



RECEIVED
11/18/24

La Duranzo

NAME OF SUBDIVISION/PLANNED UNIT DEVELOPMENT
**SUBDIVISION EXTENSION
APPLICATION**

The Planning Administrator or his or her designee will review this application. It will then be scheduled for review by the Board of County Commissioners. The planning staff is available to discuss this application and answer questions. The burden of proof is on the applicant to demonstrate that the application meets the criteria for approval. It is recommended that the applicant review Title 9, Section D-7 of the Teton County Code prior to submittal. This Title and application are available on the County website at www.tetoncountyidaho.gov.

To expedite the review of your application, please be sure to address each of the following items.

SECTION I: PERSONAL AND PROPERTY RELATED DATA

Owner: BWB4U LLC (Blakely Weston Barnes)

Applicant: Same as Owner E-mail: [REDACTED]

Phone: ([REDACTED]) Mailing Address: 5790 Rancheros Lp

City: Tetonia State: ID Zip Code: 83452

Engineering Firm: Arrowleaf Engineering Contact Person: Sarah Johnston Phone: (307)201-3591

Address: P.O. Box 362 E-mail: sarah@arrowleafengineering.com

Please contact me instead - Blake

SECTION II: CONSIDERATIONS FOR EXTENSION APPROVAL

The burden is on the applicant to provide a detailed narrative explaining their reason(s) for consideration.

1. The developer has diligently pursued the completion of final plat approval and the preliminary plat has been approved.
2. The application was continued by the commission for special studies, i.e.: Traffic, NP, Wetland, Wildlife etc.
3. The denial of the extension would cause undue hardship to a neighboring property.
4. It is in the public interest.
5. Delays have been the result of federal, state or local agency demands, lengthy/unusual review agency timeframes, or required studies that can only occur during a limited time(s) of the year.

6. Application of Title 9 regulations (as amended November 14, 2008) would not significantly alter the extended subdivision's design or dedications.
7. County negotiations for non-required public benefit delayed progress in the project.
8. Other extenuating circumstance. *(Medical Incapacitation-See Attached!)*

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 for it to be scheduled on the agenda for the Planning and Zoning Commission public hearing.

Applicant Signature: *[Signature]* Date: 11/18/24

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

• Owner Signature: *[Signature]* Date: 11/18/24

- Date Received: _____
- Application fee paid in accordance to current fee schedule
- Subdivision / PUD Fees paid through Preliminary application (60% of total)

SECTION III: BOARD OF COUNTY COMMISSION ACTION

APPROVED **DENIED**

• Chairman Signature: _____ Date: _____

Fees are non-refundable.

Please contact me instead - Blake