



City of Evanston

1200 Main Street, Evanston, Wyoming 82930
Ph.# (307) 783-6470 Fax: (307) 783-6490
Web: www.evanstonwy.org



Zoning: _____ Location: _____

Legal Description: _____

Application Type and Fee:

_____ Conditional Use Permit - \$100.00 _____ Design Review - \$100.00

_____ Variance - \$200.00 _____ Zone Change - \$200.00 _____ Text Amendment - \$200.00

_____ Master Plan Amendment - \$200.00 _____ Height Exception - \$100.00

_____ Home Occupation - \$50.00 _____ Home Child Care - \$50.00

_____ Home Occupation or Child Care Appeal Review - \$50.00 (additional fee will be assessed to initial fee)

(Property ownership information is NOT required for below permits/applications)

_____ Lot Line Adjustment - \$100.00 _____ Lot Split - \$200.00 _____ PUD-Minor Subdivision - \$500.00

_____ PUD-Major Subdivision - \$500.00 _____ Minor Subdivision - \$250.00

_____ Major Subdivision - \$500.00 for 20 lots or less; _____ \$25.00 for each additional lot (x _____ # of additional lots)

_____ Wireless Communication Tower - \$1,000.00 + building permit (Building Permit only for colocation)

Reason for request: _____

_____ Zoning Ordinance Section _____

Name, address, and phone number of applicant: _____

_____ **Property owners within 300 feet of the exterior boundaries of subject property can be obtained from the County Assessor's office and MUST be attached to the application, if applicable.**

As provided by the City of Evanston Zoning Ordinance, application is hereby made to the Planning and Development Department and/or the Planning and Zoning Commission/Board of Adjustments. I understand that the filing of said application and payment of applicable fees does not entitle me to the use or relief requested.

Signature of applicant: _____ Date: _____

If applicant is not the owner of record – attach a signed statement from the owner approving the application.

----- BELOW FOR OFFICE USE ONLY -----

Date filed: _____ Hearing date: _____ Case #: _____ Receipt #: _____

Planning Department Action: _____ Approved _____ Denied _____ Tabled _____ Withdrawn _____ Stipulations

Stipulations: _____ Date: _____

Signature of Planning Secretary _____

_____ I wish to appeal to the Planning and Zoning Commission Signature: _____

Planning and Zoning Commission/Board of Adjustment Action: _____ Approved _____ Denied _____ Tabled

_____ Withdrawn _____ Stipulations

Stipulations: _____ Date: _____

Signature of Planning and Zoning Secretary _____

_____ I wish to appeal to City Council Applicant Signature: _____

City Council Action: _____ Approved _____ Denied _____ Tabled _____ Withdrawn _____ Stipulations

Stipulations: _____