



# City of Casper Planning Division

## Site Plan Application

### OWNER'S INFORMATION:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### OWNER'S AUTHORIZED REPRESENTATIVE:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

LEGAL DESCRIPTION OF LAND UNDER PROPOSAL:

STREET ADDRESS:

PROPOSED USE OF SITE (i.e., restaurant, theater, four-plex, etc.):

### WHERE APPROPRIATE:

Number of off-street parking spaces provided: \_\_\_\_\_  
Number of off-street parking spaces required per Section  
17.12.070 and 17.12.080 of the Casper Municipal Code \_\_\_\_\_  
Building occupant loading (if recreational, entertainment,  
Place of assembly, a facility or building of similar nature): \_\_\_\_\_  
Number of residential units: \_\_\_\_\_

The following owner's signature, or agent, signifies that all information on the site plan application is accurate and correct to the best of the owner's knowledge, and that the owner has thoroughly read and understands all site plan application information and requirements.

SIGNATURE OF PROPERTY OWNER/AGENT: \_\_\_\_\_

DATE: \_\_\_\_\_

SUBMIT TO:  
Community Development Department  
Planning Division  
200 N David, RM 203  
Casper, WY 82601  
Phone: 307-235-8241  
Fax: 307-235-8362  
www.casperwy.gov  
E-mail: dhardy@cityofcasperwy.com

### COMPLETE SITE PLAN SUBMITTAL NEEDS TO INCLUDE:

- COMPLETED APPLICATION INCLUDING ORIGINAL SIGNATURES
- 20 COPIES OF THE SITE PLAN (14 FOR ADMINISTRATIVE REVIEW)
- PROOF OF OWNERSHIP
- \$300 APPLICATION FEE (NON-REFUNDABLE)

FOR OFFICE USE ONLY:

DATE SUBMITTED:

REC'D BY: \_\_\_\_\_