## REQUEST FOR CONDITIONAL USE PERMIT

COMPLETE ALL FIELDS AND ATTACH CHECKLIST - PLEASE PRINT LEGIBLY

\$240 NON-REFUNDABLE	APPLICATION FEE + COSTS	
* 1. On Point Construct	$\sim$ $\sim$ $\sim$	
Print Name (Property Owner)	Print Name (Potential Buyer/Lessee)	
1963 CR 2920		
Address	Address	
Higher MO 65257 573-	268-6921	
	City - State - Zip PHONE	
ONPOINT CONSTANCTION @ Hotma. 1		
EMAIL ADDRESS . Com	EMAIL ADDRESS 16.420-20-01-013.00	
* 2. LEGAL DESCRIPTION of land for which Conditional	Use Permit application is made, including Section,	
Township and Range. Please attach copy of the curre	ent ownership deed and, if available, a survey.	
Section 20-48-13	Lot35 Scotts Nale Su	
p/4+ Book 10, page		
* 3. Present zoning 72-5 Current land	use //ACANT	
* 4. Lot/tract size 14,523 Acres Sq. Ft	5. Adjacent Zoning R-5 & R-M	
* 6. Classification and proposed use for conditional use: (F proposed use. Attach additional page(s) if necessary)	Please be as detailed as possible in describing the	
	11 160 T All, T/2	
Reguesing A CONS, FIIN	7 USE 10 17110W / 48	
Constanction OF A Dup!	A) USE TO Allow The  Lex ON AN TR-S Zoned Lot  ed: (Attach additional page(s) if necessary)	
7. Reason and justification for the request being submitted.	ed. (Attach additional page(s) if necessary)	
	Good Was Crested At A time	
When the zowing Lows were	Not yet Adopted. All other	
* 8. Approximate size, use and location of all structures:	Stanctures Are Duplexes.	
Existing: 1800 - 2800 5F		
Proposed: 3900 SF		
* 9. Type of wastewater system:	573-268-6921	
10. Additional fees to be paid by:		
Name	Address Higher MD Phone Number	
The above information is true and correct to the best of my	knowledge. I have completed and submitted the required	
checklist and I understand that if I have not submitted the r	equired documentation by the specified deadline this application	
will be invalidated and I may be required to re-apply.		
///////////////////////////////////////	N/A	
Owner's Signature Date	Potential Buyer's/Lessee's Signature Date	
<b>NOTE</b> : Please attach any additional documentation, sketc minimum information. Failure to provide any of the require Do not email form. Original signature is required.	hes. permits, names and addresses as required as d material(s) will result in the invalidation of this application.	
Pacaived by	Date	

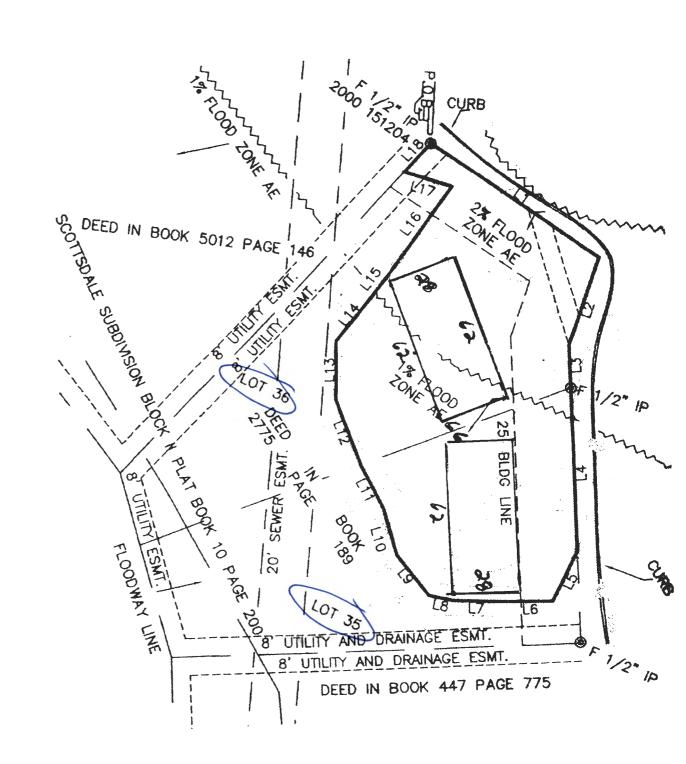
Boone County Resource Management

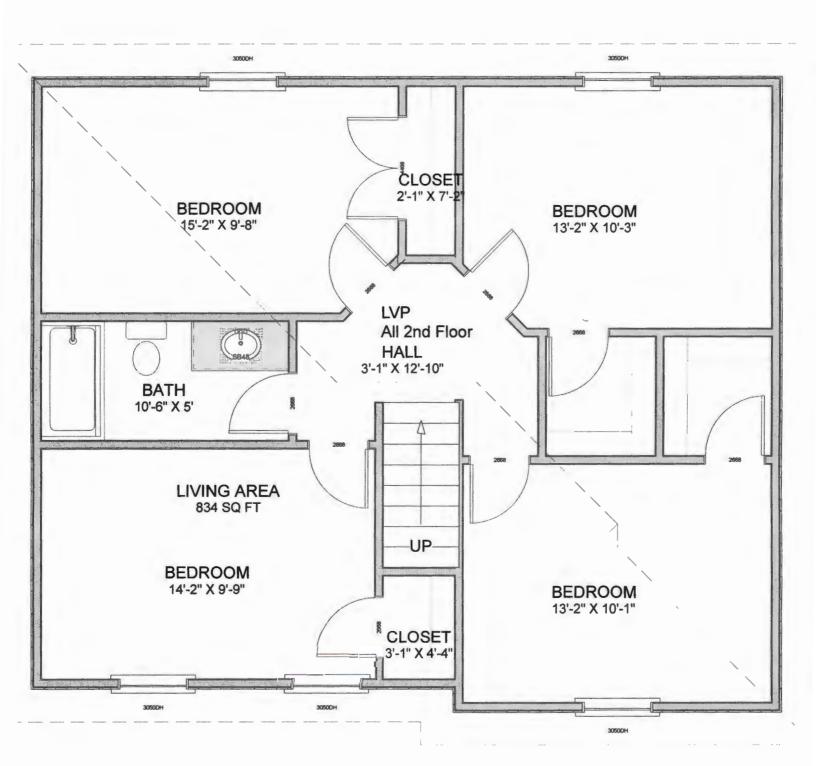
RING: GRID NORTH AS PER ON OBTAINED FROM THE

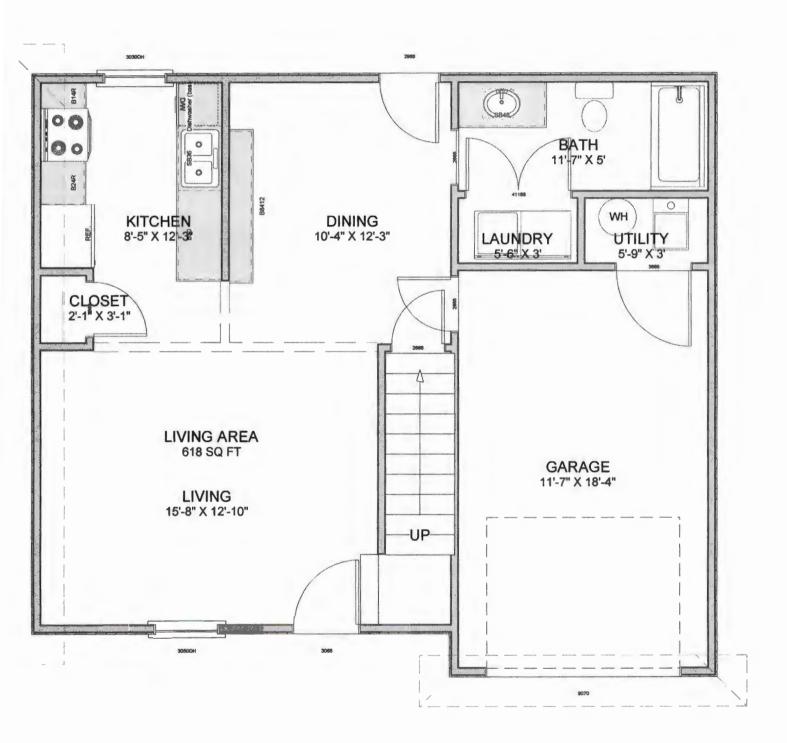
TLE POLICY AND OR INOT AVAILABLE FOR EASEMENTS MAY EXIST.

Y HAS BEEN COMPLETED
DOCUMENT FOR A
RANT A LETTER OF MAP
BASED ON FILL FROM FEMA.
BOUNDARY SURVEYED IS
D BE 0.4' OR MORE ABOVE
DD ELEVATION. THE BASE
ON IS SITED AS PER FIRM
29019C0267E.

C 12 (24)	BEARING	DISTANCE
LINE	S 52"52"55" E	87.00
L1		39.90'
12	S 22'26'50" W	39.50
13	S 01'00'20" W	18.65
14	S 01'00'20" W	
	S 29'47'40" W	23.50
L5 L6	The second second	//19.35
L6	1	22.45
L7_		
L8_		
L9	N 35'27'05" V	V 21.95
110	IN 12'32'40" Y	V 20.50
111	The 04'37'10' Y	N 21.30
1-1-		N 30.05'
LIZ	N 174/30 N 03 30 15	25.90
L13	N 03'30'15"	E 24.35'
L14	N 41 40 00	
115	111 40 0 1 00	E 12.45
116	N 39.05,40	E 45.65
1:13	N 69'09'15"	W 21.10'
L1/		E 16.50'
L18	114 40 10 20	







## **Parcel Information Viewer**



Parcel Data Current as of: 12/20/2022 Information Retrieved: 1/20/2023 12:13 PM CST

