



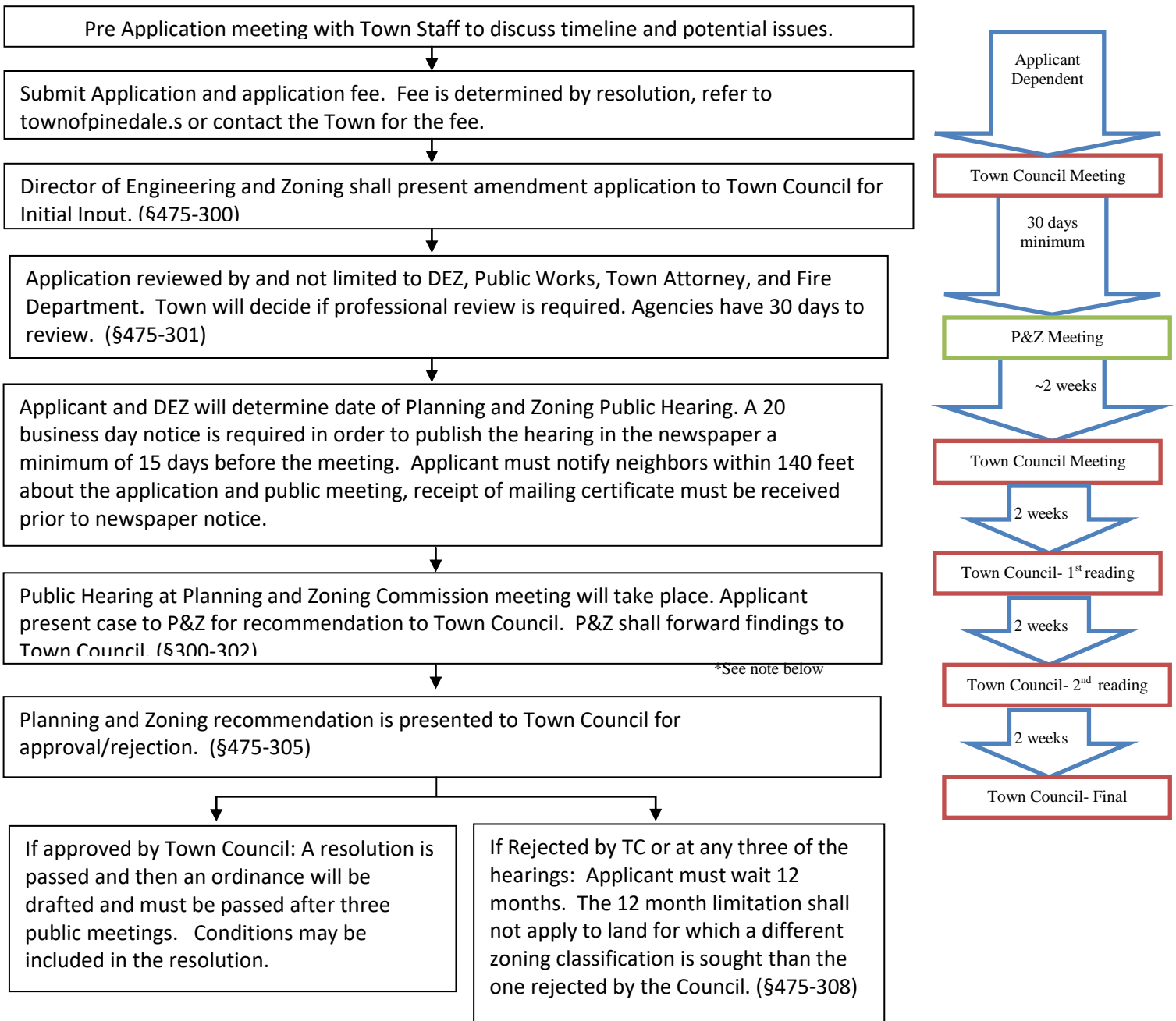
Re-Zone Application

69 PINEDALE S ROAD, P.O. BOX 709 PINEDALE, WYOMING 82941-210

PHONE: (307) 367-4136 FAX: (307) 367-2578

hayleyryckman@townofpinedale.us

Town of Pinedale General Re-Zoning Process



*Refer to 475-306 and 475-307 for additional information about protests to amendments and 475-308 for information about rezones for mineral extraction or production.

FEE
The re-zone application is set by resolution. Please contact the Town or refer to townofpinedale.us for the current fee schedule.



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OWNER	PROPERTY OWNER NAME		
	MAILING ADDRESS		
	PHONE	EMAIL	
AGENT	BUSINESS / RENTER (IF DIFFERENT THAN PROPERTY OWNER)		
	MAILING ADDRESS		
	PHONE	EMAIL	
LEGAL	LOT	BLOCK	ADDITION
	LOT SIZE / AREA		STREET ADDRESS
	PIDN		
ZONE CHANGE	EXISTING ZONING DISTRICT:		
	PROPOSED ZONING DISTRICT:		
	PURPOSE OF AMENDMENT: <input type="checkbox"/> CORRECT OBVIOUS ERROUR OR OVERSIGHT IN REGULATION <input type="checkbox"/> RECOGNIZE CHANGING CONDITIONS IN THE TOWN		
	Are minimum zone sizes met per 475-299: <input type="checkbox"/> yes <input type="checkbox"/> no For a rezone, the minimum size is not a requirement, but used as a guidance and the Town Council, in its legislative discretion, may determine if minimum size if required (400-299.B) (A: 20 acres; R-S: 10 acres; R-1: 10 acres; R-2: 3 acres; R-2A: 3 acres; R-4: 2 acres; MH: 5 acres; C-1: 20 acres; C-2: 20 acres; I-1: 5 acres; I-2: 10 acres.)		
Items to be included as attachments:			
<input type="checkbox"/> Provide a list of all properties within 140 feet of the subject property, in determining the 140 feet, the width of any intervening street or alley shall not be included. <input type="checkbox"/> Survey, Site Plan or Plat of parcel (1 PDF, and 10 hard copies to be distributed to Town Council, P&Z, and agencies for review) <input type="checkbox"/> A written description of the proposed zone change including the time frame for development and nature and effect of the change.			

I hereby acknowledge that I have read this application and stated that the information contained herein is accurate to the best of my knowledge and agree to comply with all town ordinances and state laws regulating building construction. By signing below, the applicant certifies that they are authorized by the owner to act as their agent.

Applicant Signature _____ Date _____

FOR OFFICIAL USE ONLY

Application Fee: _____ CASH MO CREDIT CH#	Date of submittal: _____
Permit Number: _____	Date presented to Town Council: _____
Date: _____	Date of news paper publication: _____
Parcel Map ID Number: _____	Date received certification of publication mailings: _____
Parcel Address: _____	_____
Notes: _____	Date of P&Z Public Hearing: _____
	Date of Town Council: _____
	Date of ordinance approval: _____