



TOWN OF JACKSON PLANNING & BUILDING DEPARTMENT

TRANSMITTAL MEMO

Town of Jackson

- Public Works/Engineering
- Building
- Title Company
- Town Attorney
- Police

Joint Town/County

- Parks and Recreation
- Pathways
- Joint Housing Dept

Teton County

- Planning Division

- Engineer
- Surveyor- *Nelson*
- Assessor
- Clerk and Recorder
- Road and Levee

State of Wyoming

- Teton Conservation
- WYDOT
- TC School District #1
- Game and Fish
- DEQ

Federal Agencies

- Army Corp of Engineers

Utility Providers

- Qwest
- Lower Valley Energy
- Bresnan Communications

Special Districts

- START
- Jackson Hole Fire/EMS
- Irrigation Company

Date: November 18, 2020

Item #: P20-218

Planner: Tyler Valentine

Phone: 733-0440 ext. 1305

Email: tvalentine@jacksonwy.gov

Owner

Gayle Roosevelt
PO Box 4091
Jackson, WY 83001

Applicant:

Katie & Scott Edwards
PO Box 9545
Jackson, WY 83002

REQUESTS:

The applicant is submitting a request for a Basic Use Permit to switch from office to service for the property located at 105 E. Pearl Avenue, legally known as LOT 3, BEAN HILL ADDITION.

For questions, please call Tyler Valentine at 733-0440, x1305 or email to the address shown below. Thank you.

Please respond by: **December 2, 2020 (Sufficiency)**
December 9, 2020 (with Comments)

RESPONSE: For Departments not using Trak-it, please send responses via email to:

tstolte@jacksonwy.gov



PLANNING PERMIT APPLICATION
Planning & Building Department

150 E Pearl Ave. | ph: (307) 733-0440
P.O. Box 1687 | www.townofjackson.com
Jackson, WY 83001

For Office Use Only

Fees Paid _____

Date & Time Received _____

Application #s _____

Please note: Applications received after 3 PM will be processed the next business day.

PROJECT.

Name/Description: Uplift Wellness LLC

Physical Address: 105 E Pearl Avenue Jackson, WY 83001

Lot, Subdivision: _____

PIDN: _____

PROPERTY OWNER.

Name: Gayle Roosevelt Phone: 307-690-2466
Mailing Address: PO Box 4091 ZIP: 83001
E-mail: lamb4h@aol.com

APPLICANT/AGENT.

Name: Scott Edwards Phone: 307-413-7273
Mailing Address: PO Box 9545 ZIP: 83002
E-mail: contact@upliftwellnessjackson.com

DESIGNATED PRIMARY CONTACT.

Property Owner Applicant/Agent

TYPE OF APPLICATION. Please check all that apply; review the type of application at www.townofjackson.com/200/Planning

Use Permit

Basic Use

Conditional Use

Special Use

Relief from the LDRs

Administrative Adjustment

Variance

Beneficial Use Determination

Appeal of an Admin. Decision

Physical Development

Sketch Plan

Development Plan

Design Review

Subdivision/Development Option

Subdivision Plat

Boundary Adjustment (replat)

Boundary Adjustment (no plat)

Development Option Plan

Interpretations

Formal Interpretation

Zoning Compliance Verification

Amendments to the LDRs

LDR Text Amendment

Map Amendment

Miscellaneous

Other: _____

Environmental Analysis

PRE-SUBMITTAL STEPS. To see if pre-submittal steps apply to you, go to www.townofjackson.com/200/Planning and select the relevant application type for requirements. Please submit all required pre-submittal steps with application.

Pre-application Conference #: _____

Environmental Analysis #: _____

Original Permit #: _____

Date of Neighborhood Meeting: _____

SUBMITTAL REQUIREMENTS. Please ensure all submittal requirements are included. The Planning Department will not hold or process incomplete applications. Partial or incomplete applications will be returned to the applicant. Go to www.townofjackson.com/200/Planning and select the relevant application type for submittal requirements.

Have you attached the following?

Application Fee. Fees are cumulative. Go to www.townofjackson.com/200/Planning and select the relevant application type for the fees.

Notarized Letter of Authorization. A notarized letter of consent from the landowner is required if the applicant is not the owner, or if an agent is applying on behalf of the landowner. Please see the Letter of Authorization template at www.townofjackson.com/DocumentCenter/View/102/Town-Fee-Schedule-PDF.

Response to Submittal Requirements. The submittal requirements can be found on the TOJ website for the specific application. If a pre-application conference is required, the submittal requirements will be provided to applicant at the conference. The submittal requirements are at www.townofjackson.com/200/Planning under the relevant application type.

Note: Information provided by the applicant or other review agencies during the planning process may identify other requirements that were not evident at the time of application submittal or a Pre-Application Conference, if held. Staff may request additional materials during review as needed to determine compliance with the LDRs.

Under penalty of perjury, I hereby certify that I have read this application and associated checklists 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, and hereby authorize representatives of Teton County to enter upon the above-mentioned property during normal business hours, after making a reasonable effort to contact the owner/applicant prior to entering.

Signature of Property Owner or Authorized Applicant/Agent


Scott Edwards

Name Printed

11/4/2020

Date

Owner, Uplift Wellness LLC

Title

From: [Katie Edwards](#)
To: [Tiffany Stolte](#)
Subject: Uplift Wellness Permits and Attachments
Date: Monday, November 16, 2020 3:49:20 PM
Attachments: [Outlook-qrn13qh5.png](#),
[LOA.pdf](#),
[Basic Use- Uplift Wellness LLC.pdf](#),
[Uplift Wellness Floor Plan Final.pdf](#),
[Sign Permit Application .pdf](#),
[UPLIFT_SIGNAGE_PICS \(3\).pdf](#),
[Housing Mitigation Plan .pdf](#)

Uplift Wellness Center is located at 105 E Pearl Avenue in downtown Jackson. The building used to be occupied by Outpost, and we are changing the building use to service. The building is 1900 square feet, and we are using the building to help people with different components of their health and wellness. Our primary use is helping people through massage and cold laser therapy, and we also offer them fitness rehab and personal training to enhance their wellness. My husband Scott is our main therapist, and I act as office manager. We are different than all the gyms in town because we are truly a treatment center for people to come get help with their injuries and build more core strength to prevent injuries. We are excited to help the Jackson community and be a strong positive presence that enhances the downtown Jackson business circle.

I have attached the following:

LOA
Housing Mitigation Plan
Basic Use Permit
Sign Permit
Sign Plans
Floor Plans

Thank you so much!

Sincerely,

Katie



Uplift Wellness Center

"Helping you enjoy the things in life that mean the most to you."

307-203-2715

www.upliftwellnessjackson.com

To Whom It May Concern,

Uplift Wellness Center is a small business, and currently the only employees we have are the owners, Scott and Katie Edwards.

As we grow, we plan on hiring local, 1099 therapists or personal trainers that are a part of our community to continue supporting our local population. We do not see any problems around housing mitigation coming up in the future.

Thank you!

Scott and Katie Edwards



Uplift Wellness Center
105 E Pearl Ave
Jackson, WY 83001

307-203-2715

www.upliftwellnessjackson.com

LETTER OF AUTHORIZATION

Gayle L. Roosevelt, "Owner" whose address is: _____
Box 4091 Jackson, WY 83001
(NAME OF ALL INDIVIDUALS OR ENTITY OWNING THE PROPERTY)

(NAME OF ALL INDIVIDUALS OR ENTITY OWNING THE PROPERTY)

more specifically legally described as: Lot 3 of the BearHill Addition to the Town of Jackson, Wyoming (105 E. Pearl St.) according to that plat recorded May 22, 1984 as Plat No. 568
State Parcel ID No. 22-47-16-34.2-04-009, as the owner of property

(If too lengthy, attach description)

State Parcel ID No. 22-41-16-34-2-07-001
(If too lengthy, attach description) **HEREBY AUTHORIZES** Scott and Katy Edwards, Uplift Center as agent to represent and act for Owner in making application for and receiving and accepting on Owners behalf, any permits or other action by the Town of Jackson, or the Town of Jackson Planning, Building, Engineering and/or Environmental Health Departments relating to the modification, development, planning or replatting, improvement, use or occupancy of land in the Town of Jackson. Owner agrees that Owner is or shall be deemed conclusively to be fully aware of and to have authorized and/or made any and all representations or promises contained in said application or any Owner information in support thereof, and shall be deemed to be aware of and to have authorized any subsequent revisions, corrections or modifications to such materials. Owner acknowledges and agrees that Owner shall be bound and shall abide by the written terms or conditions of issuance of any such named representative, whether actually delivered to Owner or not. Owner agrees that no modification, development, platting or replatting, improvement, occupancy or use of any structure or land involved in the application shall take place until approved by the appropriate official of the Town of Jackson, in accordance with applicable codes and regulations. Owner agrees to pay any fines and be liable for any other penalties arising out of the failure to comply with the terms of any permit or arising out of any violation of the applicable laws, codes or regulations applicable to the action sought to be permitted by the application authorized herein.

Under penalty of perjury, the undersigned swears that the foregoing is true and, if signing on behalf of a corporation, partnership, limited liability company or other entity, the undersigned swears that this authorization is given with the appropriate approval of such entity, if required.

OWNER:

OWNER: George L Roosevelt
(SIGNATURE) (SIGNATURE OF CO-OWNER)

(SIGNATURE) (SIGNATURE)

Title: Owner **(if signed by officer, partner or member of corporation, LLC (secretary or corporate owner) partnership or other non-individual Owner)**

STATE OF Michigan

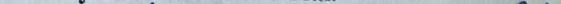
)

COUNTY OF Tipton)

1

The foregoing instrument was acknowledged before me by Gayle L. Roosevelt this 27th day of October, 2029.

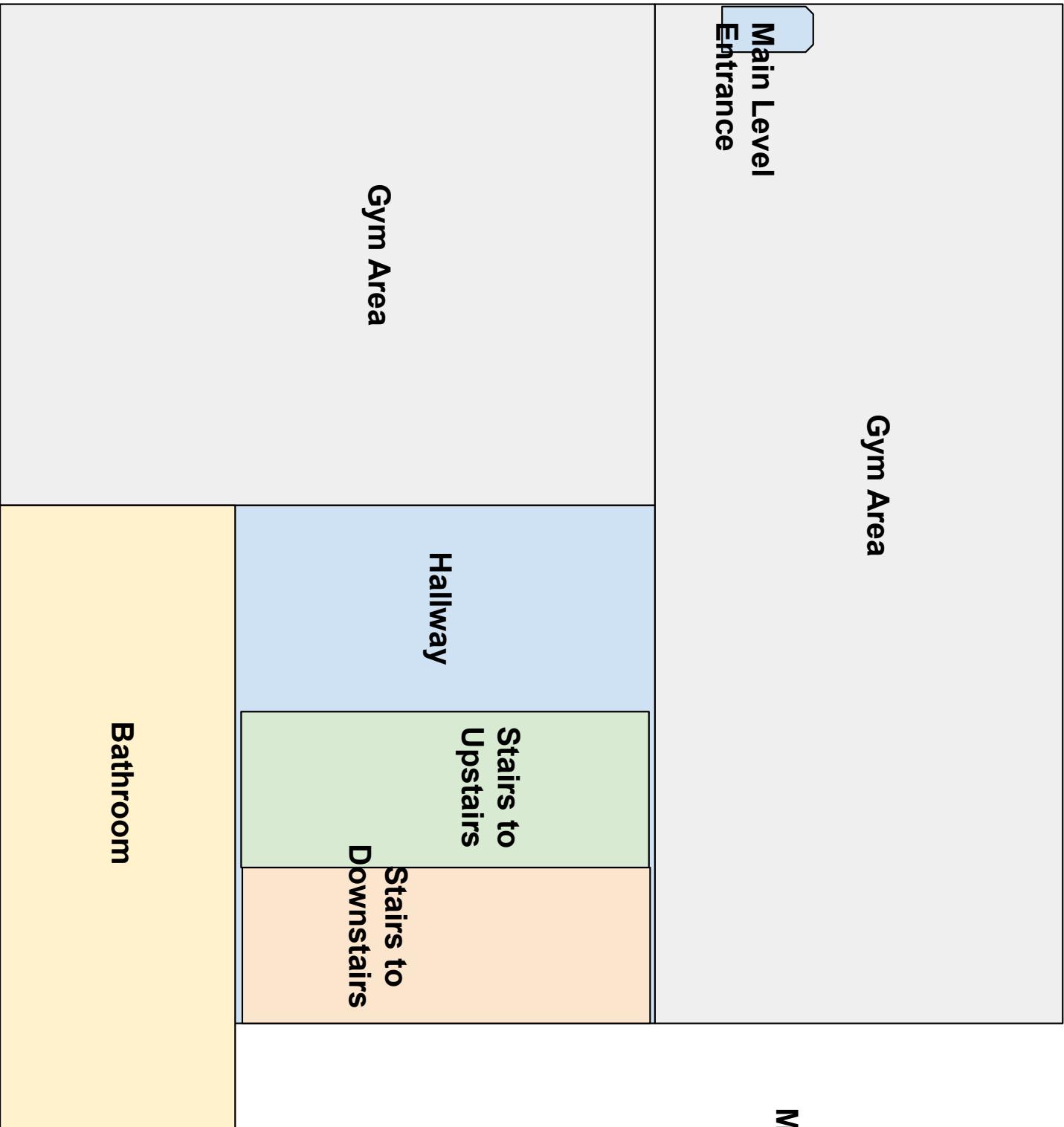
WITNESS my hand and official seal

WITNESS my hand and official seal.

(Seal)
(Notary Public)

(Notary Public)

My commission expires: 5-2-24





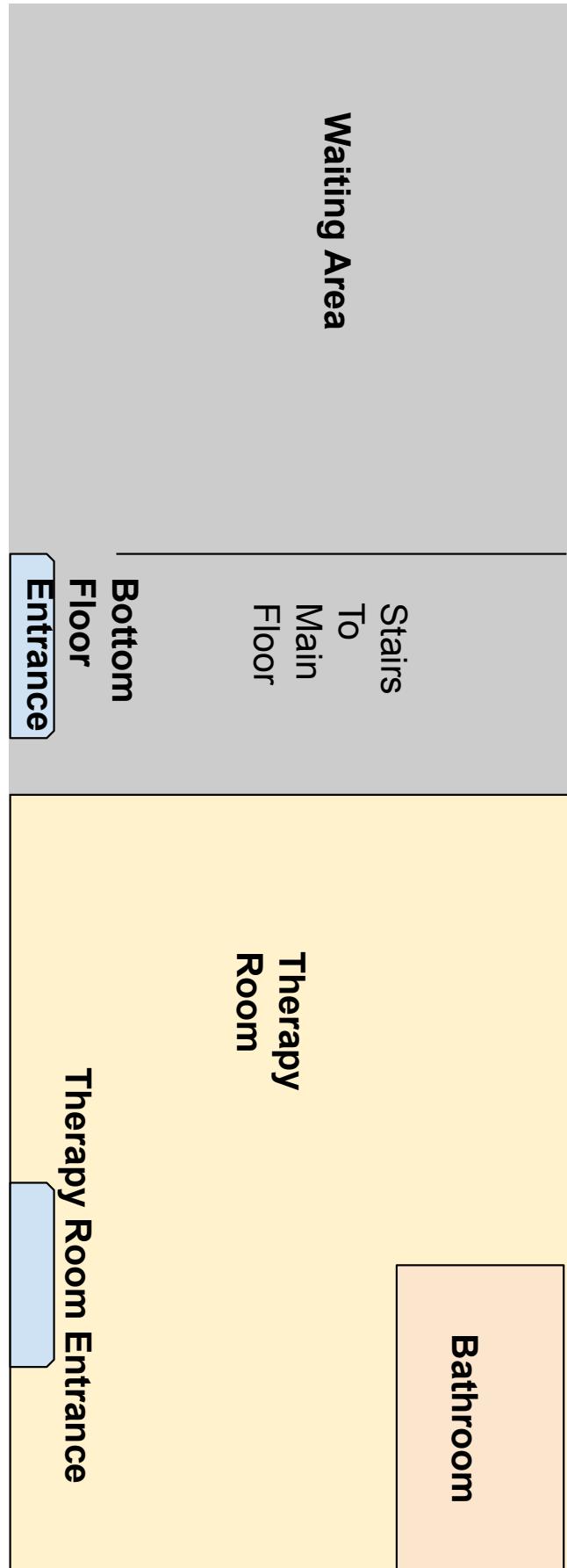
**THERAPY ROOM
(BOTTOM FLOOR,
NEXT TO BOTTOM
FLOOR) 650 sq ft**

SEE NEXT PAGE

Entrance

Therapy Room

Bathroom



Bottom Floor Area Diagram

Stairs from Main
Floor

Storage Space

Balcony

TOP FLOOR

350 sq ft

BOTTOM FLOOR

400 sq ft

