



Town of Alpine

PREPETITION APPLICATION

All landowner(s) seeking annexation to the Town of Alpine, Wyoming shall, prior filing a petition for annexation, as outlined in W.S. $\S 15 - 1 - 403$, attend a prepetition conference with representatives of the Town of Alpine Planning and Zoning Commission and the Town Clerk.

Please list all property owner(s) in the attached table on the backside of this application

Full Name:	Chatham II	Hugh	(Bud)	4
	Last	Firs	t	M.I.
Mailing Address:				
	Po Box 3939	Jackson	WY	83001
		City	State	Zip
Email Address:	bud@davehansenwhitew	Phone Number:	503-88	1-6337
Authorized		with, w		
Representative:	High Chatham			
Project:	*Please Attach	a Map of The Prop	osed Parcel with	Your Application
Legal Description:	C. V. D T.	utu C.1	2 2 20 21	22 10 1
Total Site Area (sq. 1	a. Snake River Jet. Townhomes: 939	352, 994418,	10,10	07839 + oth
and/or acres) of each	ı Lot,	· · · · · · · · · · · · · · · · · · ·		1
and entire parcel	#37=17.02, #2=.36 9 #39(1007839)=1.39	03.93() = 2	0=.53, #21=,5	3 #22:53 #1
				of Low
In the provided line	es below, please explain why you w	ould like to annex i	into the Town of A	Alpine: of know lots
To allow	wour operations	to be to	etter co	nnected
to the to	on of Alpine + ne	up & comu	ionities,	permit year
and were	ations, and have	our tax d	ollars gen	crated supp
^			J	
Tacilities &	or town of Alpina			

PROPERTY OWNERS LISTING (If needed please attach separate listing)					
Property Owner	Mailing Address	Phone Number	Email Address		
Joseph Cipro			jacipro Didoud. com		
Novenz arrichensen		307-413-3943	novens. athenalic@ grail.		
Robert Browns		205-390-78676	swbroulin Obrasing.		

Prior To The Prepetition Conference, A Fee of Five Hundred Dollars (\$500.00) Shall Be Paid to The Town of Alpine

PAYMENT

Check may be submitted via mail - PO Box 3070, Alpine, WY 83128 Please call to pay with a credit card - (307) 654-7757.

By Signing Below As an Authorized Representative, I Hereby Certify That All Information Provided Is Known to Be True and Accurate:

Signature of Authorized Representative:

Dated: