



LARAMIE COUNTY PLANNING AND DEVELOPMENT OFFICE

Planning • Development • Building • Mapping

WIND ENERGY PERMIT APPLICATION SUBMITTAL REQUIREMENTS

ALL APPLICATIONS MUST INCLUDE THE FOLLOWING:

- _____ 1. COMPLETED APPLICATION FORM
- _____ 2. A SPECIFIC SITE PLAN SHOWING ALL LARGE WIND ENERGY SYSTEMS AND LOCATIONS
- _____ 3. EVIDENCE OF LIABILITY INSURANCE
- _____ 4. FINAL ROAD ASSESSMENT AND MITIGATION PLAN
- _____ 5. PROFESSIONAL ENGINEER'S ESTIMATE OF ROAD WORK COST
- _____ 6. FINAL CONSTRUCTION DOCUMENTS FOR WIND ENERGY SYSTEMS
(To include drainage, erosion control, and infrastructure improvements)

Received By _____

Date _____

NOTICE

THE APPLICANT, HIS AGENTS AND EMPLOYEES SHALL COMPLY WITH ALL THE RULES, RESTRICTIONS AND REQUIREMENTS OF LARAMIE COUNTY ZONING REGULATIONS AND LARAMIE COUNTY BUILDING CODES GOVERNING LOCATION, CONSTRUCTION AND ERECTION OF THE ABOVE PROPOSED WORK FOR WHICH THE PERMIT IS GRANTED. THE BUILDING OFFICIAL OR HIS AGENTS ARE AUTHORIZED TO ORDER THE IMMEDIATE CESSATION OF CONSTRUCTION AT ANY TIME A VIOLATION OF THE CODES OR REGULATIONS APPEARS TO HAVE OCCURRED. VIOLATION OF ANY OF THE CODES OR REGULATIONS APPLICABLE MAY RESULT IN THE REVOCATION OF THIS PERMIT.

BUILDINGS MUST CONFORM WITH PLANS AS SUBMITTED TO THE LARAMIE COUNTY PLANNING & DEVELOPMENT OFFICE. ANY CHANGE OF PLANS OR LAYOUT MUST BE APPROVED PRIOR TO THE CHANGES BEING MADE. ANY CHANGE IN THE USE OR OCCUPANCY OF A BUILDING OR STRUCTURE MUST BE APPROVED PRIOR TO PROCEEDING WITH CONSTRUCTION.

THE APPLICANT IS REQUIRED TO CALL FOR INSPECTIONS AT VARIOUS STAGES OF THE CONSTRUCTION, AND IN ACCORDANCE WITH THE AFORESAID RULE, THE APPLICANT SHALL GIVE THE BUILDING INSPECTOR NOT LESS THAN ONE DAY'S NOTICE TO PERFORM SUCH ACTIVITIES.

THE APPLICANT MUST COMPLY WITH CURRENT PLANNING & DEVELOPMENT OFFICE EXPIRATION POLICY. LARAMIE COUNTY IS NOT LIABLE FOR WORKMANSHIP. PERMITS ARE NOT TRANSFERABLE.





Wind Energy Permit Application

Laramie County Planning and Development Office
 310 W 19th St Room 400
 Cheyenne, WY 82001

Fax: 307-633-4519
 Phone: 307-633-4303
 Inspection: 307-633-4615
 Website: laramiecounty.com
 planning@laramiecounty.com

Incomplete Applications Can Not Be Accepted

Bldg Plmbg Mech Elctr Gas

For Office Use Only	Received By:	Date:	Plan Review #	Permit #
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Number of Wind Energy Systems:	Job Address:
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Project Name:	Project Phase:
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Legal Description				
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Subdivision	Lot:	Block/Tract:	# Acres:	# Sq Ft:
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Division:	Section:	Township:	Range:
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Owner Name:	Phone:
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Address:	City:	State:	Zip Code:
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Contractor Name:	Phone:
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Address:	City:	State:	Zip Code:
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Description of Work	<i>Complete description of the work done including any plumbing, mechanical (Heating, ventilation or air conditioning), electrical, fire sprinkler or alarm. (Work is not included in the permit unless described in this scope of work)</i>
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By my signature and under penalty of perjury, I hereby certify that I am the owner of the reference property, or the owner's authorized agent. I have read and examined this application and know the same to be true and correct. All provisions or laws and ordinances governing this type of work will be complied with, whether specified herein or not. This permit becomes null and void if work or construction authorized is not commenced within 5 years, unless a specific extension is granted by the Planning and Development Director.
 The issuance of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction, or guarantee issuance of a well or septic permit. Failure to obtain inspection every 180 days will cause permit to expire.

I understand that occupying this structure prior to obtaining a Certificate of Occupancy/Completion is against the law.
 Failure to comply may result in a \$750 fine with each day of occupancy being a separate offence.

Signature of Owner/Agent:

Printed Name:	Date:
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For Office Use Only	Type of Construction:	Occupancy Group:	Elev. Cert. or Floodplain Dev. <input type="checkbox"/>	New Address <input type="checkbox"/>
Flood Hazard Area <input type="checkbox"/>	Flood Zone:	Panel Number:	Zoning District:	Map Page:
Conditions:				
	Approved By	Review Date	Building Fee	
Floodplain Review:			Plan Review Fee	
Zoning Review:			Master Plan Fee	
Address Review/Assignment:			Zoning Certificate	
Plan Review:			Other Fee	
Board of Commissioners-approved for issuance:			Total Fees	
			Fees Paid: CK# _____ <input type="checkbox"/> Cash <input type="checkbox"/> Receipt #:	