



Park County Planning & Zoning

1002 Sheridan Ave. Suite 109, Cody, WY 82414
Phone: 307-527-8540 | Fax: 307-527-8515
E-mail: planning@parkcounty-wy.gov

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

AMENDED PLAT APPLICATION (2 pages) Fee: \$250.00*

An amended plat is required under the following circumstances: Partial vacation of a plat (changing lot configuration on a plat, adjusting the boundary lines between platted lots and adjacent unplatted parcels, revising building envelopes or revising plat notes), a boundary line adjustment between two subdivision lots, or a text amendment. Please contact the Planning and Zoning Department for any assistance needed to complete this application. **Applicants are encouraged to meet with Planning and Zoning staff prior to submitting this application. Amended plats require a public hearing with the Board of County Commissioners, unless the Planning Director determines that a public hearing is not needed.** *Additional fees may apply.

SECTION 1: APPLICANT INFORMATION:	OWNER INFORMATION (if different from applicant):
Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

SECTION 2: PROPERTY INFORMATION:
Property Identification # or Deed Recording #: _____
Subdivision Name: _____ Lot(s) Involved: _____
Proposed Title of Plat: _____

SECTION 3: GENERAL QUESTIONS
- Check any of the following that may/will be impacted by the proposed change(s):
<input type="checkbox"/> Lot Line(s) <input type="checkbox"/> Access/Driveway <input type="checkbox"/> Right-of-Way <input type="checkbox"/> Easement <input type="checkbox"/> Plat Note/Condition
<input type="checkbox"/> Building(s)/Building Envelope(s) <input type="checkbox"/> Open Space <input type="checkbox"/> Utility/Water Line <input type="checkbox"/> Irrigation Feature

SECTION 4: DESCRIBE THE PROPOSED AMENDMENT(S): _____

SECTION 5: SUBMIT AMENDED PLAT
<ul style="list-style-type: none"> • Include one (1) hardcopy draft of the plat and one (1) electronic version of the amended plat to the Planning and Zoning Department.

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 Board of Commissioners does not approve any continued or future violation of County regulations or State law. I further agree to comply with all County regulations and laws of the State of Wyoming 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 also understand that additional permitting may be necessary prior to or after the authorization of an Amended Plat.*

 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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- Planning Area: _____ Within 1-mile of a city? YES NO
- Public hearing needed? YES NO - If yes, notify applicant of requirement and fees.
- In an ag overlay zone? YES NO - If yes, consult ag overlay requirements.
- In a flood overlay zone? YES NO - If yes, consult floodplain development requirements.
- In an airport overlay zone? YES NO - If yes, consult airport overlay requirements.
- Are there any conditions on the current plat that could prevent the proposed change from occurring? YES NO
- Notes: _____

• Date amended plat reviewed by BCC: _____ Resolution #: _____
 BCC: APPROVED DENIED - Reason: _____

Staff Initials: _____