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 info 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 variance requires a separate application and fee. 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)

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Watauga County Parcel Identification Number(s)</th>
</tr>
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<tbody>
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D. Property Owner Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Complete Mailing Address (Street, City, Zip)</th>
<th>Phone Number</th>
<th>Email Address</th>
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E. Applicant Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Company</th>
<th>Complete Mailing Address (Street, City, Zip)</th>
<th>Phone Number</th>
<th>Email Address</th>
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**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. 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
K. Design Professional Information

<table>
<thead>
<tr>
<th>Designer is an:</th>
<th>☐ Architect</th>
<th>☐ Engineer</th>
<th>☐ Owner</th>
<th>☐ Other: __________________________</th>
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<tbody>
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<tr>
<td>Company:</td>
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</table>

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.

L. Brownfields Agreement Notification

1. 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.)

2. Anticipated date for the first year of partial exclusion of property taxes: ________________

M. 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 ____________

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### Official Use Only

<table>
<thead>
<tr>
<th>Permit Name:</th>
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**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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