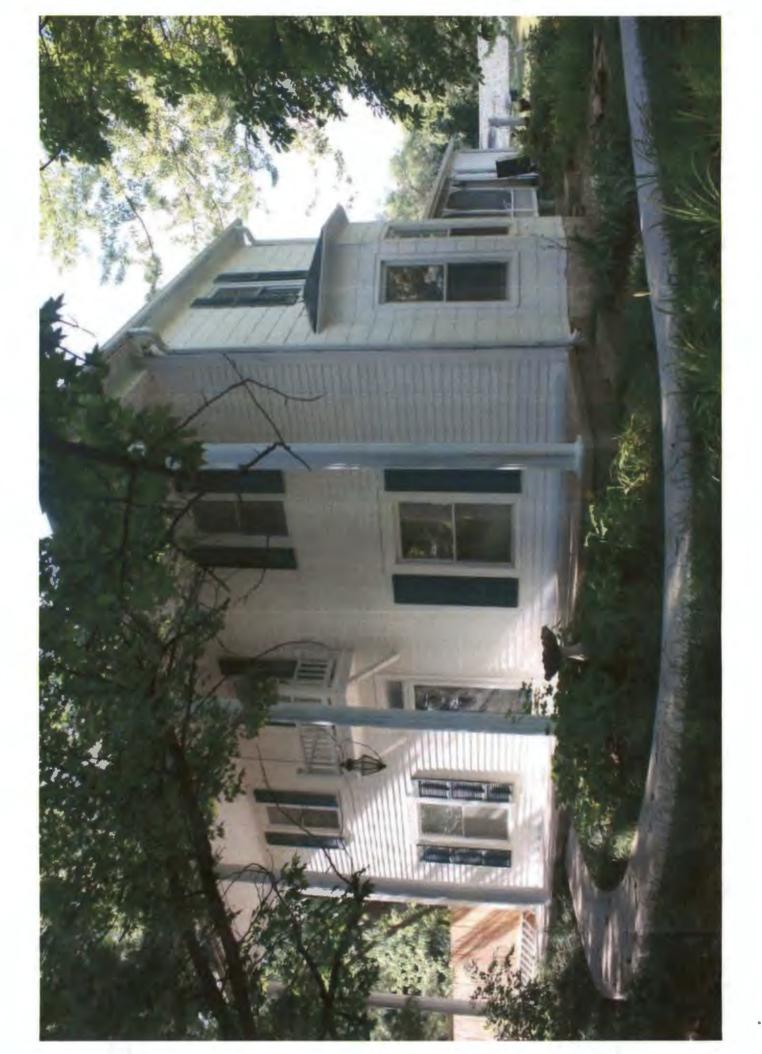
REQUEST FOR CONDITIONAL USE PERMIT COMPLETE ALL FIELDS AND ATTACH CHECKLIST – PLEASE PRINT LEGIBLY
*1. <u>Shannon Kasmann & Amir Ziv (married)</u> <u>Same</u> Print Name (Property Owner) <u>Print Name (Potential Buyer/Lessee)</u>
8091 Highway 40 W Address Address
City - State - Zip, MO. 65202 - 573-268-4042 Same City - State - Zip, PHONE City - State - Zip, PHONE
SKasmann @ aol.com EMAIL ADDRESS 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.
8101 Highway 40 W. Columbia, MO 65202 - S-2, T-48, R-14W
*3. Present zoning <u>A-2</u> Current land use <u>Residential</u>
*4. Lot/tract size 114 x 223 Acres/Sq. Ft. 3.99 5. Adjacent Zoning R-S, A-2, C-GP, A-R
* 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)
Existing house to remain in current condition, only upgrades to interior of house will be made to allow for luxury pet boarding facility *7. Reason and justification for the request being submitted: (Attach additional page(s) if necessary)
Commercial Usage of existing structure only (house) No other structures to be built on property.
*8. Approximate size, use and location of all structures: Existing: <u>2600 sg At house, small shed + gazebo</u>
Proposed: No future building is planned (use of existing home only)
*9. Type of wastewater system: lagoon to be replaced by onsite waste water system connecting 10. Additional fees to be paid by: into local sewer whility line.
Name Address Phone Number Name Address Phone Number The above information is true and correct to the best of my knowledge. I have completed and submitted the required documentation by the specified deadline this application Image: Color Molection will be invalidated and I may be required to re-apply. Image: Color Molection Image: Color Molection Mumer Mamerie The above information is true and correct to the best of my knowledge. I have completed and submitted the required documentation by the specified deadline this application will be invalidated and I may be required to re-apply. Image: Color Molection Image: Color Molection Mumer Mamerie The above information is true and correct to the best of my knowledge. I have completed and submitted the required documentation by the specified deadline this application Will be invalidated and I may be required to re-apply. Image: Color Molection Image: Color Molection Owner's Signature The second part of the second p
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.

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Boone County Resource Management



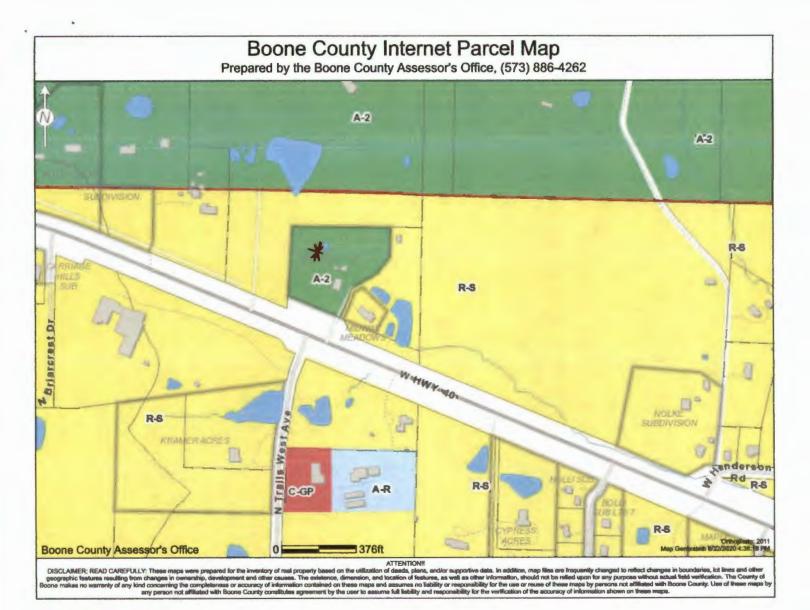
Boone County Internet Parcel Map

Prepared by the Boone County Assessor's Office, (573) 886-4262



ATTENTION!!

DISCLAIMER; READ CAREFULLY: These maps were prepared for the inventory of real property based on the utilization of deeds, plans, and/or supportive data. In addition, map files are frequently changed to reflect changes in boundaries, lot lines and other geographic features resulting from changes in ownership, development and other causes. The existence, dimension, and location of features, as well as other information, should not be relied upon for any purpose without actual field verification. The County of Boone makes no warranty of any kind concerning the completeness or





State of Missouri John R. Ashcroft, Secretary of State

Corporations Division PO Box 778 / 600 W. Main St., Rm. 322 Jefferson City, MO 65102

Articles of Organization

(Submit with filing fee of \$105.00)

1

	The name of the limited liability company is:				
	MeowLuxe, LLC				
(Must include "Limited Liability Company," "Limited Company," "LC," "L.C.," "L.L.C.," or "LLC")					
2. 1	The purpose(s) for which the limited liability company is organized:				
	Pet Boarding Facility				
3. '	The name and address of the limited liability company's registered agent in Missouri is:				
	Shannon-L-Kasmann 8091 Highway 40 W, Columbia MO 65202				
	Name Street Address: May not use PO Box unless street address also provided City/State/Zip				
4. 7	The management of the limited liability company is vested in: I managers I members (check one)				
	The events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual: Perpetual				
•	(The answer to this question could cause possible tax consequences, you may wish to consult with your attorney or accountant)				
6.	The name(s) and street address(es) of each organizer (PO box may only be used in addition to a physical street address): (Organizer(s) are not required to be member(s), manager(s) or owner(s)				
	Shannon L. Kasmann				
	8091 Highway 40 W				
	Columbia MO 65202				
	□ Series LLC (OPTIONAL) Pursuant to Section 347.186, the limited liability company may establish a designated series				

operating agreement. The names of the series must include the full name of the limited liability company and are the following:

New Series:

The limited liability company gives notice that the series has limited liability.

New Series:

D The limited liability company gives notice that the series has limited liability.

New Series:

The limited liability company gives notice that the series has limited liability.

(Each separate series must also file an Attachment Form LLC 1A.)

(Please see next page)

Name and address to return filed document:	ORI-05042020-0395 State of Missouri
Name: Shannon L Kasmann	No of Pages 2 Pages
Address: Email: skasmann@aol.com	
City, State, and Zip Code:	Creation - LLC/LLP

8. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise

indicated:

7.5

(Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true and correct:

- 5 - -

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo) All organizers must sign:

Shannen L. Kasman	SHANNON L. KASMANN	4-28-2020
Organizer Signaline	Printed Name Amir ZIV	Date
Organizer Signature	Printed Name	Date
Organizer Signature	Printed Name	Date

LLC-1 (01/2017)