

CERTIFICATE OF APPROPRIATENESS
BOONE COUNTY PLANNING COMMISSION

Three (3) copies are required of drawings which illustrate the changes being proposed. In addition, any additional information can be attached which more completely describes the request. Information may include elevations, site plans, photos, material samples, or other drawings. Failure to supply adequate documentation could result in delays in processing the application.

SECTION A: (To be completed by applicant)

1. Name of Project: _____

2. Location of Project: _____

_____ City _____ State _____ Zip Code

3. Nature of Work (check all that apply):

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Awning | <input type="checkbox"/> Fence | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Color Change | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Repairs or Alteration (Exterior Only) |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Moving A Building | <input type="checkbox"/> Sign Erection or Replacement |
| <input type="checkbox"/> Other: _____ | | |

4. Description Of Work:

5. Applicant: _____

Address: _____

_____ City _____ State _____ Zip Code

Phone Number: _____ Fax Number: _____

Email: _____

6. Property Owner: _____

Mailing Address: _____

_____ City _____ State _____ Zip Code

Phone Number: _____ Fax Number: _____

Email: _____

7. Have you had a pre-application meeting with the Boone County Planning Commission staff:

- Yes No

8. Are there any existing buildings located on the site:

Property Owner's Signature:

Applicant's Signature:

SECTION B: (To be completed by Planning Commission staff)

1. Date Received: _____ Fee Received: _____ Receipt #: _____

2. Number of Copies Received: _____

3. Is application complete: Yes No

4. Staff Reviewer: _____

5. Staff Action: _____ Date of Action: _____

_____ Approved

_____ Approved with Conditions (see #6)

_____ Denial (See #7)

6. Conditions of Approval: _____

7. Reasons for Denial: _____

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