

**APPLICATION FOR CONDITONAL USE PERMIT
EXTENSION (INTERIM CUP PERMIT)**

**BOONE COUNTY COURTHOUSE
PLANNING AND DEVELOPMENT SERVICES**

**Courthouse
201 State Street
Boone, IA 50036**

If the proposed work described in a conditional use permit has not been substantially completed within one (1) year after its date of issuance, the permit shall expire and become **void**, except that the Board of Adjustment may extend the permit for an additional period determined by the Board on the receipt of a request for a permit extension prior to its expiration. A conditional use permit authorizes only the use specified in the permit. *The request for an extension shall state facts showing a good faith attempt to complete or 'use' the use permitted in the interim use permit; or shall state facts showing that all conditions and provisions of the original permit and/or extensions have been met or been exceeded. A \$150.00 fee shall be paid at the time of the application for an extension.*

1. Applicant

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

Legal Landowner (if different from above)

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

2. Subject Property Identification:

Township: _____ Range: _____ Section: _____ Quarter/Quarter Section _____ Quarter Section _____
Parcel Identification Number(s): _____
Street Address: _____
Legal Description: _____
General Location: _____
Lot or Parcel Size: _____

3. Extension Request:

- a. Original Issued Conditional Use Permit Resolution No. _____.
- b. Original date of the Conditional Use Permit (CUP) approved by the Boone County Board of Adjustment:
_____.
- c. Expiration date of the Original Conditional Use Permit: _____.
- d. Explain in detail the reason(s) for the requested time extension. If necessary, please attach additional sheets. *The request for an extension shall state facts showing a good faith attempt to complete or 'use' the use permitted in the interim use permit; or shall state facts showing that all conditions and provisions of the original permit and/or extensions have been met or been exceeded.*

(OVER)

e. Explain in detail any proposed change to the previously approved Conditional Use Permit:

f. Identify any previous approved time extensions:

Submittal Requirements for Conditional Use Permit (CUP) Time Extension Applications:

- One (1) copy of the original approved and signed CUP
- One (1) copy of previous approved and signed CUP Extension(s). *(If applicable)*
- Site plan showing location of the structure and/or use requiring a CUP extension.
- Describe in detail how each of original approved/signed CUP's conditions or provisions have been met or been exceeded.
- Describe in detail how the previous approved and signed CUP Extension(s) has been met or been exceeded.

A. I (We) the undersigned *legal owners of the subject property*, certify that the statements and information contained in this application are true and correct to the best of our knowledge.

1. Printed Name

/s/ Signature

Date

2. Printed Name

/s/ Signature

Date

B. I (We) the undersigned *legal owners or contract purchasers of the subject property*, authorize the person listed as the applicant's representative on the application to act in our place and to appear as our agent with respect to this application.

1. Printed Name

/s/ Signature

Date

2. Printed Name

/s/ Signature

Date

(OVER)

C. I, the undersigned *applicant* certify that the statements and information contained in this application are true and correct to the best of my knowledge.

1. Printed Name

/s/ Signature

Date

2. Printed Name _____

/s/ Signature _____

_____ Date

For Office Use Only

Fee Paid: \$ _____ Receipt No. _____

Action on Application by Board of Adjustment: Approve Approve with Conditions Deny

Original Resolution No. _____

Extension Resolution No. _____

Extension Valid Until: _____

New/Additional Conditions/Provisions (If applicable): _____

/s/ Board of Adjustment, Chairman Certification

Date

/s/ Zoning Administrator

Date

- Original: Planning and Development Services
Copy to: (1) Owner and/or Applicant and/or Contract Purchaser
(2) Tax Assessor
(3) Engineering
(4) Files