

Commercial/Multi-Family Zoning 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)

Failure to provide the info required on this application may delay the review and subsequent issuance of the requested permit.

- Digital copies of all paper submittal documents (may be emailed to planning@townofboone.net)
- 6 paper copies (max. 30" x 42") of complete site plans meeting requirements of UDO Appendix A; 2 copies of building elevations
- Financial Responsibility Ownership Form for any land-disturbing activities
- Any applicable driveway permit applications (Town of Boone or NCDOT)
- If applicable, verification that the applicant has submitted a Water and Sewer System Development Fee Application (for Town water and sewer) or written approval from the Appalachian District Health Department (for well and/or septic).
- Traffic Impact Analysis if applicable, see UDO Article 4, Subsection 4.05.03.
- Geologic hazard investigations if applicable, see UDO Article 19, Section 19.03.
- 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 P](#)) 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. Property Information (Project Location)

Street Address:

Watauga County Parcel Identification Number(s):

C. Property Owner Information

Name:

Complete Mailing Address (Street, City, Zip):

Phone Number:

Email Address:

D. 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

E. Project Type

- New Construction, Additions (including any change of use with additions), Accessory Structure
- Change of Use/Renovation
- Lighting, Parking, Landscape Modifications, or Culvert Repair

F. Detailed Description of Project

G. Project Cost/Total Development Value

Project Cost (inclusive of Landscaping Costs):

\$ _____

Landscape Cost:

\$ _____

Total Development Value:

\$ _____

Pursuant to UDO Section 1.24 , an applicant may use (a) the developments tax value (b) an "as is" appraisal if completed within 2 years prior to submittal or (c) a purchase price if transacted within 2 years. Proof of (b) and (c) are required.

H. Project History

Is the development subject to a site specific development plan authorized in a Special Use Permit or Conditional District Map Amendment? Yes No Unknown

If yes, please describe: _____

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

If yes, please describe: _____

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

A "Financial Responsibility Ownership Form" shall be submitted for all developments which include any land disturbing activity.

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

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

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

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

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. Water & Wastewater Information

Town: Water and/or Sewer

Private: Well and/or Septic

M. Project Manager Information

A project manager is responsible for the activities listed in UDO Section 4.19. Commercial site improvements that involve no more than 2,500 square feet of land disturbing activity are exempt from this requirement.

Name: _____ Company: _____

Address: _____ License #: _____

Phone Number: _____ Email Address: _____

N. Design Professional Information

Designer is an: Architect Engineer Owner Other: _____

Name: _____ Company: _____

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

Phone Number: _____ Email Address: _____

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 2 listed, please provide additional info on a separate sheet.

O. 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: _____

P. 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.

Note: this form is not a permit. No work may commence until the actual permit has been issued. Working without permits may result in additional fees being assessed.

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: <input type="checkbox"/> Cash <input type="checkbox"/> Check Number: _____	Paid By:
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