



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: September 12, 2023	REQUESTS:
Item #: P23-125	The applicant is submitting a request for a Basic Use Permit for office use at the property located at 330 N. Glenwood St. (Suites E5 & E6), legally known as N 40' LOT 12, LOTS 13-14, BLK 3, JONES.
Planner: Katelyn Page	For questions, please call Katelyn Page at 733-0440, x1302 or email to the address shown below. Thank you.
Phone: 733-0440 ext. 13025	
Email: kpage@jacksonwy.gov	
Owner Mogul Hospitality Partners Jackson, LLC PO Box 998 Midway, UT 84049	
Applicant Dr. Jacqueline Robinson Total Eye Care 1286 Melody Creek Lane Jackson, WY 83001	
Please respond by: October 3, 2023 (with Comments)	

Applicant

Dr. Jacqueline Robinson
Total Eye Care
1286 Melody Creek Lane
Jackson, WY 83001

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: Total EyeCare Jackson (dba) for OptoLash
Physical Address: 330 N Glenwood, Jackson WY 83001
Lot, Subdivision: Lots 12-14 Block 4 of the PIDN: _____
Town of Jackson

PROPERTY OWNER.

Name: Mogul Hospitality Partners - Phone: 408-862-9389
Mailing Address: Po Box 998 Midway Jackson WY Zip: 84049
E-mail: scottm@mogulcapital.com

APPLICANT/AGENT.

Name: Dr. Jacqueline Robinson Phone: 406-208-0000
Mailing Address: 1286 Melody Creek Lane ZIP: 83001
E-mail: totaleyecarejackson@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.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 <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

Robinson

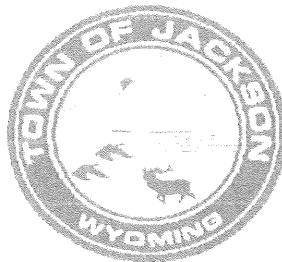
Dr. Jacqueline Robinson, O.D.

Date

6/20/23

Title

5-23-23



PO Box 1687, Jackson, WY 83001
 P: (307)733-3932 F: (307)739-0919

Town of Jackson Business License 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, a refund will be issued, less a \$44.00 non-refundable application fee. Applications 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

Application Fee:	<u>Sales Tax Collecting Businesses</u>	<u>Non Sales Tax Collecting Businesses</u>
	1- 10 employees = \$118.00	1- 10 employees = \$154.00
	11 - 49 employees = \$237.00	11 - 49 employees = \$343.00
	50 - 99 employees = \$355.00	50 - 99 employees = \$462.00
	100 + employees = \$592.00	100 + employees = \$770.00
	<u>Commercial Property Rentals</u>	<u>Residential Rentals</u>
	1 or more rentals = \$120.00	3 or more rentals = \$120.00
		<u>Agent</u>
		0 employees = \$118.00

A color copy of the owner's driver's license is required with the application.

Any change of location or ownership requires a new application, \$44.00 fee, and is subject to approval by the Town of Jackson

APPLICANT **PLEASE PRINT LEGIBLY**

Business Name: OPTOLASH

Doing Business As (dba): TOTAL EYECARE JACKSON

Nature of Business Eye Examinations

Is the Business in your residence? Yes No If YES, submit Home Occupation Form if you are within Town limits

Business Mailing Address: PO Box 718 JACKSON WY 83001

Business Physical Address: 330 N Glenwood JACKSON WY 83001

Business Phone number 406 860 0930 Business Email Address OPTOLASH@GMAIL.COM

Was premise previously occupied? Yes No If so, was it a: Business Residence

If Business, what type of business?

Is the property rented/leased or owned? Notarized Letter of Authorization required if the location is rented/leased within Town of Jackson limits

If the Property is rented/leased, Name of the Property Owner: MOGUL HOSPITALITY PARTNERS

Property Owner's Mailing Address: PO Box 998 JACKSON, WY 83001

Property Owner's Phone Number: MIDWY, VT 84049

Number of employees on payroll within Town of Jackson? Currently (1)

Where is the parking provided for your business? LOT OUTSIDE BUILDING

How many parking spaces are allocated to this business? 2 Square footage of Business Location: 2600

If Business is a restaurant, how many seats? N/A

Will you be posting a sign for your Business? Yes No

I, (print your full legal name) Michelle Jacqueline Robinson, do hereby swear and affirm the information I have supplied on this application is true and correct to the best of my knowledge.

STATE OF WYOMING)

)ss

COUNTY OF TETON)

SUBSCRIBED AND SWORN TO BEFORE ME BY

This 5th day of May 20 23

Michelle Jacqueline Robinson

Signature of applicant

Michelle Jacqueline Robinson

(printed name of applicant)

WITNESS my hand and official seal



Steph Cooper
Notary Public

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

Approving Department	Initials	Date Approved	Comments
Building Department			
Fire Department			
Planning Department			
License Fee	\$ 154 ⁰⁰	Date Paid 5-23-23	check MH



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: August 3, 2023

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: Cynthia Smith Title: Area General Manager

Being duly sworn, deposes and says that Magill Hospitality Partners Jacksonville is the owner in fee of the premises located at: Name of legal property owner as listed on deed

Address of Premises: 330 N Glenwood Ave Jackson WY 83001

Legal Description: Lots 12-14 Block 4 of the Town of Jackson
Please attach additional sheet for additional addresses and legal descriptions

Please attach additional sheet for additional addresses and legal descriptions

And, that the person named as follows: Name of Applicant/agent: Dr Jacqueline Brown

Mailing address of Applicant/agent: 1286 Melody Creek Lane

Email address of Applicant/agent: drbrown@totaleyccarebillings.com

Phone Number of Applicant/agent: 406-208-0000

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 in this(hese) 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 + sign 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.

Property Owner Signature

Area General Manager

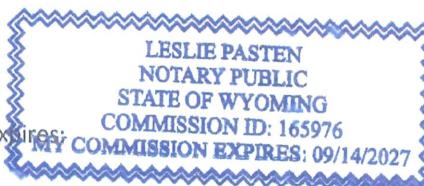
Title if signed by officer, partner or member of corporation, LLC (secretary or corporate owner) partnership or other non-individual Owner

STATE OF Wyoming)
COUNTY OF Teton) SS.)

The foregoing instrument was acknowledged before me by Cynthia Smith this 3 day of August, 2023. WITNESS my hand and official seal.

Notary Public

My commission expires:



**MERIDIAN GROUP OFFICE BUILDING
SQUARE FOOTAGE SUMMARY**

Scale: 1" = 10'

existing use is "office use" in the AP-2 zone

Area E Totals:

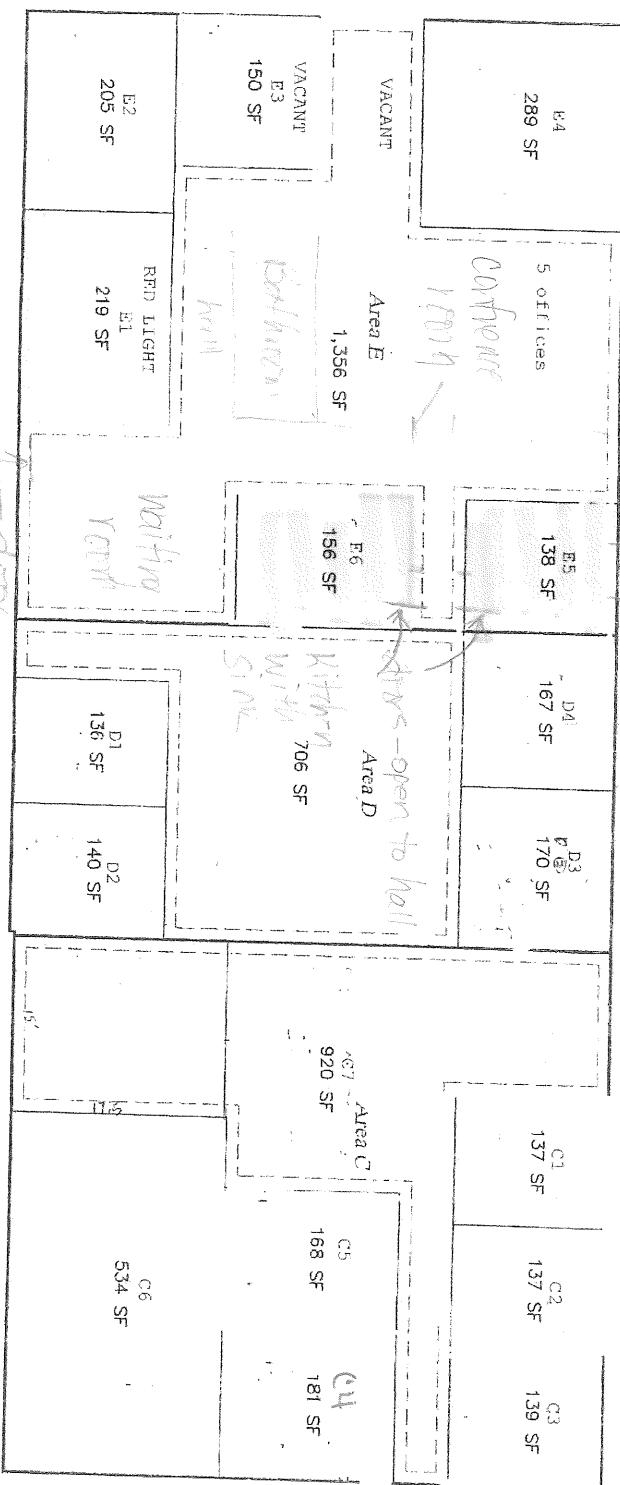
Total Area = 2513 SF*
Private Offices = 1157 SF
Common Area = 1356 SF

Area D Totals:

Total Area = 1319 SF
Private Offices = 613 SF
Common Area = 706 SF

Area C Totals:

Total Area = 2216 SF
Private Offices = 1296 SF
Common Area = 920 SF



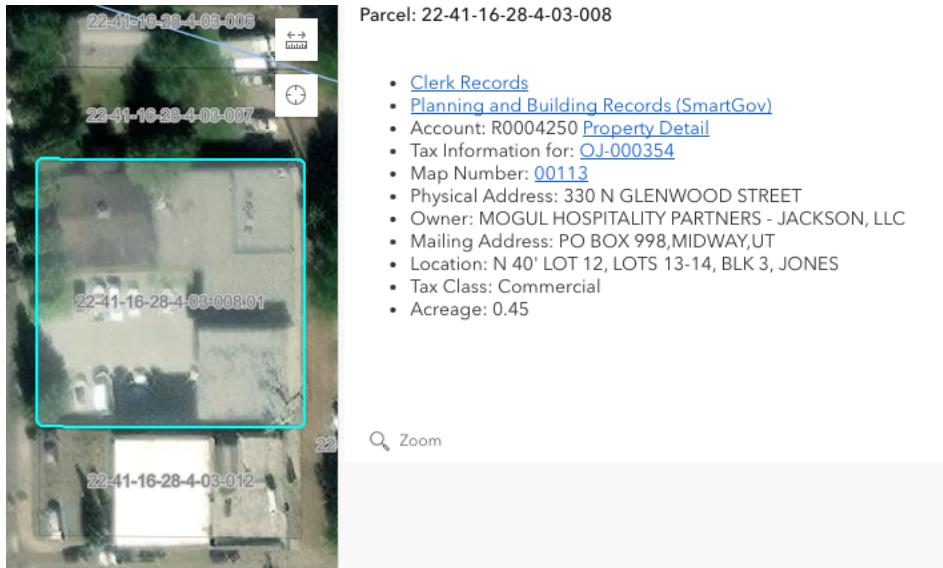
* Private Office Area within each SubArea was generated using interior dimensions noted on floor plan drawing and from actual measurements. A discrepancy of approximately 1' was found between interior dimensions and overall exterior dimensions. Therefore, the unaccounted for dimension was added to the common area for Area E. (i.e. - Common Area for SubArea E, and hence Total Area, is approximately 50 SF greater than the area noted on the floor plan.)

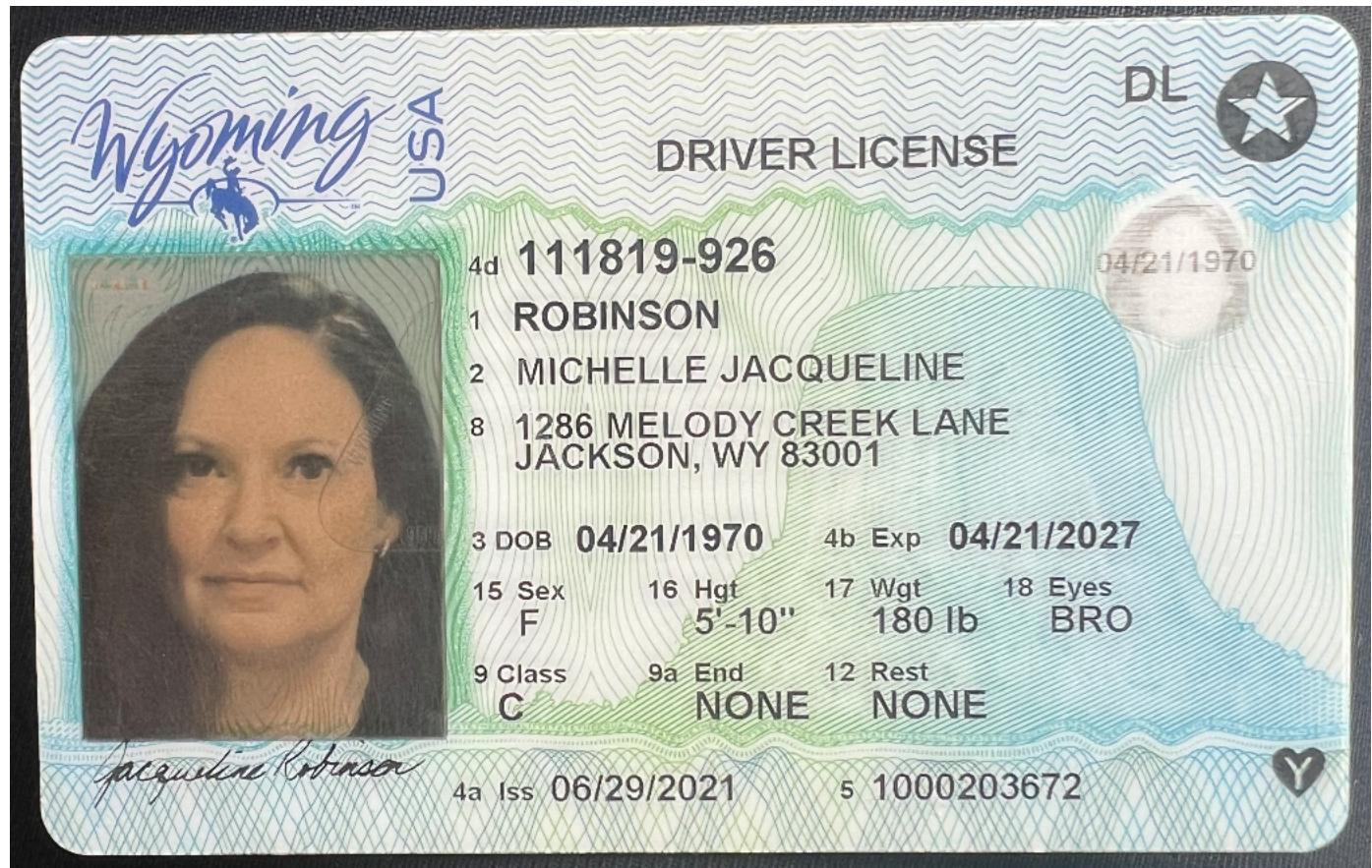
PERMIT NO. 1945
for how many parking spaces needed

PERMIT NO. 1945

330 N Glenwood Ave, Jackson WY site plan and parking

- There are no painted lines in the parking lot at 330 N Glenwood, but from observing satellite photo and photo below, it appears there are at least 12 parking spots.





1000203672



CLASS: C-Single & combo Vehicle other than class A or B

END: NONE

REST: NONE

06292021



04211970

NEXT OF
KIN

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 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
office	0.000247*sf	0	294	1	0.073

Existing Workforce Housing Credit 0.073

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	0	294	1	0.073

Affordable Workforce Housing Required: 0.000 units

Fee-in-Lieu Amount: \$ -

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](#).