

Planning & Zoning Department



APPEALS AND RECONSIDERATION

Appeals and reconsideration provide the remedy of appeal from and requests for reconsideration of final decisions made by the Administrator, PZC, BoCC, or other County official. An applicant or affected person may avail themselves of these administrative remedies in accordance with section 4-16 of the LDC. An appeal of a decision will be reviewed by the PZC or BoCC (specified in table in section 4-1-1-). Appeals and requests for reconsideration must be filed with the Administrator within 14 calendar days of the date of a written decision. Any applicant or affected person seeking judicial review of a written decision must first request reconsideration of the final decision.

For Office Use Only

Fees Paid

Check # _____ Credit Card Cash _____

Fees are non-refundable.

Requirement for Submittal: Ensure all requirements are included. *Incomplete applications will not be put on hold.* Incomplete and partial applications will be returned to applicant.

SECTION I: PERSONAL AND PROPERTY RELATED DATA

Applicant Info:

Applicant Name: Victor Outpost LLC

Email: eak@givenspursley.com Phone: (208) 388-1250

Primary Contact (if not applicant): Elizabeth Koeckeritz, eak@givenspursley.com

Appeal/Request Info:

Topic of Final Decision: Victor AOI / Rezone

Decision made by: PZC BoCC Planning Administrator Other County official

Short Summary of Appeal/Request: Applicant seeks reconsideration of the BOCC's written decision issued December 23, 2024 regarding the Victor Area of Impact boundary change and the rezone of Teton County Parcel Nos. RP04N45E356749, RP04N45E355250, RP04N45E354650, RP04N45E352850 from AOI-2.5 to RR-20.



I, the undersigned, have reviewed the attached information and found it to be correct. I also understand that the items listed below are required for my application to be considered complete and reviewed by the Planning Administrator and scheduled for public hearing.

Applicant Signature: _____ Date: _____

I, the undersigned, am the owner of the referenced property and do hereby give my permission to be my agent and represent me in the matters of this application. I have read the attached information regarding the application and property to find it to be correct.

Owner Signature: _____ Date: 1-6-25

Checklist

All items need digital copies as well as paper copies.

- A notice of appeal or request for reconsideration must be filed on a complete application form provided by the Department.
- The application must include a narrative description of the basis for the appeal or request for reconsideration, including the specific deficiencies of the decision alleged by the applicant or affected person.

SECTION III: PLANNING ADMINISTRATOR/DESIGNEE REVIEW/ACTION

Application is submitted on the ____ day of ____, 20__.

Application is deemed complete and accepted on the ____ day of ____, 20__.

