

CITY AND BOROUGH OF SITKA

PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT
GENERAL APPLICATION

- 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.

APPLICATION FOR:

VARIANCE

CONDITIONAL USE

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): _____

APPLICANT INFORMATION:

PROPERTY OWNER: _____

PROPERTY OWNER ADDRESS: _____

STREET ADDRESS OF PROPERTY: _____

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ DAYTIME PHONE: _____

Last Name

Date Submitted

Project Address

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.)

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

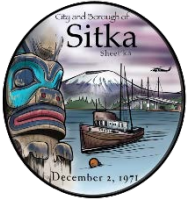
Owner

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.

Applicant (If different than owner)

Date



CITY AND BOROUGH OF SITKA

PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT
SUPPLEMENTAL APPLICATION FORM
CONDITIONAL USE PERMIT

APPLICATION FOR

- MARIJUANA ENTERPRISE
- SHORT-TERM RENTAL OR BED AND BREAKFAST
- OTHER: _____

CRITERIA TO DETERMINE IMPACT – SGC 22.24.010(E) *(Please address each item in regard to your proposal)*

- Hours of operation: _____

- Location along a major or collector street: _____

- Amount of vehicular traffic to be generated and impacts of the traffic on nearby land uses:

- Potential for users or clients to access the site through residential areas or substandard street creating a cut through traffic scenario: _____

- Effects on vehicular and pedestrian safety: _____

- Ability of the police, fire, and EMS personnel to respond to emergency calls on the site: _____

- Describe the parking plan & layout: _____

- Proposed signage: _____

- **Presence of existing or proposed buffers (ie. Fences, boundary walls, natural barriers, etc.) on the site or immediately adjacent the site:**

- **Amount of noise to be generated and its impacts on neighbors:** _____

- **Other criteria that surface through public comments or planning commission review (odor, security, safety, waste management, etc):**

- **Mitigation/ Management Plan (How will site be managed to ensure low/no impact on neighbors?)**

REQUIRED FINDINGS (SGC 22.16.015-6 Footnote 1):

1. Public facilities not otherwise identified may be permitted in the public zone subject to planning commission recommendation and assembly approval subject to findings of fact that show (*Applicant to initial each finding to signify their agreement that each finding can be made*):

Initial

1. The use is in the public interest;	
2. All reasonable safeguards are to be employed to protect the surrounding area; and	
3. There are no reasonable alternative locations for the use.	

ANY ADDITIONAL COMMENTS _____

Michael Pountney

Applicant

Date