

- Applications must be deemed complete at least TWENTY-ONE (21) days in advance of next meeting date.
- Review guidelines and procedural information.
- Fill form out completely. No request will be considered without a completed form.
- Submit all supporting documents and proof of payment.

ZONING AMENDMENT   PLAT/SUBDIVISION  BRIEF DESCRIPTION OF REQUEST:   PROPERTY INFORMATION:  CURRENT ZONING:   PROPOSED ZONING (if applicable):   CURRENT LAND USE(S):   PROPOSED LAND USES (if changing):   PROPOSED LAND USES (if changing):   PROPERTY OWNER:   PROPERTY OWNER:   PROPERTY OWNER ADDRESS:   STREET ADDRESS OF PROPERTY:   APPLICANT'S NAME:   MAILING ADDRESS:   DAYTIME PHONE:   PROPERTY LEGAL DESCRIPTION:  TAX ID:   LOT:   BLOCK:   TRACT:   SUBDIVISION:   US SURVEY:   SUBDIVISION:   US SURVEY:   SUBDIVISION:   US SURVEY:   SUBDIVISION:   SURVEY:   SUR	APPLICATION FOR:	□ VARIANCE	☐ CONDITIONAL U	SE	
PROPERTY INFORMATION:  CURRENT ZONING: PROPOSED ZONING (if applicable):  CURRENT LAND USE(S): PROPOSED LAND USES (if changing):  APPLICANT INFORMATION:  PROPERTY OWNER: PROPERTY OWNER ADDRESS:  STREET ADDRESS OF PROPERTY:  APPLICANT'S NAME:  MAILING ADDRESS: DAYTIME PHONE:  PROPERTY LEGAL DESCRIPTION:  TAX ID: LOT: BLOCK: TRACT:		☐ ZONING AMENDMENT	☐ PLAT/SUBDIVISIO	ON	
PROPERTY INFORMATION:  CURRENT ZONING: PROPOSED ZONING (if applicable):  CURRENT LAND USE(S): PROPOSED LAND USES (if changing):  APPLICANT INFORMATION:  PROPERTY OWNER: PROPERTY OWNER ADDRESS:  STREET ADDRESS OF PROPERTY:  APPLICANT'S NAME:  MAILING ADDRESS:  EMAIL ADDRESS:  PROPERTY LEGAL DESCRIPTION:  TAX ID: LOT: BLOCK: TRACT:	BRIEF DESCRIPTION C	OF REQUEST:			
PROPERTY INFORMATION:  CURRENT ZONING:					
PROPERTY INFORMATION:  CURRENT ZONING:PROPOSED ZONING (if applicable):  CURRENT LAND USE(S):PROPOSED LAND USES (if changing):  APPLICANT INFORMATION:  PROPERTY OWNER:  PROPERTY OWNER ADDRESS:  STREET ADDRESS OF PROPERTY:  APPLICANT'S NAME:  MAILING ADDRESS:  EMAIL ADDRESS:  DAYTIME PHONE:  PROPERTY LEGAL DESCRIPTION:  TAX ID: LOT:					
PROPERTY INFORMATION:  CURRENT ZONING:PROPOSED ZONING (if applicable):  CURRENT LAND USE(S):PROPOSED LAND USES (if changing):  APPLICANT INFORMATION:  PROPERTY OWNER:  PROPERTY OWNER ADDRESS:  STREET ADDRESS OF PROPERTY:  APPLICANT'S NAME:  MAILING ADDRESS:  EMAIL ADDRESS:  DAYTIME PHONE:  PROPERTY LEGAL DESCRIPTION:  TAX ID: LOT:					
CURRENT LAND USE(S):					
APPLICANT INFORMATION:  PROPERTY OWNER:  PROPERTY OWNER ADDRESS:  STREET ADDRESS OF PROPERTY:  APPLICANT'S NAME:  MAILING ADDRESS:  EMAIL ADDRESS:  DAYTIME PHONE:  TAX ID:  LOT:  BLOCK:  TRACT:	CURRENT ZONING:	PROPOSED ZON	IING (if applicable):		
APPLICANT INFORMATION:  PROPERTY OWNER:  PROPERTY OWNER ADDRESS:  STREET ADDRESS OF PROPERTY:  APPLICANT'S NAME:  MAILING ADDRESS:  EMAIL ADDRESS:  DAYTIME PHONE:  TAX ID:  LOT:  BLOCK:  TRACT:	CURRENT LAND USE(S):	PROPO	OSED LAND USES (if cha	nging):	
PROPERTY OWNER ADDRESS:					
PROPERTY OWNER ADDRESS:	PROPERTY OWNER:				
APPLICANT'S NAME:					
MAILING ADDRESS:	STREET ADDRESS OF PROPERT	Y:			
PROPERTY LEGAL DESCRIPTION:           TAX ID:         LOT:         BLOCK:         TRACT:	APPLICANT'S NAME:				
PROPERTY LEGAL DESCRIPTION:           TAX ID:         LOT:         BLOCK:         TRACT:	MAILING ADDRESS:				
PROPERTY LEGAL DESCRIPTION:           TAX ID:					
SUBDIVISION:US SURVEY:	TAX ID:	LOT:	BLOCK:	TRACT:	
	SUBDIVISION:		US SURVEY:		
Last Name Date Submitted Project Address					

## **REQUIRED INFORMATION:** For All Applications: Completed General Application form Supplemental Application (Variance, CUP, Plat, Zoning Amendment) Site Plan showing all existing and proposed structures with dimensions and location of utilities Floor Plan for all structures and showing use of those structures Copy of Deed (find in purchase documents or at Alaska Recorder's Office website) Copy of current plat (find in purchase documents or at Alaska Recorder's Office website) Site photos showing all angles of structures, property lines, street access, and parking – emailed to planning@cityofsitka.org or printed in color on 8.5" x 11" paper Proof of filing fee payment For Marijuana Enterprise Conditional Use Permits Only: **AMCO** Application For Short-Term Rentals and B&Bs: Renter Informational Handout (directions to rental, garbage instructions, etc.) **CERTIFICATION:** I hereby certify that I am the owner of the property described above and that I desire a planning action in conformance with Sitka General Code and hereby state that all of the above statements are true. I certify that this application meets SCG requirements to the best of my knowledge, belief, and professional ability. I acknowledge that payment of the review fee is non-refundable, is to cover costs associated with the processing of this application, and does not ensure approval of the request. I understand that public notice will be mailed to neighboring property owners and published in the Daily Sitka Sentinel. I understand that attendance at the Planning Commission meeting is required for the application to be considered for approval. I further authorize municipal staff to access the property to conduct site visits as necessary. I authorize the applicant listed on this application to conduct business on my behalf. Owner Date Owner Date I certify that I desire a planning action in conformance with Sitka General Code and hereby state that all of the above statements are true. I certify that this application meets SCG requirements to the best of my knowledge, belief, and professional ability. I acknowledge that payment of the review fee is non-refundable, is to cover costs associated with the processing of this application, and does not ensure approval of the request.

Tcertify that I desire a planning action in conformance with Sitka General Code and hereby state that all of the above statements are true. I certify that this application meets SCG requirements to the best of my knowledge, belief, and professional ability. I acknowledge that payment of the review fee is non-refundable, is to cover costs associated with the processing of this application, and does not ensure approval of the request.

Applicant (If different than owner)

Date

Last Name

Date Submitted

Project Address



AF	PPLICATION FOR	☐ MAJOR SUBDIVISION/PLANNED UNIT DEVELOPMENT
		☐ MINOR SUBDIVISION/HYBRID SUBDIVISION
		☐ SUBDIVISION REPLAT/LOT MERGER/EASEMENT AMENDMENT
		□ BOUNDARY LINE ADJUSTMENT
ΑI	NALYSIS: (Please addı	ress each item in regard to your proposal)
•	SITE/DIMENSIONS/TO	POGRAPHY:
•	EXISTING UTILITIES AN	ID UTILITY ROUTES:
•	PROPOSED UTILITIES A	AND UTILITY ROUTES:
•	ACCESS, ROADS, TRAN	ISPORTATION, AND MOBILITY:
•	IMPACT OF PROPOSAL	ON ANY EXISTING EASEMENTS:
•	PUBLIC HEALTH, SAFE	TY, AND WELFARE:
•	ACCESS TO LIGHT AND	AIR.
•	ACCESS TO LIGHT AND	O AIR:

Last Name Date Submitted Project Address

int		Date
		Date
ADDITIONAL C		
	, (	OMMENTS
VIIVIAKY OF PROPOSE	:D EASEMENT AGREEMENTS OR COVEN	ANTS:
AILABILITY OF REQUI	RED PARKING:	
ISTENCE OF ANY ENCI	ROACHMENTS:	
	STRUCTURES, THEIR USE, AND PROX	IMITY TO PROPOSED PROPERTY LINES:
SCRIBE ALL EXISTING		
SCRIBE ALL EXISTING		