

**REQUEST FOR CONDITIONAL USE PERMIT**

COMPLETE ALL FIELDS AND ATTACH CHECKLIST - PLEASE PRINT LEGIBLY

**\$200 APPLICATION FEE + COSTS**

\* 1. Shannon Kasemann & Amir Ziv (married) — same  
 Print Name (Property Owner) Print Name (Potential Buyer/Lessee)

8091 Highway 40 W. same  
 Address Address

Columbia, MO, 65202 - 573-268-4042 same  
 City - State - Zip PHONE City - State - Zip PHONE

skasemann@aol.com same  
 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 A-2 Current land use Residential

\* 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: 2600 sq ft house, small shed & gazebo

Proposed: No future building is planned (use of existing home only)

\* 9. Type of wastewater system: Lagoon to be replaced by onsite wastewater system connecting into local sewer utility line.

10. Additional fees to be paid by:

Name	Address	Phone Number
<u>Shannon Kasemann</u>	<u>8091 Hwy 40 W,</u>	<u>Col MO 65202</u>

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.

Shannon Kasemann & A-Ziv \_\_\_\_\_  
 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.

Received by Kevin Cullen Date 7/28/20  
 Boone County Resource Management



# Boone County Internet Parcel Map

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



Boone County Assessor's Office

0 83ft

Orthophoto  
Map Generated: 6/22/2020 4:28:24 PM

**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

# Boone County Internet Parcel Map

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



Boone County Assessor's Office

0 376ft

Map Generated: 8/22/2014 3:18 PM

**ATTENTION!!**

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State of Missouri
John R. Ashcroft, Secretary of State

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

LC001702971
Date Filed: 5/1/2020
John R. Ashcroft
Missouri Secretary of State

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.," "LLC.," or "LLC")

2. 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. The management of the limited liability company is vested in: [ ] managers [X] members (check one)

5. 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

7. [ ] Series LLC (OPTIONAL) Pursuant to Section 347.186, the limited liability company may establish a designated series in its 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:

[ ] 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:

Name: Shannon L Kasmann

Address: Email: skasmann@aol.com

City, State, and Zip Code:

ORI-05042020-0395 State of Missouri
No of Pages 2 Pages



Creation - LLC/LP/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: \_\_\_\_\_

*(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:

(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:

<i>Shannon L. Kasman</i> <small>Organizer Signature</small>	SHANNON L. KASMAN <small>Printed Name</small>	4-28-2020 <small>Date</small>
<i>[Signature]</i> <small>Organizer Signature</small>	Amir Ziv <small>Printed Name</small>	 <small>Date</small>
 <small>Organizer Signature</small>	 <small>Printed Name</small>	 <small>Date</small>