



**CITY OF LANDER**  
**CONDITIONAL USE APPLICATION – TITLE 4-6-1**  
**NON-REFUNDABLE FEE \$500.00**

INSTRUCTION SHEET

1. A Conditional Use Permit application must be submitted along with a plot plan or drawing. The graphic must be a straight-edged drawn plan (a drawing to scale is preferred but not necessary) delineating the property lines and dimensions, adjacent street(s) and name(s) of that/those street(s), a north arrow, the location of existing/proposed building(s) on the parcel and if applicable off-street parking and/or loading layout. Aerial photographs of your property can be found on the Fremont County map server at <https://maps.greenwoodmap.com/fremontwy/>
2. The following are the procedures required for a conditional use permit application:
  - (a) Review the request with the City Planning Staff. Application forms are available on the City Website [www.landerwyoming.org](http://www.landerwyoming.org) on the homepage under the “Documents and Forms” tab.
  - (b) The City ordinance 4-6-1 states the rules for Conditional uses. The City Zoning code can be found on the City website [www.landerwyoming.org](http://www.landerwyoming.org) on the homepage under the “City Code Book” tab.. Allowed conditional uses are listed in each separate zoning district 4-12-2 through 4-12-9.
  - (c) For a Home Business Conditional Use additional information is required per City ordinance 4-11-4 and as listed on an addendum to the Conditional Use application.
  - (d) For a Childcare/daycare/group home Conditional Use additional information is required on an addendum to the Conditional Use application.
  - (e) The Board of Adjustment meets the First Thursday of the month. By ordinance, a legal notice regarding the case must be published in a newspaper of general circulation at least fifteen (15) days prior to the public hearing. Our office requires submission of all completed material at least twenty-one (21) days prior to the meeting date in order to meet this publication requirement. There will be no exceptions from the twenty-one (21) day filing deadline date.
  - (f) The petitioner and/or a designated representative must be present at the public hearing to give testimony and answer questions regarding the request.
  - (g) All public hearings are held in the City Council Chambers, 240 Lincoln Street, Lander, Wyoming 82520 starting at 6:00 p.m. unless otherwise posted.
3. Within 30 days of the public hearing and vote of the Board of Adjustments you will receive a letter of determination signed by the City Attorney. If granted, you will have to abide by any and all conditions set forth in the conditional use permit. The permit will be in effect as long as you own the property and CANNOT be transferred to future property owners.

Conditional Use Case number: \_\_\_\_\_

Your meeting will be held: \_\_\_\_\_

Return forms by: \_\_\_\_\_



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For Office use only: Case # \_\_\_\_\_  
 Date Received \_\_\_\_\_ Date Fee Paid \_\_\_\_\_ BOA Hearing Date \_\_\_\_\_  
 Existing zone designation \_\_\_\_\_ Applicable Section of zoning code \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Do you own this property Yes \_\_\_ No \_\_\_

If no, Name of Owner \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Legal Description of Property (Street address, subdivision lot and block numbers, or attached a Legal description prepared by a surveyor)

\_\_\_\_\_

Present Zoning District of Property \_\_\_\_\_ Current zoning use of the property \_\_\_\_\_

Proposed Zoning District \_\_\_\_\_ Proposed zoning use of property \_\_\_\_\_

Legal Description of Property (Street address, subdivision lot and block numbers, or attached a Legal description prepared by a surveyor)

\_\_\_\_\_

Check Conditional Use Type below

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Child Care/preschool | <input type="checkbox"/> RV campground       | <input type="checkbox"/> Restaurant           |
| <input type="checkbox"/> Home Business        | <input type="checkbox"/> Clinic/nursing home | <input type="checkbox"/> Gaming               |
| <input type="checkbox"/> Bed/Breakfast        | <input type="checkbox"/> Professional office | <input type="checkbox"/> Communication tower  |
| <input type="checkbox"/> Short term Rental    | <input type="checkbox"/> Mortuary/crematory  | <input type="checkbox"/> Junkyard             |
| <input type="checkbox"/> Group/foster home    | <input type="checkbox"/> Motel               | <input type="checkbox"/> Other, Explain _____ |

Describe your conditional request (Hours of operation, off-street parking, traffic patterns, fencing, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Explain why your conditional use will not adversely affect your neighborhood

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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\_\_\_\_\_ Attached is a plot plan or drawing of all buildings and outside areas used for the conditional use.

\_\_\_\_\_ Attached is additional information for Child Care, Group Home, or Home Business, as required

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of owner \_\_\_\_\_ Date \_\_\_\_\_