



MISCELLANEOUS PERMIT (MIS) APPLICATION
(FOR REPAIRS AND REPLACEMENTS)
Planning & Development Services Department
Building Division

200 S. Willow St. phone: (307) 733-7030
P.O. Box 1727 www.tetoncountywy.gov
Jackson, WY 83001

For Office Use Only

Fees Paid _____
Check # _____ Credit Card _____ Cash _____
MIS _____

PLEASE CALL AND SCHEDULE A TAKE-IN WITH THE PERMIT TECHNICIAN BEFORE BRINGING IN THIS APPLICATION.

Please type or fill out this application in ink only.

SITE LOCATION:

Physical Address: _____
Lot & Subdivision: _____
PIDN: _____

OWNER: A copy of the Warranty Deed or Contract of Sale must accompany this application.

Name: _____ Phone: _____
Mailing Address: _____ City, State: _____
Email: _____ ZIP: _____

APPLICANT/AGENT: If the applicant is other than owner, a notarized Teton County Planning & Development Letter of Authorization must accompany this application. Only the owner or his/her authorized agent may sign the application, correction list or permit.

Name: _____ Phone: _____
Mailing Address: _____ City, State: _____
Email: _____ ZIP: _____

CONTRACTOR: Contractors are required to be licensed in the town of Jackson. A property owner may act as the general contractor for his/her primary residence only.

Name: _____ Phone: _____
Mailing Address: _____ City, State: _____
Email: _____ ZIP: _____
License No. _____

CHECK THE FOLLOWING ITEMS THAT APPLY TO YOUR PROJECT:

- Decks 30" or more above grade
Roofing (2 layers and class B rating required)
Siding
Interior remodel
Addition
in Wildland Urban Interface

DESCRIPTION OF WORK:

Estimated Cost of Construction

SQUARE FOOTAGE AFFECTED:

| | |
|---------------|------|
| Habitable | Deck |
| Non-habitable | Roof |

EXTERIOR LIGHTING: Exterior lighting information listed below shall include all fixtures, including but not limited to, lighting attached to structures, poles, the earth, or any other location. Total numbers shall include all new lighting as well as existing lights on the property. For existing light fixtures, please include numbers of fixtures and maximum lumen per fixture. Your application shall include a manufacturer's product specification sheet for all outdoor lighting and a lighting plan in the drawings.

| Fixture Model or Description | No. of Fixtures | Shielded (Y/N) | Light Color (Kelvin) | Max Lumen per Fixture | Lumens Total |
|---------------------------------|-----------------|----------------|----------------------|-----------------------|--------------|
| <i>Ex: Cornice P5634 sconce</i> | 3 | Y | 3000 | 623 | 1869 |
| | | | | | |
| | | | | | |
| Lumen Total All Types | | | | | |

| | | |
|----------------------------|-----------------------|-----------|
| <i>For Office Use Only</i> | | |
| Date: | Planning Approval by: | Comments: |

| | |
|-------|-----------------------|
| Date: | Building Approval by: |
|-------|-----------------------|

| Inspection Type | Sign-off | Inspector's Initials |
|-----------------|----------|----------------------|
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NOTICE: This permit becomes null and void if work authorized by its issuance is not commenced within 180 days, or work is suspended or abandoned for a period of 180 days at any time after work has commenced. Under penalty of perjury, the undersigned swears that the foregoing is true and correct, and if signing on behalf of co-owners, multiple owners, corporation, partnership, limited liability company, or other entity, the undersigned hereby swears that this authorization is given, to the full extent required, with the necessary and appropriate approval, which authorizes the undersigned to act on behalf of such entity and/or owners. I agree to comply with all County regulations, Building Codes and State laws relating to the subject matter of this application and hereby authorize representatives of this County to enter upon the above mentioned property for inspection purposes.

Signature of Contractor or Owner/Builder

Date

Print Name

Title

Submission Checklist

_____ Two copies of plans, printed in ink. Size - 24" x 36" Plans shall be to scale with scale indicated for each drawing; pages shall be numbered. All pages shall bear owner's name, designer's name, date of drawings, sheet number and description of work shown

_____ Warranty Deed

_____ Letter of Authorization (if application isn't signed by owner)

Re-roof submissions: If you are changing the roofing material only you don't need a take-in appointment. Make sure you explain in the description of work what you are taking off and what you are putting on (i.e. replace wood shakes for metal roof) You will need to bring in the application, a picture and spec. sheet showing the type of material you will be using. Ask for the planner of the day. Once the planner approved the materials, verified the height of the roof won't be changing and signed the application your permit can be issued on the spot by the Permit Technician. It will be \$250.00

All other submissions need a take-in appointment and the checklist items.