



DESIGN REVIEW COMMITTEE APPLICATION

Planning Department

150 E Pearl Ave.
P.O. Box 1687
Jackson, WY 83001

(307) 733-0440
www.jacksonwy.gov
planning@jacksonwy.gov

PROJECT

Name/Description: _____

Physical Address: _____

Lot, Subdivision: _____ PIDN: _____

PROPERTY OWNER

Name: _____

Mailing Address: _____ ZIP: _____

E-mail: _____ Phone: _____

APPLICANT/REPRESENTATIVE

Name: _____

Mailing Address: _____ ZIP: _____

E-mail: _____ Phone: _____

DESIGNATED PRIMARY CONTACT

Property Owner

Applicant/Authorized Representative

TYPE OF APPLICATION

Initial Submittal

Resubmittal

Conceptual

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. Refer to the Submittal Checklist for all required information, and include completed submittal checklist with your application. Submit all materials to planning@jacksonwy.gov.

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.

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 the Town of Jackson to enter upon the above-mentioned property during normal business hours, after making a

Signature of Property Owner or Authorized Representative

Title

Name Printed

Date