



CITY OF BOAZ

112 NORTH BROAD STREET
BOAZ, ALABAMA 35957
BUILDING@CITYOFBOAZ.ORG

APPLICATION/CASE #

CONDITIONAL USE APPROVAL APPLICATION

Applicant Name: <u>King's Discount Home Center, LLC</u>	Project Name: <u>King's Boaz Location</u>
Mailing Address: <u>1075 AL-68</u> <u>Albertville, AL 35951</u>	Site Address: <u>2807 US Hwy 431 Boaz, AL 35951</u>
Email Address: <u>blakeking@kingsdiscounthomecenter.com</u>	Phone Number: <u>256-660-1145</u>
Prefer to communicate via text messages? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Fax Number: _____
	Mobile Number: <u>256-571-5079</u>

A COPY OF THE DEED TO THE SUBJECT PROPERTY MUST BE SUBMITTED WITH THIS APPLICATION. If the applicant is not the owner, then a letter allowing the applicant to act as an "authorized agent" must be on file. THREE FULL-SIZE PAPER COPIES AND ONE 11X17 REDUCTION MUST ALSO ACCOMPANY THE APPLICATION. ELECTRONIC DOCUMENTS ARE PREFERRED.

Required Information Attached:

- Conceptual Stormwater Management plan
- Conceptual Site plan showing the location, use and size of structures, open spaces, landscaping parking and loading areas, access drives and vehicular and pedestrian circulation system.
- Location of exterior lighting and signs, including any illuminations of signs
- List of any noise, smoke odors and other impacts that will be produced by the proposed development that may affect adjacent properties and associated mitigation measures.

General Location: 2807 US-431

Gross Area of Subject Property: <u>1.4 ac</u>	Number of Individual Units: <u>1</u>
Current Use: <u>Leased Property (Multiple uses)</u>	Current Zoning District: <u>B3</u>

Proposed Use: Retail Home Improvement

Is the Proposed development to be on an existing lot of record? Yes No

Is the Proposed development located in the Hwy 431 or Hwy 168 Overlay Districts? Yes No

Proposed Cladding/Façade Material: Current Cladding/ Facade (Cedar, Brick, and Block)

(Hwy 431 and 168 overlay districts only)

Is site plan approval contingent on any other official action by the city? Yes No If yes please Specify:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Subdivision plat approval |
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Other: _____ |

I, the applicant, certify that all of the above facts are true and correct to the best of my knowledge. I understand that any development approval(s) granted pursuant to this application shall be subject to all applicable regulations of the City of Boaz, and that such approval(s) shall expire if no building permit has been obtained within (12) months following date of approval, Or the conditional use ceases for a continuous time period in excess of six months. I further understand that this submission will be verified by Planning Department staff for completeness within 5 business days. An application that is deemed incomplete could result in the application not being considered at the next meeting. If this is the case, then I will be notified by telephone accordingly by the staff within 5 business days. I authorize the building official (and/or) Planning staff to take any action necessary to review and act on this application and release him/her for any such actions.

Applicant's Signature: <u>Blake King</u>	Date: _____
Applicant's Name (Please print): <u>Blake King</u>	<u>08/19/2023</u>

Received By: _____

Date: _____