



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: January 13, 2021	REQUESTS: The applicant is submitting a request for a Basic Use Permit to add the use office to the property located at 945 W. Broadway Ave #103 & 104. For questions, please call Tyler Valentine at 733-0440, x1305 or email to the address shown below. Thank you.
Item #: P21-011	
Planner: Tyler Valentine Phone: 733-0440 ext. 1305 Email: tvalentine@jacksonwy.gov	
Owner Amarila Associates PO Box 1605 Wilson, WY 83014	
Applicant: Carrington Mortgage Holdings Clay Morgan 1600 S. Douglass Rd Anaheim, CA 92806	
Please respond by: January 27, 2021 (Sufficiency) February 3, 2021 (with Comments)	

RESPONSE: For Departments not using Trak-it, please send responses via email to:
tstolte@jacksonwy.gov



01/11/2021

Town of Jackson
Planning Department
150 E Pearl Ave
PO Box 1687
Jackson, WY 83001
(307) 733-0400

RE: Use permit for 945 W Broadway Ave. Suite 103/104 Jackson, WY 83001

To Planning Department:

Carrington Holding Company, LLC has entered into a lease agreement with Aamarila Associates FLLC, at 945 W Broadway Ave. Suite 103/104 Jackson, WY 83001. The space is currently zoned as a retail space (previously occupied by Verizon Wireless), and we are requesting a change of use permit as office space.

Our plan for this location will be a regional office for Vylla Home, and Vylla Tittle which are subsidiaries of Carrington Holding Company. The primary business function from this new location will be Real Estate and Title transactions, and will consist of office/meeting space for our Broker and supporting Agents.

Attached you will find the Use Permit application, proposed space plan for the new office, Housing Mitigation Plan, and Notarized Letter of Authorization from Aamarila Associates FLLC. Please contact me should you have any questions or concerns about this application.

Sincerely,

A handwritten signature in black ink, appearing to read "Clay Morgan". The signature is stylized with a large, looping "C" and a long horizontal stroke extending to the right.

Clay Morgan | VP, Facilities
Carrington Mortgage Holdings, LLC
1600 S. Douglass Rd | Anaheim, CA 92806
Office: (949) 517-7354 | Cell: (714) 913-3279 | Email: Clay.Morgan@carringtonmh.com



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: Hillside Building
Physical Address: 945 W Broadway Avenue #103/104 Jackson, WY 83001
Lot, Subdivision: 103/104 PIDN: 22-41-16-32-1-09-004/005

PROPERTY OWNER.

Name: Aamarila Associates FLLC (Aaron Pruzan) Phone: 307 733 2471
Mailing Address: PO Box 1605 Wilson, Wyoming ZIP: 83014
E-mail: aaron@jacksonholekyak.com

APPLICANT/AGENT.

Name: Clay Morgan / Carrington Mortgage Holdings Phone: 714 913-3279
Mailing Address: 1600 S. Douglass Rd. Anaheim, CA ZIP: 92806
E-mail: clay.morgan@carringtonmh.com

DESIGNATED PRIMARY CONTACT.

_____ Property Owner ☒ Applicant/Agent

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

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

X **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.

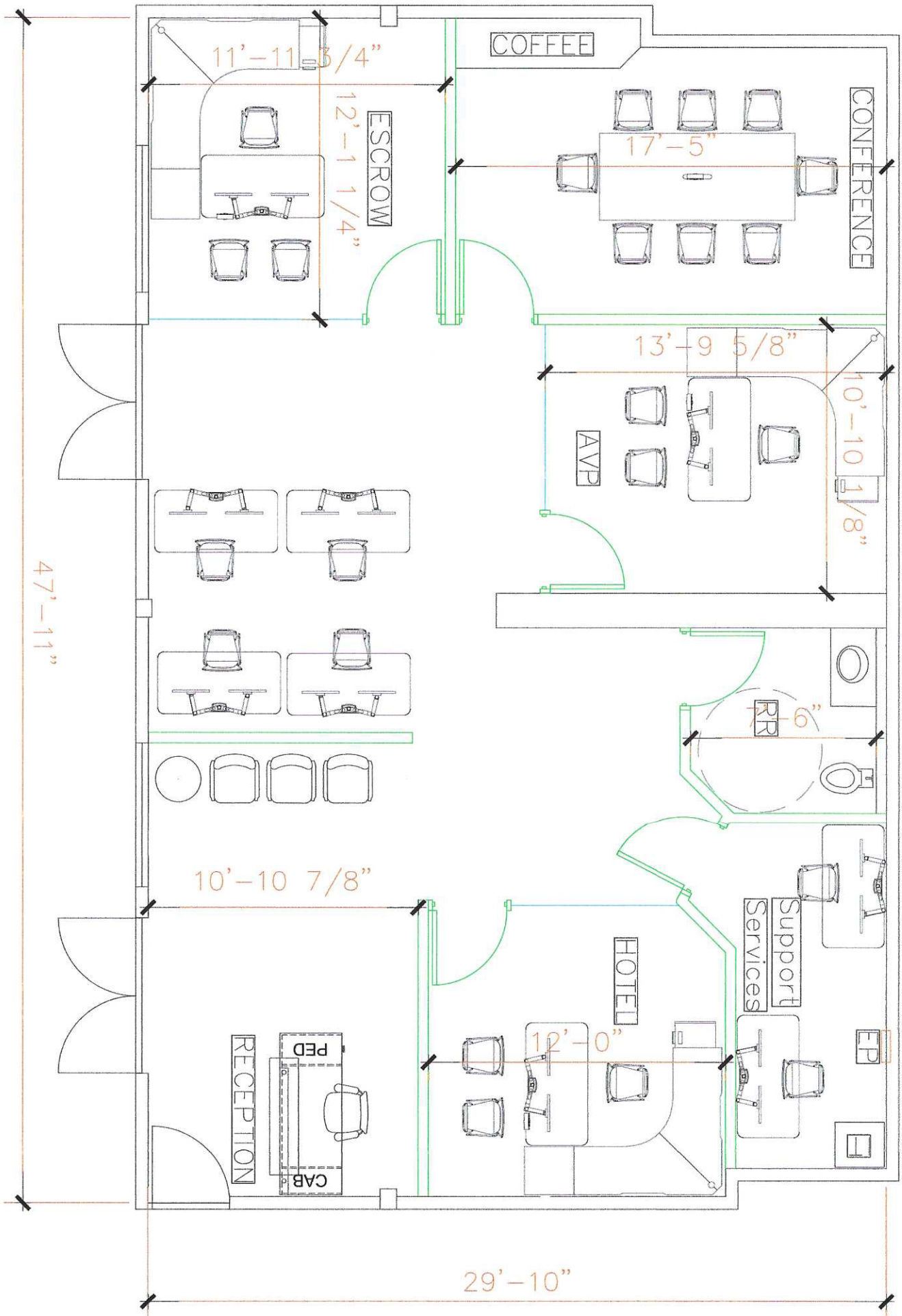
Under penalty of perjury, I hereby certify that I have read this application and associated checklists and state that, to the best of my knowledge, all information submitted in this request is true and correct. I agree to comply with all county and state laws relating to the subject matter of this application,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

Name Printed

Date

Title



Housing Mitigation Plan

updated 1/8/21

Development of a new house, hotel, or commercial space generates the need for employees. The construction workforce builds the space, the commercial workforce or residential service workforce works in the space, and first responders are needed to protect the space. Only about 27% of the employees generated by development can afford housing in the community, but the community's "community first" character goal is that 65% of employees live locally. To bridge this affordability gap, each development is required to include affordable workforce housing proportional to the employees it generates. These housing mitigation requirements are established in Division 6.3 of the Land Development Regulations. This worksheet is intended to assist in meeting the requirements for a project. However, an error in the worksheet does not amend the actual standard; if you find an error please notify the Planning Department. Fill in the highlighted cells, all the other cells will autopopulate.

Calculating the Requirement (Sec. 6.3.2 & 6.3.3)

Step 1: Location

Town of Jackson

The applicable regulations vary by jurisdiction please identify the location of your project using the above dropdown options.

The required housing is based on the existing and proposed use of the site. Step 2 is to enter the existing use and Step 3 is to enter the proposed use. Section 6.3.2 of the LDRs establishes the applicability of the affordable workforce housing standards and Section 6.3.3 establishes the specifics on calculation of the requirement. Enter each use in its own row, add rows if needed. If a building has multiple units with the same use, describe each unit in its own row. (For example: if a duplex is composed of a 2,300 sf attached unit and a 1,700 sf attached unit, put each unit in its own row do not put in 4,000 sf of attached single-family.) If a unit type (e.g. apartment floor plan, or commercial tenant space) is replicated exactly multiple times, you may use the "Use Quantity" column to avoid adding multiple rows.

Step 2: Existing Development

Housing is only required for new development. Please describe the existing use of the site so that it can be credited from the housing requirement. The definition of existing use is Section 6.3.2.A.1 of the LDRs. Generally, the existing use to enter is the use with the highest housing requirement that either existed in 1995, or has been permitted since 1995. Please attach proof of existence.

Existing Use (Sec. 6.3.2.A)	Housing Requirement (Sec. 6.3.3.A)	Use Size: bedrooms	Use Size: habitable sf	Use Quantity	Housing Required
Retail	0.000216*sf		1608	1	0.347

Existing Workforce Housing Credit 0.347

Step 3: Proposed Development

Please describe the proposed use of the site to determine if affordable workforce housing is required as part of the development. Describe the end result of the proposed development. (For example: in the case of an addition do not enter the square footage of the addition, enter the size of the unit upon completion of the addition.)

Proposed Use	Housing Requirement (Sec. 6.3.3.A)	Use Size: bedrooms	Use Size: habitable sf	Use Quantity	Housing Required
Office	0.000247*sf		1608	1	0.397

Affordable Workforce Housing Required: 0.050 units

Fee-in-Lieu Amount: \$ 13,545.59

If the amount of required affordable workforce housing is less than one unit, you may pay the above fee in-lieu of providing the required housing. If you elect to pay the fee, your Housing Mitigation Plan is complete. If the requirement is greater than one unit, or you would like to provide a unit to meet the requirement, please proceed to the [Unit Type Sheet](#).

Date: 10/12/2020

License #: _____

- ☒ New Application
☐ Updated Information



Town of Jackson
Business License Application
 PO Box 1687, Jackson, Wyoming 83001
 Phone: (307)733-3932
 Fax: (307)739-0919
 www.jacksonwy.gov

Instructions: **All information on both sides of this form must be fully completed.** Failure to complete any item will delay the processing of your application. All payments shall be made at the time of application and shall be non-refundable, unless the application is denied. If the Town denies a business license application, the entire fee, less a \$37.00 application fee, will be refunded. An application for a business license **must be submitted and approved** by the Town **before the business can begin operations.**

(License will be DELAYED and can potentially be DENIED if any information is incomplete)

Sales Tax Collecting Business 1 - 10 employees = \$100.00 11 - 49 employees = \$200.00 50 - 99 employees = \$300.00 100 + employees = \$500.00	Non-Sales Tax Collecting Businesses 1 - 10 employees = \$130.00 11 - 49 employees = \$290.00 50 - 99 employees = \$390.00 100 + employees = \$650.00	
Commercial Property Rental 1 or more rentals = \$100.00	Residential Rentals 3 or more rentals = \$100.00	Agent 0 employees = \$100.00

Business Name: Carrington Holding Company, LLC

D/b/a: _____

Nature of Business: Holding company

Is the Business in your residence? Yes ☐ No ☒Is the Business a: Corporation ☐ Partnership ☐ Sole Proprietorship ☐ LLC ☒

Business Physical Address: Street & No: 945 West Broadway, Units 103 and 104

Bldg./Apt: Hillside Building City: Jackson State: WY Zip Code: 83001

**** Any change of location or ownership requires a new application, \$37.00 fee, and subject to approval by the Town of Jackson ****

Business Mailing Address: 1700 E. Putnam Ave., 5th Floor

Post Office Box: _____ City: Old Greenwich State: CT Zip Code: 06870

Business Phone Number: (203) 661-6186

Fax/email address: _____

WY Sales Tax Number: _____

Federal Employers ID Number or SSN: 26 - 4222179

(PLEASE PROVIDE COLOR COPY OF DRIVER'S LICENSE)

Have you ever been convicted of a felony? Yes ☐ No ☒Will this Business be applying for Restaurant Liquor License? ☐ YES ☒ NOIf Premise was previously occupied, was it a ☐ Residence ☐ Business

If Business, What type: N/A

If property is rented/leased:

Name of the Owner: Amarila Associates, FLLC / Aaron Pruzan, Manager

Owner's Mailing Address: P.O. Box 1605, Wilson, WY 83014

Owner's Phone Number: 307-413-3574

Description of business:

Carrington Holding Company, LLC is a holding company. Its subsidiary businesses provide real estate services nationwide in connection with single-family residential real estate transactions, including mortgage, real estate brokerage, settlement, and title services.

Where is the parking provided for your business? In front of premise and second level

How many spaces are allocated to the business? None; shared unreserved parking spaces in front of the premises serving multiple business

Square Footage of business location: 1608 sq ft

If restaurant, how many seats? NA

Number of Employees on payroll: 2

Will you be posting a sign for your business? ☒ Yes ☐ No

Have you obtained all necessary permits/inspections/fees, as required by the Town of Jackson? ☒ Yes ☐ No

If not, please explain _____

***** The above questions MUST be completed in order for you application to be processed*****

I, Scott J. Siegler, do hereby swear and affirm the information I have supplied in this application is true and correct to the best of my knowledge. Further, I do hereby consent to the release of all medical, physical, criminal and any other information, including information of a confidential or privileged nature by any person(s) having such records for the purpose of checking my suitability to obtain the permit requested herein. I hereby release said persons, their organizations, and others from any liabilities or damage which may result from furnishing the requested information. A photocopy of this release is considered as valid as an original.

STATE OF OHIO)
COUNTY OF CUYAHOGA)

SUBSCRIBED AND SWORN TO BEFORE ME BY

This 22nd day of October, 2020
KIMBERLY A. CEPARATTI
NOTARY PUBLIC, STATE OF OHIO
My commission expires Jan. 13, 2024

Scott J. Siegler
signature of applicant

Scott J. Siegler
Printed name of applicant

WITNESS my hand and official seal

Kimberly A. Ceparatti
Notary Public

5.12.010 License required

It is unlawful for any person, either for himself or for any other person, or for anybody, corporation or otherwise, to commence or carry on any kind of lawful business, trade, calling, profession, solicitation or occupation in the Town, without having a valid license from the Town to do so, or without complying with any and all regulations of such business, trade, calling, profession, or occupation contained in Chapters 5.04 through 5.24, and 5.52 or other applicable governmental regulations. Violation of this requirement shall be punishable pursuant to Section 1.12.010 of the Municipal Code of the Town of Jackson. (Ord. 860 § 6, 2008; Ord. 670 § 1, 2000; Ord. 501 § 3, 1995; Ord. 148 § 3, 1972.)

For Official Use Only – Please Do Not Write Below This Line

Business is: Home Occupation Home Business Other

Zoning: UC UC2 UR AR AC SR R
BC NC NC2 OP RB BP MHP

Business Physical Location: Within the Town Limits In Teton County Out of Teton County

Approving Department	Initials	Date Approved	Comments
Building Department			
Fire Department			
Planning Department			
Finance Department			
License Fee	\$		
Prorated Fee	\$		
Date Paid			
Receipt Number			

LETTER OF AUTHORIZATION

Amanita Associates LLC "Owner" whose address is: Box 1605
Wilson, WY 83017

(NAME OF ALL INDIVIDUALS OR ENTITY OWNING THE PROPERTY)

Aaron Prozan (manager), as the owner of property
more specifically legally described as: Units 103 & 104 of the Hillside Building, 945 West Broadway,
Town of Jackson, Teton County, Wyoming

(If too lengthy, attach description)

HEREBY AUTHORIZES Carrington Holding Company, LLC

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:

(SIGNATURE) Aaron Prozan manager Amanita Assoc. LLC

(SIGNATURE OF CO-OWNER)

Title: Managing Partner

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

STATE OF WYOMING

)

)SS.

COUNTY OF Teton

)

The foregoing instrument was acknowledged before me by Aaron Prozan this 5 day of November, 2020.

WITNESS my hand and official seal.

Alvita Themadaja

(Notary Public)

My commission expires:

(Seal)

