



MISCELLANEOUS PLANNING REQUEST (MSC)
Planning & Building Services Department
Planning Division

200 S. Willow St. | ph: (307) 733-3959
P.O. Box 1727 | www.tetoncountywy.gov
Jackson, WY 83001

For Office Use Only

Fees Paid _____
Check # _____ Credit Card _____ Cash _____
Application # _____

PROJECT

Name/Description: _____
Physical Address: _____
Lot, Subdivision: _____ PIDN: _____

OWNER

Name: _____ Phone: _____
Mailing Address: _____ ZIP: _____
E-mail: _____

APPLICANT/AGENT

Name: _____ Phone: _____
Mailing Address: _____ ZIP: _____
E-mail: _____

DESIGNATED PRIMARY CONTACT

_____ Owner _____ Applicant/Agent

PURPOSE OF REQUEST

- _____ Planner of the day research request For inquiries and research requiring more than 1 hour of staff time.
_____ Fee Waiver Request
_____ Special Purpose Fencing Exemption
_____ Review of required annual monitoring report
_____ Environmental analysis exemption request
_____ Other

SUBMITTAL REQUIREMENTS Please ensure all submittal requirements are included. The Planning Department will not hold or process incomplete applications.

- _____ **Electronic Submittal** A complete digital file of the application with attachments/plans.
- _____ **Hard Copy Submittal** A complete printed file of the application with attachments/plans.
- _____ **Application Fee** Fees are cumulative. Applications for multiple types of permits, or for multiple permits of the same type, require multiple fees. See the currently adopted Planning Fee Schedule on the website for more information.
- _____ **Notarized Letter of Authorization** A notarized letter of consent from the landowner is required if the applicant is not the owner. Please see the Letter of Authorization template on the website for a sample.
- _____ **Corporations and Partnerships** If the owner is a partnership or corporation, proof that the owner can sign on behalf of the partnership or corporation.
- _____ **Additional Submittal Requirements** Additional information required to review a Miscellaneous request varies depending on the purpose. Please attach the information listed below, as applicable.

Planner of the Day Research Request

_____ Include a brief narrative description of the inquiry or research requested.

Fee Waiver Request

_____ **Application Type or Number** If the fee waiver is being requested in advance of application submittal, indicate the types of applications involved. If the fee waiver is requested in association with an active application, indicate the project number.

_____ **Fees to be waived** Indicate the amount of the fees to be waived. In the case of a building permit waiver request, the applicant shall provide the building square footage and a basic floor plan illustration.

_____ **Basis for the fee waiver request** See the Fee Waiver Resolution in the adopted Fee Schedule for more information on applicable criteria.

Special Purpose Fencing Exemption

_____ **Response to Section 5.1.2.E of the LDRs** Include a narrative statement addressing the purpose of the fencing and how it complies with the standards found in this section.

_____ **Site Plan** Include a site plan of the property, drawn to scale, depicting the location of any existing and proposed fencing.

_____ **Fencing Description** Describe existing and proposed fencing, including materials, height and design.

Review of Required Annual Monitoring Reports

_____ **Permit Number** Indicate the permit or approval number with which the annual report is associated.

_____ **Report** Attach a copy of the required monitoring report or review.

Environmental analysis exemption request

_____ **Exemption you are requesting** Please reference 8.2.2.B.1 (Please note that in certain circumstances a zoning compliance verification for environmental standards may be required).

Other – Briefly describe the nature of the request:

Under penalty of perjury, I hereby certify that I have read this application and state that, to the best of my knowledge, all information submitted in this request is true and correct. I agree to comply with all county and state laws relating to the subject matter of this application.

Signature of Owner or Applicant/Authorized Agent

Date

Name Printed

Title/Role