



**CITY & BOROUGH OF SITKA  
BOARD/COMMITTEE/COMMISSION APPLICATION**

Municipal Clerk's Office, 100 Lincoln Street, Floor 3  
Phone: 907.747.1826 Fax: 907.747.7403 Email: [clerk@cityofsitka.org](mailto:clerk@cityofsitka.org)

**Submit this completed application AND either a letter of interest or resume to the Municipal Clerk's Office by noon on the Wednesday prior to an advertised Assembly meeting.**

Board/Commission/Committee Applying For: Planning and Zoning Commission

Name: Chris Spivey

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Length of Residence in Sitka: 22yr

Registered to vote in Sitka?  Yes  No

Employer Business Name and your position: Arrowhead Transfer Inc.

Organizations you belong to or participate in:

None

**Explain your main reason for applying:**

I am regretting my decision to resign from the planning commission. I would like to continue my service to the community.

**What experience or credentials will you bring to the board, commission, or committee membership?**

I have been a part of the planning and zoning commission for many years.

**Appointments are typically made during Assembly meeting open sessions. However, Assembly members may vote to discuss applicant(s) in closed executive session.** In this case, do you wish to be present when your application is discussed?  Yes  No

**Potential conflicts of interest that may arise from your appointment must be disclosed.** These may include, but are not limited to, a substantial financial interest of \$1000 annually that could be influenced by your appointment, or an immediate family member employed within the scope of this appointment. **Do you have any potential conflicts of interest to disclose?**  Yes  No

**If yes, please explain:**

*I understand this is a volunteer position appointed by the City and Borough of Sitka Assembly and requires regular meeting attendance. I further understand this application is public information and the merits of my appointment may be discussed at a public forum. In addition, my name may be published in media outlets. If I am appointed to serve, I will follow all laws, procedures, and practices associated with my appointment.*

*I certify that the information in my application is true and accurate.*

Date: 09/06/2023

Applicant Signature: \_\_\_\_\_



# PLANNING COMMISSION

NAME	CONTACT NUMBERS	TERM STARTS	EXPIRES	CATEGORY
CHRIS SPIVEY 109 Lillian Drive	738-2524 spi3050@yahoo.com	12/11/12 1/28/14 1/24/17 1/14/20 12/27/22	2/8/14 1/28/17 1/24/20 1/14/23 12/27/25	Resigned 8/15/2023
DARRELL WINDSOR PO Box 1973	738-4046 dwindsor@gci.net	6/28/11 6/24/14 7/25/17 8/11/20 8/22/23	6/28/14 6/24/17 7/25/20 8/11/23 8/22/26	<b>VICE CHAIR</b>
STACY MUDRY PO Box 1366	738-8693 stacym@sitkareadymix.com	8/27/19 8/23/22	8/27/22 8/25/25	
WENDY ALDERSON 714 Etolin Street	752-0246 wendyalderson@gci.net	9/22/20 5/11/22	5/14/22 5/11/25	
CATHERINE RILEY 1709 Halibut Pt Rd Spc	907-209-2019 katie.really@gmail.com	10/13/20 10/26/21	10/26/21 10/26/24	
Amy Ainslie Planning Director	747-1814 amy.ainslie@cityofsitka.org			Staff Liaison
Thor Christianson 500 Lincoln Street A9	738-2491 assemblychristianson@cityofsitka.org			Assembly Liaison

5 members from public, 3-year terms  
 Established by Ordinance 74-118/SGC2.18 & Charter Article VIII  
 Must be registered to vote  
 First and Third Wednesday at 7:00 p.m. – Harrigan Centennial Hall, 330 Harbor Drive

## CONFLICT OF INTEREST FORMS OATHS OF OFFICE

Revised: August 23, 2023