TOWN OF STAR VALLEY
PLANNING AND ZONING APPLICATION

The undersigned Applicant(s) hereby applies for:

□ Abandonment Request	□ Develop. Agreement, PAD & SPD	□ 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: _____ Lot Number: _____
Name of Applicant(s): _____ Phone #: _____
Mailing Address: _____Town: _____ St: _____ Zip: _____
Name of Property Owner(s): _____
Mailing Address: _____Town: _____ St: _____ Zip: _____
Contact Person: _____ Phone: _____ Fax: _____
Star Valley Business License # _____ Sales Tax # _____

Detailed Description of Request:

_____
_____
_____
_____

(Note: Additional description area can be included in an attachment)

Certification: I hereby certify that the data submitted on or with this application is true and correct, that I am the owner of the property at this address, or that for the purpose of obtaining this approval I am an authorized agent in his/her behalf.

_____ _____ _____
Print Name Signature Date

STAFF USE ONLY – PERTINENT DATA			
APPLICATION	**DATE**	**INITIALS**	**APPLICATION FEE:**
DATE FILED			
COMPLETED APPLICATION			CHECK NUMBER:
NEWSPAPER PUBLICATION			DATE:
300' NOTIFICATION MAILOUT			
POSTING DATE			

RECOMMENDATION	**DECISIONS**
By: _____ Date: _____	By: _____ Date: _____