

Special Use Permit 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 recommended prior to application submittal. *Failure to provide the required information at the time of application submittal will 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) including UOD Appendix A (max. size 30" x 42")
- Any additional plans or studies, such as a Traffic Impact Analysis or other study required by the UDO for the development
- 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. You may have the property owner sign this application ([Section N](#)) or the property owner can provide a written and signed authorization that clearly states they are authorizing the applicant to submit this application.
- 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: _____

Number of Proposed Phases: _____

If requesting vesting greater than 2 years (UDO Section 4.14), list amount requested (up to 3 additional years). _____

I. Use Information

Existing Land Use(s):

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

J. Building/Structure 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

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

BOA Meeting Date: _____

Date of APO Mailed Notification: _____

Date of Posted Notification: _____

Request Approved: Yes No

Date Order Recorded: _____

Order Recordation Information:

Book: _____

Page: _____

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