

REQUIRED SUPPLEMENTAL 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
- Proof of filing fee payment
- Other: _____

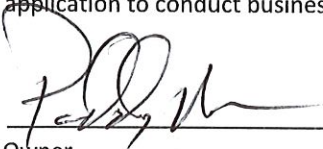
For Marijuana Enterprise Conditional Use Permits Only:

- AMCO Application

For Short-Term Rentals and B&Bs:

- Renter Informational Handout (directions to rental, garbage instructions, etc.)
- Documentation establishing property as primary residence (motor vehicle registration, voter registration, etc.)
- Signed Affidavit of Primary Residence for Short-term Rental Conditional Use Permit

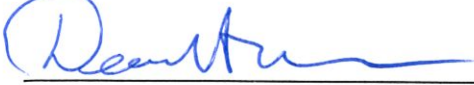
CERTIFICATION: I hereby certify that I am the owner of the property described above and that I desire a planning action in conformance with Sitka General Code and hereby state that all of the above statements are true. I certify that this application meets SCG requirements to the best of my knowledge, 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

3-25-24

 Date



 Owner

3-25-24

 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.

 Applicant (If different than owner)

 Date

Hansen

 Last Name

3-25-24

 Date Submitted

201 Price St.

 Project Address



CITY AND BOROUGH OF SITKA
 PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT
 SUPPLEMENTAL APPLICATION FORM
 ZONING AMENDMENT APPLICATION

APPLICATION FOR

ZONING MAP AMENDMENT

ZONING TEXT AMENDMENT

ANALYSIS: (Please address each item in regard to your proposal)

- **NEED/HARDSHIP/JUSTIFICATION FOR PROPOSAL:** The need for housing is a well documented necessity within the community. Consequently, the approval of this proposal will enable the conversion of ten units that we are currently renting into available housing inventory.
- **PUBLIC BENEFIT OF PROPOSAL:** Affordable housing has far reaching benefits for the community. Housing security, workforce retention, and community cohesion are just a few of many benefits.
- **CONSISTENCY WITH PHYSICAL BOUNDARIES (Streets, Major Creeks, etc.):** No physical boundaries will be impacted by the proposal.
- **COMPATIBLE WITH NEIGHBORING USES BECAUSE:** To the SW and E of the proposed site are residential neighborhoods and to the north are retail stores.
- **ANY IMPACT ON PUBLIC HEALTH, SAFETY, AND WELFARE:** The impact of this additional affordable housing will have a positive impact on mental health and public welfare.

Freddy Hansen
 Applicant

3-25-24
 Date

Hansen
 Last Name

3-25-24
 Date Submitted

201 Price St.
 Project Address