



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
- ☐ 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: February 13, 2024

Item #: P24-016

Planner: Katelyn Page

Phone: 733-0440 ext. 1302

Email: kpage@jacksonwy.gov

Owner

Teton Gables, LLC – Tyler Davis
PO Box 6467
Jackson, WY 83002-6467

Applicant

Kinsey, LLC – Cornelius Kinsey
PO Box 12258
Jackson, WY 83002

REQUESTS:

The applicant is submitting a request for a Basic Use Permit for Retail and Service use for the property located at 155 W Gill Ave. (Suite 103), legally known as LOTS 8, 9, & 10, BLK. 1, ORIGINAL TOWNSITE, TOWN OF JACKSON

PIDN: 22-41-16-28-4-06-011

For questions, please call Katelyn Page at 733-0440 x 1302 or email the address shown to the left. Thank you.

Please respond by: March 5, 2024 (with Comments)

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: BUP for High Altitude Health
Physical Address: 155 West Gill Avenue
Lot, Subdivision: Lot 10, Block 1, Original Townsite of Jackson, formerly know as Lots 8,9, & 10, Original Townsite of Jackson, Teton County, WY PIDN: 22-41-16-28-4-06-011

PROPERTY OWNER.

Name: Teton Gables, LLC - Tyler Davis Phone: 407.952.1735
Mailing Address: P.O. Box 6467, Jackson, WY ZIP: 83002-6467
E-mail: tylerdavis34@gmail.com

APPLICANT/AGENT.

Name: Kinsey, LLC - Cornelius Kinsey Phone: 413.2485
Mailing Address: P.O. Box 12258, Jackson, WY ZIP: 83002
E-mail: kinseycornelius@yahoo.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
Roy Cornelius Kinsey, IV

Name Printed

31 January 2024

Date
Agent

Title



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: Teton Gables, LLC - Tyler Davis Title: President

Being duly sworn, deposes and says that Teton Gables, LLC is the owner in fee of the premises located at: _____
 Name of legal property owner as listed on deed

Address of Premises: 155 West Gill Avenue

Legal Description: Lot 10, Block 1, Original Townsite of Jackson, formerly know as Lots 8,9, & 10, Original Townsite of Jackson, Teton County, WY
 Please attach additional sheet for additional addresses and legal descriptions

And, that the person named as follows: Name of Applicant/agent: Kinsey, LLC - Cornelius Kinsey

Mailing address of Applicant/agent: P.O. Box 12258, Jackson, WY 83002

Email address of Applicant/agent: kinseycornelius@yahoo.com

Phone Number of Applicant/agent: 413.2485

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.

Property Owner Signature

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 Tyler Davis this 19th day of December 2024. WITNESS my hand and official seal.

Notary Public

My commission expires:

June 16th, 2024

KINSEY ARCHITECT

Paul Anthony
Town of Jackson Planning and Building
150 East Pearl Avenue
Jackson, WY 83001

8 February 2024

Dear Paul,

The applicant, Teton Gables, LLC, is requesting a Basic Use Permit (BUP) for High Altitude Health at 155 West Gill Avenue or Lot 10, Block 1, Original Townsite of Jackson, formerly known as Lots 8,9, & 10 Original Townsite of Jackson Teton County, WY Suite #103.

BACKGROUND:

The first building on the site was built in 1956 on the corner of West Gill and North Glenwood. The first building had a basement built underneath the building in 1985, the basement and the first floor are 700 square feet each. The main building was built in 1993, per the Teton County Assessor the finish basement is 6,037 sq. ft., the first floor 6,037 sq. ft. and the second floor 6,979 sq. ft. These two buildings are located in CR-2 and on .48 acres.

The new tenant, High Altitude Health, would like to move into the old dive shop, Suite #103. High Altitude Health is taking the first floor of 549.86 sq. ft. and the basement of 846.08 sq. ft. for a total of 1,395.94 sq. ft. The old dive shop had retail (dive equipment) and services (repair space to fix dive equipment) in this part of the building, the old pool area was converted into a salon in the back of the building under a different BUP. This space has been retail and service on the first floor and in the basement since the building opened in the 1993. Since the space was used as 50% service and 50% retail, 697.97 sq. ft. was plugged in for each category in the affordable Workforce Housing Requirement.

High Altitude Health primary use for the space is retail, they will sell prepackaged health food items, nutrition supplements, and medical equipment. The office space will be ancillary to the retail and services space. High Altitude Health will also provide some services such as an oxygen bar, Intravenous therapy and hyperbaric oxygen therapy on both the basement and first floor. The service space on the first floor is to provide the ADA service since there is not an easy ADA route to the basement, the elevator access is on the other side of the building. The basement service space includes the lounge area in front of the two service spaces downstairs. The square footage of service is 537 sq. ft. and retail is 539 sq. ft., the remaining square footage is kitchen, hallways, and bathroom, which would be split evenly between the two.

This is not a new development and the space will be used for the same use of retail and services would not require any affordable Workforce Housing Requirement. There are 27 parking spots on site and does not include the street parking. In CR-2 (Commercial Residential-2) retail requires $3.37/1,000$ which equals 1.8 spaces ($539/1000 \times 3.37$) and services requires $2.25/1,000$ which equals 1.2 space ($537/1,000 \times 2.25$) for a total requirement of 3.0 spaces. There has been a similar business that has operated in this location since the building was built and the parking

KINSEY ARCHITECT

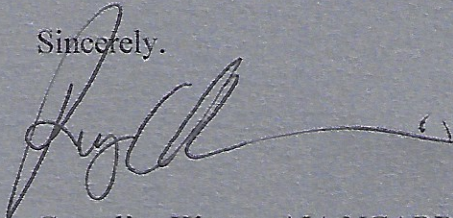
was adequate. This business will have access to all the parking in the rear of the property and street parking so the existing parking is adequate.

REQUEST:

The applicant respectfully requests the BUP be approved for High Altitude Health.

Thank you for your assistance with this request. Please contact me should you have any questions or concerns regarding this request.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Kinsey', with a long horizontal flourish extending to the right.

Cornelius Kinsey, AIA NCARB

Enc.

Executed Planning Application

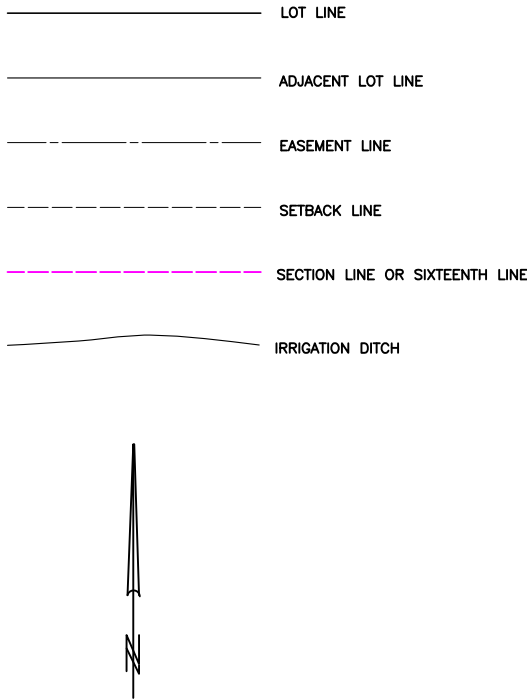
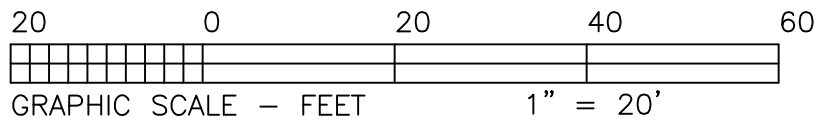
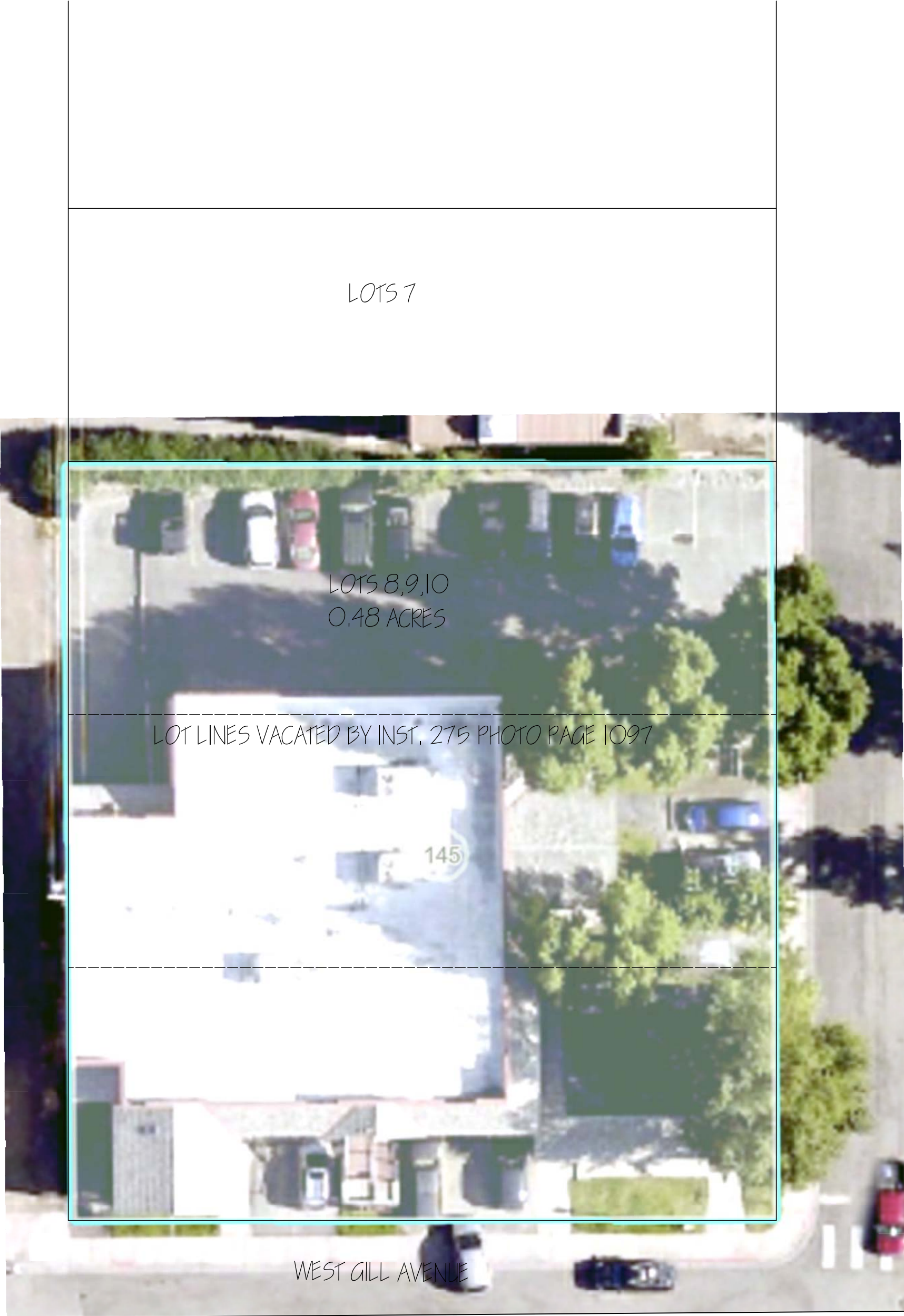
Exhibits A0.3, A1.1, & A1.2 (existing site and floor plans)

Summary Table of LDR compliance

Housing Mitigation Calculation

Letter of Authorization

Warranty Deed



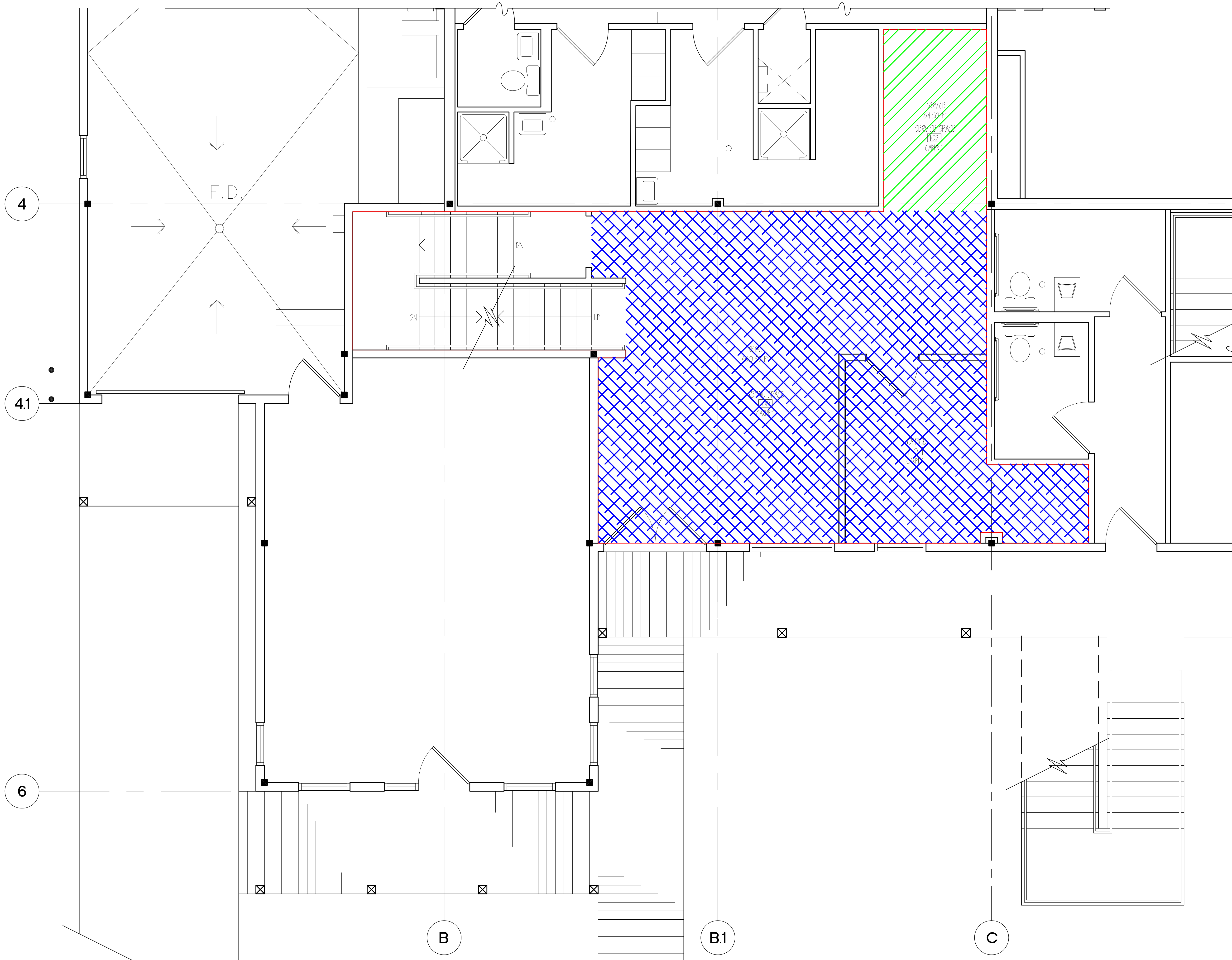
1

SITE PLAN

SCALE: 1" = 20'-0"

FAR AND LSR RATIO INFORMATION
ZONING: CR-2 MIN. LSR = 10 (NO CHANGE TO THE EXTERIOR LANDSCAPING) FLOOR AREA RATIO = .41 LOT COVERAGE = N/A MIN. STREET SETBACK = 0'-10"-0" MIN. SIDE YARD = 5'-0" MIN. REAR YARD = 10'-0" MAX. HEIGHT = 42'-0" (ROOF PITCH ≤ 6:12) MAX. STORES = 3
MIN. LSR .48 ACRES * 43,560 * .41 = 8,572.81 SQ. FT. CURRENT LANDSCAPED AREA = 3,005.2 SQ. FT. PROPOSED RECLAIMED AREA = 0 SQ. FT. TOTAL LANDSCAPE AREA = 3,005.2 SQ. FT.
FAR .48 ACRES * 43,560 * .41 = 8,572.81 SQ. FT. CURRENT SQ. FT. = 13,716 SQ. FT. PROPOSED SQ. FT. = 0 SQ. FT. TOTAL SQ. FT. = 13,716 SQ. FT.

KINSEY, LLC. P.O. BOX 12258 • 1070 ELK RUN UNIT 60 JACKSON, WY 83002 PH # 307.413.2485	
OWNERSHIP & USE OF DOCUMENTS DRAWINGS & SPECIFICATIONS, AS INSTRUMENTS OF PROFESSIONAL SERVICE, ARE AND SHALL REMAIN PROPERTY OF THE ARCHITECT. THESE DOCUMENTS ARE NOT TO BE USED IN WHOLE OR IN PART FOR ANY PROJECT OR PURPOSES WHATSOEVER, WITHOUT THE PRIOR SPECIFIC WRITTEN AUTHORIZATION OF THE ARCHITECT, KINSEY LLC.	
PROJECT NUMBER ANTI-AGING MEDICAL ASSOCIATES, LLC DBA HIGH ALTITUDE HEALTH 155 WEST GILL AVENUE JACKSON, WY	
REVISIONS	
BASIC USE PERMIT SET	
SHEET NAME SITE PLAN	SHEET <div>A0.3</div>
SCALE 1" = 20'-0"	
DATE 31 JANUARY 2024	



PLAN NOTES

NO CHANGE TO EXISTING FLOOR PLAN

KINSEY, LLC. P.O. BOX 12258 • 1070 ELK RUN UNIT 60 JACKSON, WY 83002 PH # 307.413.2485	
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PROJECT NUMBER ANTI-AGING MEDICAL ASSOCIATES, LLC DBA HIGH ALTITUDE HEALTH 155 WEST GILL AVENUE JACKSON, WY	
REVISIONS	
BASIC USE PERMIT SET	
SHEET NAME EXISTING FIRST FLOOR PLAN	A1.2
SCALE 3/8"=1'-0"	
DATE 8 FEBRUARY 2024	

1 EXISTING FIRST FLOOR PLAN
SCALE: 3/8" = 1'-0"

4

4.1

6

B

B.1

C

1 EXISTING BASEMENT FLOOR PLAN
SCALE: 3/8"=1'-0"

PLAN NOTES

NO CHANGE TO EXISTING FLOOR PLAN

PLAN LEGEND

	(NO) WALL		(NO) DOOR
	DEMO WALL		(NO) DOOR
	EXISTING WALL TO REMAIN		DEMO DOOR
	(C) CEILING HEIGHT		(C) DOOR
	DOOR NUMBER		
	WINDOW TYPE		
	PLAN NOTES		

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PROJECT NUMBER ANTI-AGING MEDICAL ASSOCIATES, LLC DBA HIGH ALTITUDE HEALTH 155 WEST GILL AVENUE JACKSON, WY	
REVISIONS	
BASIC USE PERMIT SET	
SHEET NAME EXISTING BASEMENT FLOOR PLAN	SHEET <div>A1.1</div>
SCALE 3/8"=1'-0"	
DATE 8 FEBRUARY 2024	

Table of LDR Compliance			
General Standard	LDR Standard	Existing	Proposed
Floor Area Ratio (FAR)			
Landscape Surface Ratio (LSR)			
Height (<5/12 Pitch)			
Front Setback Primary Street			
Side Setback Secondary Street			
Side Setback			
Rear Setback			
Parking Spaces			
Other?			
Comments:			

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 tennant 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
Short-Term Rental Unit	0.102*bedrooms		0	0	0.000
Retail	0.000216*sف		697.97	697.97	105.089
Service	0.000216*sف		697.97	697.97	105.089
Existing Workforce Housing Credit					210.178

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
Conventional Lodging	0.102*bedrooms		0	0	0.000
Retail	0.000216*sف		697.97	697.97	105.089
Service	0.000216*sف		697.97	697.97	105.089

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](#).