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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 of 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: Jason Wilcox

Email: smashrecide@yahoo.com Phone: (208) 709-8676

Primary Contact (if not applicant): Sidney Wilcox

Appeal/Request Info:

Topic of Final Decision: reconsider on use of indoor or outdoor.

Decision made by: ☐ PZC ☐ BoCC ☐ Planning Administrator ☐ Other County official

Short Summary of Appeal/Request: Reconsider code 3-8-1 for use of indoor not limited to outdoor on preexisting building. The interpretation of the use "or" leaves outdoor or indoor.

150 Courthouse Drive | Driggs, Idaho 83422 | T: 208-776-8240 | tetoncountyidaho.gov

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: 8/31/26

I, the undersigned, am the owner of the referenced property and do hereby give my permission to _____ 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: _____

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___.