REQUEST FOR CONDITIONAL USE PERMIT

COMPLETE ALL FIELDS AND ATTACH CHECKLIST - PLEASE PRINT LEGIBLY

\$200 APPLICATION FEE + COSTS

* 1.	Jerlyn Younger		
	Print Name (Property Owner)	Print Name (Potential Buyer/Lessee)	
	<u>Address</u>	Address	
	Columbia, Mo. 65201 City - State - Zip PHONE	City - State - Zip	PHONE
	EMAIL ADDRESS	EMAIL ADDRESS	
* 2.	LEGAL DESCRIPTION of land for which Conditional U Township and Range. Please attach copy of the curre		
	LODDY Kent Dr. Columbia, 452		049.00 01
	Gregory Heights SP3, Replant 1		
		use kesidnetal	
* 4.	Lot/tract size 10.6x 151.9 Acres/Sq. Ft.	5. Adjacent Zoning	>
* 6.	Classification and proposed use for conditional use: (Pl proposed use. Attach additional page(s) if necessary)	lease be as detailed as possible in describin	g the
	Make into puples	again.	
* 7.	Reason and justification for the request being submitted	d: (Attach additional page(s) if necessary) Mo SFD. Would	like
* 8.	Approximate size, use and location of all structures:	Nuples:	
	Existing: 1202 1622		
	Proposed: 1342 1632		
* 9.	Type of wastewater system:		
10.	Additional fees to be paid by:Name	Address	Phone Number
che	above information is true and correct to the best of my l cklist and I understand that if I have not submitted the re be invalidated and I may be required to re-apply.		

01-16-2020 Owners 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.

Received by Boone County Resource Management

Date

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