

REQUEST FOR CONDITIONAL USE PERMIT

COMPLETE ALL FIELDS AND ATTACH CHECKLIST – PLEASE PRINT LEGIBLY
\$240 NON-REFUNDABLE APPLICATION FEE + COSTS

* 1. <u>Ralph E. & Rosalee Higgins</u> Print Name (Property Owner)	<u>Capital Quarries Company, Inc.</u> Print Name (Potential Buyer/Lessee)
<u>21470 S WESTBROOK</u> Address	<u>P.O. Box 105050</u> Address
<u>Hartsburg, MO 65039</u> City - State - Zip	<u>Jefferson City, MO. 65110</u> City - State - Zip
PHONE _____	PHONE _____
EMAIL ADDRESS _____	<u>cthiltgen@capitalquarries.com</u> EMAIL ADDRESS

* 2. LEGAL DESCRIPTION of land for which Conditional Use Permit application is made, including Section, Township and Range. Please attach copy of the current ownership deed and, if available, a survey.
Section 24, Township-45N, Range-12W, Deed Attached

27-602-13-00-012.00 01 / 27-600-24-00-003.01 01

* 3. Present zoning A-2 Current land use Mining, Hunting

* 4. Lot/tract size 123 Acres/Sq. Ft. 5. Adjacent Zoning A-R, A-2

* 6. Classification and proposed use for conditional use: (Please be as detailed as possible in describing the proposed use. Attach additional page(s) if necessary)
Mining, processing, stockpiling and selling sized rock products.
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* 7. Reason and justification for the request being submitted: (Attach additional page(s) if necessary)
Increase the area of current conditional use permit, for mining, processing,

* 8. Approximate size, use and location of all structures:
Existing: Scalehouse Trailer-226 sq. ft. Southwest area of property
Proposed: None

* 9. Type of wastewater system: Self Contained Tank

10. Additional fees to be paid by: Capital Quarries Company, Inc. P.O. Box 105050 573-634-4800
Name Address 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 required documentation by the specified deadline this application will be invalidated and I may be required to re-apply.

Ralph E. Higgins 6-7-23 [Signature] 6/8/23
Owner's Signature Date Potential Buyer's/Lessee's Signature Date

NOTE: Please attach any additional documentation, sketches, permits, names and addresses as required as minimum information. Failure to provide any of the required material(s) will result in the invalidation of this application. Do not email form. Original signature is required.

Received by [Signature] Date 6/21/23
Boone County Resource Management