



Town of Alpine
 250 River Circle - PO Box 3070
 Alpine, WY 83128
 Phone: 307-654-7757
www.alpinewy.org
 email: alpine@silverstar.com

Filing Date: 6-11-24

Permit # MC-06-24

Temporary Use {Tent} Permit Application

Tent Location Address: 15 Boardwalk Drive Alpha, WY 83128

Subdivision: Boardwalk Lot #: #17-

Project/Business Name: KJ's Fireworks

The tent will be used for (Items to be Sold): Firework stand

See Attached Requirements for Uses PHM-10pm

Installation Date:	Removal Date:
<u>June 7, 2024</u>	<u>August 1, 2024</u>

Tent Dimensions:				
Length	Width	=	Total Square Feet	Sides:
<u>70'</u>	<u>30'</u>		<u>2,100</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Are you Leasing/Renting the Property where the tent will be installed? Yes No
 If yes, then provide a copy of the lease/rental agreement.

Please provide your Town of Alpine Business License Number: 397
 If you do not have a business license number, please include your business license application with this permit application and the separate filing fee.

Are you using electrical power at the tent location? Yes No

Describe the power source location: Generator -

Applicant Name: <u>Matt Hansen</u>		
Physical Address: <u>5143 Thousand Springs Drive</u>	Mailing Address: <u>5143 Thousand Springs Drive</u>	
City: <u>Albany</u>	State: <u>ID</u>	Zip: <u>83406</u>
Email: <u>Mwhansen12@gmail.com</u>	Phone: <u>208-360-9905</u>	Mobile: <u>208-360-9905</u>
Primary Contact (if not the applicant): <u>—</u>	Office Phone: <u>—</u>	Email: <u>Mwhansen12@gmail.com</u>
Installation Contractor: <u>Applicant</u>	Office Phone: <u>—</u>	Email: <u>—</u>

*NAME/COMPANY OF PERSON OR BUSINESS PUTTING UP THE TENT
Me if ourselves Matt Hansen = Channa Hansen
Wesley Hansen

Permit # _____

*Contractor Information: {If not the Applicant}		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Email: _____	Phone: _____	Mobile: _____

Property Owner Name: <u>Conrad & Blasehoff</u>	Email: <u>michellea@cbfuels.com</u>
Mailing Address: <u>2251 N. Holmes</u>	Office Phone: <u>208-522-4217</u>
City: <u>Teton Falls</u>	State: <u>ID</u> Zip: <u>83401</u>

I the Applicant of this Permit do hereby understand the following:

- ❖ This permit will be approved when all reviews have been completed and approved.
- ❖ The Planning & Zoning Commission may issue the permit with specifications and/or conditions.
- ❖ It will be the applicant's responsibility to meet all conditions required for plan review approval.
- ❖ Work cannot commence until the permit is issued by the Planning and Zoning Commission/Administrator and all permit and/or review fees have been paid.

Authorization/Statement of Verification

I/We hereby authorize the Town of Alpine, its agents or employees, the right of ingress-egress to and from the property described in this application for any and all purposes necessary to inspect and investigate the provided information, and/or work conducted, under this permit. I/We shall construct/remove structures as specified in the affidavit as stated above. Applicant will adhere to all construction will in accordance with the latest version of the Town of Alpine Land Use and Development Code; along with the most currently adopted version of the International Building Code or the International Residential Code, as adopted by the Town of Alpine.

I/We represent that we have read and understand the terms of this affidavit and the corresponding sections of the latest version of the Town of Alpine Land Use and Development Code.

I/We hereby certify, under penalty of perjury, that all the information provided is true and correct and we have paid the associated permit fees.

Matt Hansen
Signature of Applicant/Business Owner

June 11, 2024
Date:

For Office Use Only:

Review Date:	Reviewed By:
Zoning District:	Identified Use:
Provided Attachments:	Fire Department Review (if needed)