

CITY AND BOROUGH OF SITKA
PLANNING DEPARTMENT
SHORT-TERM RENTAL &
BED & BREAKFAST
ANNUAL REPORT

DUE April 15, 2016

RECEIVED MAR 16 2016

APPLICANT'S Name: Tiffany Bryner
PHONE NUMBER: 738-1757
MAILING ADDRESS: 413 Baranof Street Sitka, AK 99835

OWNER'S NAME: _____
(If different from applicant)
REGISTERED NAME OF BUSINESS WITH SALES TAX: _____
PHONE NUMBER: _____
MAILING ADDRESS: _____

PROJECT ADDRESS: 413 Baranof
LEGAL DESCRIPTION Lot: 15 Block: 20
Subdivision: Sitka Townsite
U.S. Survey: 1474 Tract A Zoning Classification: R-2

Date of Assembly approval: May 12, 2015

Date of activation of the conditional use permit: June 2015

Number of nights a room in the bed and breakfast or short-term rental has been rented during the 12 month period from July 1, 2014 to June 30, 2015: ~~20~~ 16

Number of nights of bed taxes reported to the City of Sitka's Sales Tax Department: 16

SIGNATURE OF APPLICANT: Tiffany Bryner DATE: 3-14-16

SIGNATURE OF OWNER: _____ DATE: _____
(If different from applicant)