

CITY AND BOROUGH OF SITKA

PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT GENERAL APPLICATION FORM RECEIVED JUN 2 7 2018

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:** CONDITIONAL USE VARIANCE LAT/SUBDIVISION ZONING AMENDMENT BRIEF DESCRIPTION OF REQUEST: We have ec Jelling neen 0 ever ren rental Dermiss 115 e **PROPERTY INFORMATION:** Conditional USE **CURRENT ZONING:** PROPOSED ZONING (if applicable): PROPOSED LAND USES (if changing): Sine CURRENT LAND USE(S): Single short term venta dwelling plus apt. plus APPLICANT INFORMATION: PROPERTY OWNER: Jarv **PROPERTY OWNER ADDRESS:** STREET ADDRESS OF PROPERTY: Same ines È Ciary APPLICANT'S NAME: ara MAILING ADDRESS: CO MOAYTIME PHONE: ۰. EMAIL ADDRESS: amai **PROPERTY LEGAL DESCRIPTION:** Printion TRACT: 12 BLOCK: TAX ID: 3749 US SURVEY: SUBDIVISION:

Last Name

Date Submitted

Pt. Rd. 2414 Halibi Project Address

REQUIRED INFORMATION:

For All Applications:

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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

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 Owner

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

Pt. Rd.

Last Name

Date Submitted

Project Address