



Park County Planning & Zoning

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Rec. By: _____
Date: _____
Receipt #: _____
App. #: BZA _____

BUILDING/ZONING PERMIT APPLICATION* (2 pages) Fee: \$25.00

This application is required to obtain a Building/Zoning (use) Permit within unincorporated areas of Park County. **Submission of this application does not constitute permission to proceed with development. A Building/Zoning Permit must be issued by the Planning and Zoning Department before construction may commence.** A Building/Zoning Permit is required to: locate, relocate, erect or construct any building(s) or structure(s); enlarge the outside dimensions of any building or structure; reconstruct any building or structure within the designated floodplain**, change the use or location of any building or structure; or change the use or occupancy rating of a building so as to increase the building's sewage design flow.

***Development within a County road right-of-way requires a Right-of-Way Permit from the Public Works Department.**
****If development is in the floodplain, the applicant may be required to submit a Floodplain Development Permit Application.**

APPLICANT INFORMATION:

Applicant Name: _____ Phone (Daytime): _____
Mailing Address: _____ Email: _____
City, State, & Zip: _____

PROPERTY INFORMATION:

Property Owner: _____
Owner Phone #: _____ Email: _____
Mailing Address: _____
Property Address: _____
Property Identification # or Deed Recording #: _____
Is property vacant? YES NO
Subdivision Name (if applicable*): _____ Lot #: _____
*Please refer to any covenants or agreements that may apply to development within the subdivision.

TYPE OF DEVELOPMENT (check all that apply in this section): Construction Change of Use

Residential Construction/Building:	Non-Residential Development:
<input type="checkbox"/> Single Family Residence (# BR: _____)	<input type="checkbox"/> Accessory Structure: _____
<input type="checkbox"/> Multi-Family Residence (# BR: _____)	_____
<input type="checkbox"/> Guest House (# BR: _____)	<input type="checkbox"/> Business: _____
<input type="checkbox"/> Employee Housing (# BR: _____)	_____
<input type="checkbox"/> Manufactured (Mobile) Home (# BR: _____)	<input type="checkbox"/> Gravel Pit <input type="checkbox"/> Communication Tower
<input type="checkbox"/> Addition of: _____	<input type="checkbox"/> Other: _____
To: _____	
<input type="checkbox"/> RV (>90 day occupancy)	<input type="checkbox"/> Change of Use From: _____
<input type="checkbox"/> Rental (# BR: _____)	To: _____

DIMENSIONS: Length _____ ft x Width _____ ft = _____ sq. ft. Height (ft.) _____

★COMPLETE ALL APPLICABLE SUBMITTAL REQUIREMENTS ON PAGE 2 ★

• **PROJECT DESCRIPTION (SPECIFY USE/PURPOSE):** _____

- **SEPTIC:** Is a new or expanded septic system needed to support this development? YES NO
 - If yes, a small wastewater permit will be required before a building permit will be issued.

FOR ALL PROPOSALS, SUBMIT A DETAILED DRAWING SHOWING THE FOLLOWING:

- Sketch showing the actual dimensions and angles of the lot to be built upon including north arrow;
- Show location on the lot of the proposed building, accessory building or other structure proposed to be constructed, erected, relocated or changed;
- Show distances from property lines and nearby roads (must be 20ft from County Road right-of-way) and streams on or near the property (if applicable);
- Approximate location of domestic water and wastewater systems (existing and proposed);
- Approximate location of irrigation/drainage facilities, easements and district name (if applicable); and
- **Show the locations and current uses of all structures on the entire parcel, preferably on an aerial photo.**
- *Aerial photos are available on many websites, including the County MapServer, or ask Planning Staff for help.*

SIGN HERE: *In accordance with Wyo. Stat. §1-2-104, I certify under penalty of false swearing that the foregoing is true and the information provided in this application is accurate and complete. I agree that providing incomplete or inaccurate information may void or delay any and all permits authorized under this application. I further understand that any permit granted under this application by the Park County Planning and Zoning Department does not approve any continued or future violation of County regulations or State law. I further agree to comply with all County regulations and State laws pertaining to this application and authorize representatives of Park County to enter upon the abovementioned property for inspection purposes before, during and/or after the permitting process to ensure compliance. I further acknowledge that if signing on behalf of co-owners, multiple owners, a corporation, partnership, Limited Liability Company or similar entity, the undersigned hereby swear(s) that authorization is given, to the full extent required, with the necessary and appropriate approval, allowing the undersigned to act on behalf of such entity. I understand that proposed roads, easements, utilities, road cuts, access or related actions require me to contact the Park County Public Works Department to discuss special permitting requirements. I also understand that additional permitting may be necessary prior to the authorization of a Building/Zoning Permit.*

Owner's Name (required)	Owner's Signature (required)	Date
Applicant's Name (if not the owner)	Applicant's Signature	Date

BELOW - For office use only

Zoning District (circle one):

GR-M	GR-P	GR-40	GR-35	GR-20	GR-5	RR-2	R-H	C	I	T
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- Use Classification: _____ Planning Area: _____
- SWW: Existing is adequate (Permit #: _____) New or upgrade required (Permit #: _____)
- 20-foot from CR ROW? YES NO - If no, notify applicant of requirement.
- In an ag overlay zone? YES NO - If yes, consult ag overlay regs & notify applicant of dust/noise considerations.
- In a flood overlay zone? YES NO - If yes, contact applicant regarding floodplain development reqs.
 - LOMA _____ FPD PERMIT _____
- In an airport overlay zone? YES NO - If yes, consult airport overlay regs.
- Is an SUP required? YES NO - If yes, SUP# _____
- Permit issued? YES NO
 - If yes, permit number issued: _____ Date issued: _____
 - If no, reason: _____

Staff Initials: _____