Occupancy Maximum occupancy is 6 guests. Only registered guests are allowed to stay overnight.
3. Payment - Rental Fee: \$159 a day- Security Deposit: (10% of stay) refundable within 14 days of checkout, minus any damages) - Cleaning Fee: \$150 Payment Method through VRBO or AirBNB
4. House Rules - NO SMOKING inside the property - No pets (unless agreed upon in writing) - NO PARTIES or events - Quiet hours from 10pm to 8am - Must comply with local laws
5. Cancellation Policy- Cancellation must be within 14 days of stay for full refund.
6. Liability - All guest(s) agrees to indemnify and hold harmless the Owner from any injuries, loss, or damage to personal property occurring on the premises.
7. Entry - Owner may enter the property in case of emergency or for necessary repairs with prior notice.
8. Governing Law This Agreement shall be governed by the laws of the State of Georgia and the City of Perry, GA.

Signatures

Owner Signature: _____ Date: _____

Guest Signature: _____ Date: _____

314 Grayton Way
Perry, GA 31069





Application
submitted
8/5/25

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CITY OF PERRY, GEORGIA

APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

Post Office Box 2030 - 1211 Washington Street – Perry, Georgia 31069

Office 478-988-2740

Fax 478-988-2748

Dajsha.Robinson@perry-ga.gov

- ☒ New
☐ Renewal
☐ Change

Business Name Peach Palace DBA of SoItFar, LLC Phone Number [REDACTED]

Type of Business: Short Term Rental

Business physical location 314 Grayton Way Perry, GA 31069

Business mailing address 212 Silverside Dr. Perry GA 31069
Street or P O Box City State Zip

Number of employees (including manager) 1 NAICS Code _____

Full legal name of applicant Mitchell Louis Faraone
(Applicant must provide current legal driver's license)

Applicant date of birth [REDACTED] Social Security Number [REDACTED]

Applicant Contact Information:

Residence Address 212 Silverside Dr. Perry GA 31069
Street City State Zip

Cell Phone Number [REDACTED] Home Phone Number _____

Work Phone Number _____ Email: [REDACTED]

Full legal name of Owner/Manager/Agent Mitchell Louis Faraone

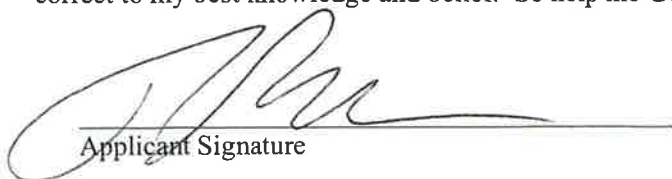
Full legal name of entity operating business SoItFar, LLC

Full legal name of persons/entities having 20% or more interest in operating entity.

Business federal employer identification number _____

Please list any other associated trade names for the business _____

I, the applicant hereinabove set forth, after being duly sworn, under oath states the foregoing information is true and correct to my best knowledge and belief. So help me God.


Applicant Signature

8/4/2025
Date