



# LAND USE DISTRICT BOUNDARY CHANGE

Town of Wheatland  
600 9th Street  
Wheatland, Wyoming 82201  
307-322-2962 Fax: 307-322-2968

<u>Office Use Only</u>	
Application Fee:	\$300.00
Publication Fee:	\$150.00
Certified Mailing Fee:	\$ _____ . _____
Proof of Ownership:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Site Plan:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Property Owners:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Neighbor List:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Letter of Justification:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Publication Affidavit:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ordinance Publication Fee:	\$ _____ . _____

**All Applications Must Include the Following:**

- Application:** Fill out the application form completely.
- Fees:** All applicable fees; i.e.: application fee, advertising fee, certified mailing fee. Check or Cash only.
- Proof of Ownership:** A copy of the deed, lease, or contract for deed as proof of ownership.
- Site Plan:** Submit a complete site plan.
- Property Owners:** Legal names and addresses of all property owners within the proposed revision.
- Neighbor List:** Legal names and addresses of all property owners within a distance of one hundred forty (140) feet.
- Letter of Justification:** Statement of purpose and need.

## LAND USE DISTRICT BOUNDARY CHANGE APPLICATION

*Incomplete Applications will be returned*

Applicant Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

If the applicant is other than the owner of the property for which this building PERMIT is being sought, the applicant must provide separate written approval from the owner or the owner may indicate approval by signing below.

\_\_\_\_\_

Property Owner (as on deed)

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Phone No.

\_\_\_\_\_

E-mail

\_\_\_\_\_

\_\_\_\_\_

**Proof of ownership must be provided.**

Signature

Physical Address of property for which this Land Use District Boundary Change is being requested:

\_\_\_\_\_

Is the property located within a floodplain?  Yes  No *Floodplain information can be found at: msc.fema.gov*  
Is a Liquor License being applied for at this address?  Yes  No

**Application *MUST* include e-mail addresses or application will be considered incomplete.**

Legal description of property for which this Land Use District Boundary Change is being requested:

Lot: \_\_\_\_\_

Block: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Quarter Section: \_\_\_\_\_

**\*\*Legal description can be found on the property deed\*\***

of Section: \_\_\_\_\_ Township \_\_\_\_\_ North, Range \_\_\_\_\_ West

Acreage: \_\_\_\_\_

Number of Lots: \_\_\_\_\_

Current Land Use District: \_\_\_\_\_

Current Land Use: \_\_\_\_\_

Proposed Land Use District: \_\_\_\_\_

Proposed Land Use: \_\_\_\_\_

### **APPLICATION SIGNATURES AND ACCESS PERMISSION**

*Right to ingress property for assessment, evaluation and inspections.*

I, the undersigned, hereby grant authorized Town of Wheatland Personnel the right to enter onto this said land/property for any and all inspection purposes necessary to collect information in relation to this Land Use District Boundary Change application. I certify, to the best of my knowledge, that all the information in this application is true and correct, and that I am the owner of the above described property or have been authorized by the owner to make this application as his/her agent.

\_\_\_\_\_  
Signature of Applicant (s)

\_\_\_\_\_  
Date

### **IMPORTANT INFORMATION**

In addition to the application fee; the certified mailing postage fees shall be paid by the applicant.

Applicant is responsible for publishing meeting notices and corresponding ordinances in the Record Times and providing the Planning office with a copy of each publication's Affidavit of Publication.

Proof of Ownership can include one of the following: Deed, Title Policy, Contract for Deed, and/or notarized authorization letter from the owner if other than the applicant.

Letter of Justification stating the purpose and need shall demonstrate that the proposed Land Use District Boundary Change request is generally consistent with the goals, strategies and actions of the Comprehensive Land Use Plan, including future land use.

The Planning Office shall post a sign on the approach to the subject property not less than fourteen (14) days prior to the Planning and Zoning meeting date and Town Council meeting date.

*Planning Office Use Only*

*Date Complete Application Received:* \_\_\_\_\_

*Planning and Zoning Commission Hearing Date:* \_\_\_\_\_

*Approval*  *Disapproval*

*Town Council Hearing Date:* \_\_\_\_\_

*Approval*  *Disapproval*

*Ordinance Number (if approved)* \_\_\_\_\_

*Ordinance 1st Reading:* \_\_\_\_\_

*Ordinance 2<sup>nd</sup> Reading Date:* \_\_\_\_\_ *Ordinance 3<sup>rd</sup> Reading Date:* \_\_\_\_\_