

TOWN OF STAR VALLEY PLANNING AND ZONING APPLICATION

	ereby applies for:		
□ Abandonment Request	□ Develop. Agreement,		□ Preliminary Subdivision Plat
□ ADU	□ Development Master Plan		☐ P & Z Commission Appeal
□ Administrative Appeal	☐ Final Subdivision Plat		☐ Temporary Use Permit
□ Administrative Relief	☐ General Plan/Land Use Plan Amendment		□ Variance
□ Annexation	☐ Guest Quarters		□ Zone Change
□ Code Amendment	☐ Minor Land Division		
□ Conditional Use Permit	☐ Mobile Storage		
Project Address:	Tax	Parcel Number:	
Subdivision:	Lo	Lot Number:	
Name of Applicant(s):		Phone #:	
Mailing Address:	Town: _	St: _	Zip:
Name of Property Owner(s):			
Mailing Address:	Town: _	St: _	Zip:
Contact Person:			
Star Valley Business License #		Sales Tax #	
•			
Detailed Description of Request:			
(Note: Additional description area can be in	ncluded in an attachment)		
Certification: I hereby certify that	at the data submitted on or v	with this application	is true and correct, that I am the
owner of the property at this add			
owner of the property at this add			
owner of the property at this add			
owner of the property at this add in his/her behalf.	ress, or that for the purpose		proval I am an authorized agent
owner of the property at this add in his/her behalf.			
owner of the property at this add in his/her behalf.	ress, or that for the purpose Signature	of obtaining this ap	proval I am an authorized agent
	ress, or that for the purpose	of obtaining this ap	proval I am an authorized agent
owner of the property at this add in his/her behalf. Print Name APPLICATION	ress, or that for the purpose Signature	of obtaining this appropriate of obtaining this appropriate of the obtaining the obt	proval I am an authorized agent
owner of the property at this add in his/her behalf. Print Name APPLICATION DATE FILED	ress, or that for the purpose Signature STAFF USE ONLY – PE	of obtaining this appropriate of obtaining this appropriate of the obtaining the obt	proval I am an authorized agent Date
owner of the property at this add in his/her behalf. Print Name APPLICATION DATE FILED COMPLETED APPLICATION	ress, or that for the purpose Signature STAFF USE ONLY – PE	of obtaining this appropriate of obtaining this appropriate of the obtaining the obt	proval I am an authorized agent Date
owner of the property at this add in his/her behalf. Print Name APPLICATION DATE FILED	ress, or that for the purpose Signature STAFF USE ONLY – PE	of obtaining this appropriate of obtaining this appropriate of the obtaining the obt	proval I am an authorized agent Date APPLICATION FEE:
owner of the property at this add in his/her behalf. Print Name APPLICATION DATE FILED COMPLETED APPLICATION	ress, or that for the purpose Signature STAFF USE ONLY – PE	of obtaining this appropriate of obtaining this appropriate of the obtaining the obt	proval I am an authorized agent Date APPLICATION FEE: CHECK NUMBER:
owner of the property at this add in his/her behalf. Print Name APPLICATION DATE FILED COMPLETED APPLICATION NEWSPAPER PUBLICATION	ress, or that for the purpose Signature STAFF USE ONLY – PE	of obtaining this appropriate of obtaining this appropriate of the obtaining the obt	proval I am an authorized agent Date APPLICATION FEE: CHECK NUMBER:
owner of the property at this add in his/her behalf. Print Name APPLICATION DATE FILED COMPLETED APPLICATION NEWSPAPER PUBLICATION 300° NOTIFICATION MAILOUT	ress, or that for the purpose Signature STAFF USE ONLY – PE	of obtaining this appropriate of obtaining this appropriate of the obtaining the obt	proval I am an authorized agent Date APPLICATION FEE: CHECK NUMBER:
owner of the property at this add in his/her behalf. Print Name APPLICATION DATE FILED COMPLETED APPLICATION NEWSPAPER PUBLICATION 300° NOTIFICATION MAILOUT	Signature STAFF USE ONLY – PE DATE INITI	of obtaining this appropriate of obtaining this appropriate of the obtaining the obt	proval I am an authorized agent Date APPLICATION FEE: CHECK NUMBER:
owner of the property at this add in his/her behalf. Print Name APPLICATION DATE FILED COMPLETED APPLICATION NEWSPAPER PUBLICATION 300° NOTIFICATION MAILOUT POSTING DATE RECOMMENDATION	Signature STAFF USE ONLY – PE DATE INITI	RTINENT DATA ALS	proval I am an authorized agent Date APPLICATION FEE: CHECK NUMBER:
owner of the property at this add in his/her behalf. Print Name APPLICATION DATE FILED COMPLETED APPLICATION NEWSPAPER PUBLICATION 300° NOTIFICATION MAILOUT POSTING DATE	Signature STAFF USE ONLY – PE DATE INITI	RTINENT DATA ALS ECISIONS	proval I am an authorized agent Date APPLICATION FEE: CHECK NUMBER:
owner of the property at this add in his/her behalf. Print Name APPLICATION DATE FILED COMPLETED APPLICATION NEWSPAPER PUBLICATION 300° NOTIFICATION MAILOUT POSTING DATE RECOMMENDATION	Signature STAFF USE ONLY – PE DATE INITI	RTINENT DATA ALS ECISIONS	Proval I am an authorized agent Date APPLICATION FEE: CHECK NUMBER: DATE:
owner of the property at this add in his/her behalf. Print Name APPLICATION DATE FILED COMPLETED APPLICATION NEWSPAPER PUBLICATION 300° NOTIFICATION MAILOUT POSTING DATE RECOMMENDATION	Signature STAFF USE ONLY – PE DATE INITI	RTINENT DATA ALS ECISIONS	Proval I am an authorized agent Date APPLICATION FEE: CHECK NUMBER: DATE:
owner of the property at this add in his/her behalf. Print Name APPLICATION DATE FILED COMPLETED APPLICATION NEWSPAPER PUBLICATION 300° NOTIFICATION MAILOUT POSTING DATE RECOMMENDATION	Signature STAFF USE ONLY – PE DATE INITI	RTINENT DATA ALS ECISIONS	Proval I am an authorized agent Date APPLICATION FEE: CHECK NUMBER: DATE:
owner of the property at this add in his/her behalf. Print Name APPLICATION DATE FILED COMPLETED APPLICATION NEWSPAPER PUBLICATION 300° NOTIFICATION MAILOUT POSTING DATE RECOMMENDATION	Signature STAFF USE ONLY – PE DATE INITI	RTINENT DATA ALS ECISIONS	Proval I am an authorized agent Date APPLICATION FEE: CHECK NUMBER: DATE: