

General Use 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

Notes: It is recommended that applicants schedule a meeting with Planning & Inspections Staff prior to application submittal.

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

- Property Owner Authorization for all property included in the request. See [Section D](#).
- 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.
- 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

Street Address: _____ Watauga County Parcel Identification Number: _____

Existing Zoning District(s): _____ Proposed Zoning District(s): _____

Adjacent Land Uses: N: _____ E: _____

S: _____ W: _____

Are there any existing variances or special use permits granted to the property? Yes No Unknown

If yes, describe: _____

Total Land Area: _____

C. Property Owner Information

Name: _____

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

Phone Number: _____ Email Address: _____

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

D. Applicant Signature and Property Owner Authorization

By signing this form you are certifying that this application and any attached information are accurate. Failure to provide accurate information or failure to provide any requested information may result in delays to permit processing.

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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