

Conditional District Zoning Map Amendment Application

Town of Boone Planning & Inspections Department

680 W. King Street, Suite C ♦ Boone, North Carolina 28607

Phone (828) 268-6960 ♦ Fax (828) 268-6961 ♦ Email: planning@townofboone.net ♦ www.townofboone.net



A. Required to be Submitted at Time of Application (check all that apply)

Note: A pre-application meeting is required prior to application submittal.

Failure to provide the information required on this application may delay the review and scheduling of the requested hearing.

- Digital copies of all paper submittal documents (may be emailed to planning@townofboone.net)
- 6 paper copies of complete site plans meeting the requirements of Town of Boone Unified Development Ordinance (UDO) Appendix A (max. size 30" x 42")
- Deed(s) of all property to be included in the request
- Both a digital and a hard copy of a written metes and bound legal description with accompanying survey map for a request that would rezone only a portion of a tax parcel or requests for multiple zoning districts.
- Property Owner Authorization. If you are not the property owner, you will need to provide documentation of property owner authorization to apply for this permit.
- Permit Fee (See Planning & Inspections Fee Schedule). Each application is allowed two (2) reviews. The 1st review of the submitted information and a 2nd review if revisions or supplemental information is required based upon the 1st review. Each subsequent review after the 2nd review will be charged at 50% of the original fees charged for the application. These fees shall be paid at the time of resubmittal.

B. Requested Hearing – See latest published Meeting Schedule for dates

Date of requested hearing: _____

C. Property Information (Project Location)

Street Address: _____ Watauga County Parcel Identification Number(s): _____

D. Property Owner Information

Name: _____

Complete Mailing Address (Street, City, Zip): _____

Phone Number: _____ Email Address: _____

E. Applicant Information

Name: _____ Company: _____

Complete Mailing Address (Street, City, Zip): _____

Phone Number: _____ Email Address: _____

Preferred Method of Contact for Written/Response Documents (select one): Mail or Email

F. Detailed Description of Project

G. Project Cost

Project Cost:

\$ _____

H. Development Information

Is the development subject to a previous Special Use Permit? Yes No Unknown

If yes, please describe: _____

Are there any other variances granted that impact the property? Yes No Unknown

If yes, please describe: _____

Are there any other variances requested with this development? Yes No

If yes, please describe: _____

I. District/Use Information

Existing Zoning District: _____

Proposed Zoning District(s): _____

Existing Land Use(s): _____

Proposed Land Use(s) (Specific Use # from UDO Section 15.07 Required): _____

J. Site Information (include information for additional buildings on a separate sheet)

Building Footprint Square Footage: Current: _____ Proposed: _____

Total Building Square Footage (all floors): Current: _____ Proposed: _____

Number of Stories Current: _____ Proposed: _____

Building Height: Current: _____ Proposed: _____

Number of Units: Current: _____ Proposed: _____

Number of Bedrooms: Current: _____ Proposed: _____

K. Environmental Information

Total Land Area : _____ Sq. Feet or Acres

Disturbed Area: _____ Sq. Feet or Acres

Viewshed: Is development occurring within the Viewshed Protection District? Yes No Unknown

Is development occurring on slopes in excess of 30%? Yes No Unknown

Slope:

Is development occurring on slopes in excess of 50%? Yes No Unknown

Is the property located within a designated Water Supply Watershed Area? Yes No Unknown

Watershed:

If yes, please select: WS-II-CA WS-IV-PA WS-IV-CA

Stream/River: Is there a stream or river on or near the property? Yes No

SFHA: Is the property located within the Special Flood Hazard Area? Yes No Unknown

Impervious Area: What is the existing impervious area in the development? _____ sq. feet acres
 What is the proposed impervious area in the development? _____ sq. feet acres

L. Design Professional Information

Designer is an: Architect Engineer Owner Other: _____

Name: _____ Company: _____

Complete Mailing Address (Street, City, Zip): _____

Phone Number: _____ Email Address: _____

Additional Designer Information: If additional designers are involved beyond the 1 listed, please provide additional info on a separate sheet.

M. Brownfields Agreement Notification

- Does the applicant have or is the applicant planning to enter into a Brownfields Agreement with the NC Brownfields Program? Yes No (If yes, please answer question #2 below.)
- Anticipated date for the first year of partial exclusion of property taxes: _____

N. Applicant Signature and Property Owner Authorization

I hereby certify that I am authorized to submit this application; that all information is correct and complete; and all work will comply with all applicable State and local laws, ordinances, and regulations. I will ensure that the Planning and Inspections Department is notified of any changes in the approved plans and specifications for the project permitted herein.

Applicant (Print)

Applicant (Signature)

Date

Property Owner (Print)

Property Owner (Signature)

Date

Official Use Only

Permit Name: _____

Permit Number: _____

Date: _____

Fee: _____

Receipt Number: _____

Method of Payment:

Cash

Check Number: _____

Paid By: _____

Official Use Only - Hearing/Decision Information

Public Hearing Meeting Date: _____

PC Meeting Date: _____

TC Meeting Date: _____

Date of APO Mailed Notification: _____

Date of Posted Notification: _____

Request Approved: Yes No

If yes, date request sent to GIS: _____

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