

**Applicant Information: (Property Owner)**

Permit No. \_\_\_\_\_

_____	_____	_____	_____
Last Name	First Name	Home Phone	Work Phone
_____		_____	_____
Mailing Address		City	State
_____		_____	_____
E911 Address <i>(If there is none, leave blank)</i>		E911 City	E911 State
_____		_____	_____
		E911 State	E911 Zip

**Contractor Information:**

_____	_____	_____
Company	Address, City, State, Zip	Phone

**General Property Location:**

Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township Name: \_\_\_\_\_ Parcel Identification No. \_\_\_\_\_

**Current Land Use:**

- |  |   |                                     |  |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Agriculture-crop production   | <input type="checkbox"/> Residential (non-farm) | <input type="checkbox"/> Vacant     | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Agriculture-pasture/livestock | <input type="checkbox"/> Farmstead              | <input type="checkbox"/> Industrial | <input type="checkbox"/> Commercial    |

**Current Zoning:** \_\_\_\_\_ **Lot Area:** \_\_\_\_\_

Conditional Use Permit	Proposed Use	Fees
1.) _____	_____	_____
2.) _____	_____	_____
3.) _____	_____	_____

<i>Office Use</i>	
	Fees
<i>Conditional Use Fee</i>	_____
<i>Total Fees</i>	_____
<i>Receipt No.</i>	_____

\_\_\_\_\_ Anticipated Construction Date

**The Applicant must verify that any proposed construction is in compliance with the following Codes and/or Ordinances:**

- City of Boone Zoning Ordinance (Development Director) - City of Boone Subdivision Ordinance (Development Director)  
City of Boone adopted Building, Electrical, Plumbing and Mechanical Codes (Building Official)

**Concept Plan Requirements**

The Concept Plan must meet all requirements of **CHAPTER: 175** of the City of Boone Zoning Ordinance.

_____	_____
Concept Plan Approval ( <i>Zoning Administrator</i> )	Date

**The undersigned applicant certifies under oath that the foregoing information is true and correct.**

_____	_____	_____	_____
<b>Owner</b>	<b>Date</b>	<i>Agent (if applicable)</i>	Date

***For Office Use Only***

Parcel Identification No. _____	(Parent Parcel) _____	
Recommendation by the Zoning Comm.	<input type="checkbox"/> Approve <input type="checkbox"/> Deny    Date _____	_____
Action on Application (B.O.A.)	<input type="checkbox"/> Approve <input type="checkbox"/> Deny    Date _____	<i>Chairman Certification</i>
Conditions	_____	
E911 Assigned Address:	_____	
Zoning Official	City Engineer	