Date:	
Application Number:	

## STATEMENT OF USE Boarding/Riding Equine Facilities

Owner/Agent Name:	
Owner/Agent Address:	
Zone: Assessor's Map & Lot:	
Home Occupation:	
Description of Activities Related to Equine Facility: _	
Are there any other accessory uses occurring on the pro-	onoutu? (If so ovnloin)
Are there any other accessory uses occurring on the pro-	operty? (II so, explain)
Number of Employees (both businesses):	
Hours of Operation:	
<b><u>CERTIFICATION</u></b> : I hereby certify that all information stated w belief.	ithin is true and accurate to the best of my knowledge and
Signature: Owner Agent	Date:
C	down of
The foregoing instrument was acknowledged before me this	day of, 20
Notary Public	<u> </u>
	rking Spots Required:
Number of Par	king Spots Available: Staff Initials: Date:

Residential Use Adopted 11/6/03 Last Revised 9/26/16