



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

<p>Date: March 24, 2023</p> <p>Item #: P23-065</p>	<p style="text-align: center;">REQUESTS:</p> <p>The applicant is submitting a request for a Basic Use Permit for medical and health services use at the property located at 580 E Broadway Ave., legally known as PT. LOT 3, BLK. 1, REDMOND PIDN: 22-41-16-34-1-42-001</p> <p>For questions, please call Tyler Valentine at 733-0440, x1305 or email to the address shown below. Thank you.</p>
<p>Planner: Tyler Valentine</p> <p>Phone: 733-0440 ext. 1305</p> <p>Email: tvalentine@jacksonwy.gov</p>	
<p>Owner Third Eye Holdings LLC PO Box 1823 Jackson, WY 83001</p> <p>Applicant East Jackson Mental Health, P.C. PO Box 4824 Jackson, WY 83001</p>	
<p>Please respond by: April 7, 2023 (Sufficiency) April 14, 2023 (with Comments)</p>	

RESPONSE: For Departments not using SmartGov, please send responses via email to:
planning@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: East Jackson Mental Health P.C.
Physical Address: 580 E. Broadway, Jackson WY 83001
Lot, Subdivision: Pt. 3, Block 1, Redmond PIDN: 22-41-16-34-1-42-001

PROPERTY OWNER.

Name: Third Eye Holdings LLC Phone: 307 660 8884
Mailing Address: P.O. Box 1823 ZIP: 83001
E-mail: thartnett@lrw-law.com

APPLICANT/AGENT.

Name: East Jackson Mental Health, P.C. Phone: 212-518-6718
Mailing Address: P.O. Box 4824 ZIP: 83001
E-mail: dr.drewramsey@gmail.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?


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

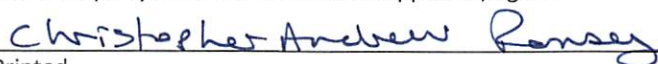
_____ **Notarized Letter of Authorization.** A notarized letter of consent from the landowner is required if the applicant is not the owner, or if an agent is applying on behalf of the landowner. Please see the Letter of Authorization template at <http://www.townofjackson.com/DocumentCenter/View/845/LetterOfAuthorization-PDF>.

_____ **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

Draft narrative:

We are proposing an Office use in the eastern approximately 1,400 square feet of the building located at 580 East Broadway Avenue. In particular, we will be providing medical and other health services. The 1,400 square feet space was used as a law office from 1995 until 2022, although the law firm was not actively engaged in the practice of law from 2019 through 2022.

Our understanding is that a Housing Mitigation Plan is not required.



Town of Jackson
 150 E Pearl Avenue
 PO Box 1687, Jackson, WY 83001
 P: (307)733-3932 F: (307)739-0919
 www.jacksonwy.gov

Date:

LETTER OF AUTHORIZATION

NAMING APPLICANT AS OWNER'S AGENT

PRINT full name of property owner as listed on the deed when it is an individual OR print full name and title of President or Principal Officer when the owner listed on the deed is a corporation or an entity other than an individual

Being duly sworn, deposes and says that Third Eye Holdings, LLC is the owner in fee of the premises located at:

Name of property owner as listed on deed

Address of Premises: Aprox. 1400 SQ Ft in NE Corner of 580 East Broadway, Jackson WY 83001

Legal Description: Pt. 3, Block 1, Redmond

Please attach additional sheet for additional addresses and legal descriptions

And, that the person named as follows: Name of Applicant/agent: East Jackson Mental Health, P.C.

Mailing address of Applicant/agent: P.O. Box 4824

Email address of Applicant/agent: dr.drewramsey@gmail.com

Phone Number of Applicant/agent: 212-518-6718

Is authorized to act as property owner's agent and be the applicant for the application(s) checked below for a permit to perform the work specified is this(these) application(s) at the premises listed above:

- ☐ Development/Subdivision Plat Permit Application ☐ Building Permit Application
- ☐ Public Right of Way Permit ☐ Grading and Erosion Control Permit ☒ Business License Application
- ☐ Demolition Permit ☐ Home Occupation ☒ Other (describe) Basic Use Permit

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.

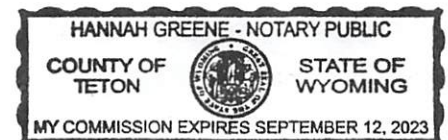
[Signature]

Property Owner Signature

MANAGER

Title 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 Thomas Hartnett this 24th day of March. WITNESS my hand and official seal.

[Signature]
 Notary Public

My commission expires: 09.12.2023