

CITY AND BOROUGH OF SITKA

PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT GENERAL APPLICATION FORM

 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. CONDITIONAL USE APPLICATION FOR: VARIANCE ZONING AMENDMENT PLAT/SUBDIVISION BRIEF DESCRIPTION OF REQUEST: We are requesting a variance for front and rear property lines at 3407 HPR and a conditional use for construction of two separate dwellings. PROPERTY INFORMATION: CURRENT ZONING: 191 - MH PROPOSED ZONING (if applicable): CURRENT LAND USE(S): Home plus add+'I dwelling APPLICANT INFORMATION: STREET ADDRESS OF PROPERTY: 3407 APPLICANT'S NAME: 1 De Crk Rd otmail. CCM DAYTIME PHONE: 747-3/44 or 738-3/45 PROPERTY LEGAL DESCRIPTION: TAX ID: LOT: /O BLOCK: ______ TRACT: _____ US SURVEY: <u>USS</u> 2752 SUBDIVISION: Lot 1-A

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 stru	ctures with dimensions and lo	ocation of utilities
Floor Plan for all structures and showing use of	those structures	
Copy of Deed (find in purchase documents or a	t Alaska Recorder's Office web	osite)
Copy of current plat (find in purchase documen	ts or at Alaska Recorder's Offi	ce website)
Site photos showing all angles of structures, pro or printed in color on 8.5" x 11" paper	perty lines, street access, and	parking – emailed to <u>planning@cityofsitka.org</u>
Proof of filing fee payment		
For Marijuana Enterprise Conditional Use Permits C	Only:	
AMCO Application		
For Short-Term Rentals and B&Bs:		
Renter Informational Handout (directions to ren	ntal, garbage instructions, etc.)
CERTIFICATION:		
I hereby certify that I am the owner of the property desc General Code and hereby state that all of the above stat the best of my knowledge, belief, and professional abilit cover costs associated with the processing of this applica notice will be mailed to neighboring property owners an Planning Commission meeting is required for the applica access the property to conduct site visits as necessary. I behalf.	ements are true. I certify that y. I acknowledge that paymen ation, and does not ensure apped published in the Daily Sitka Stion to be considered for appr	this application meets SCG requirements to t of the review fee is non-refundable, is to proval of the request. I understand that public Sentinel. I understand that attendance at the roval. I further authorize municipal staff to
Owner O		Date
		8/14/2020
Owner		Date
I certify that I desire a planning action in conformance w true. I certify that this application meets SCG requirement acknowledge that payment of the review fee is non-refu and does not ensure approval of the request.	nts to the best of my knowledg	ge, belief, and professional ability. I
Applicant (If different than owner)		Date
White		3407 HPR
Last Name Date S	ubmitted	Project Address



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 BREAKFAS OTHER: Additional Use	
CRITERIA TO DETERN	MINE IMPACT – SGC 22.24.010(E) (Please	address each item in regard to your proposal)
Amount of vehicular	traffic to be generated and impacts of the traf	fic on nearby land uses:
None.		
ă.		
	e generated and its impacts on surrounding la	
None	s	
Odors to be generate	ed by the use and their impacts:	
 Hours of operation: _ 	N/A	
 Location along a major 	or or collector street: 3407 HP/	2
	clients to access the site through residential a rio:	
Effects on vehicular a	and pedestrian safety:	
White		3407 HPR
Last Name	Date Submitted	Project Address

Ability of the police	e, fire, and EMS perso	onnel to respond	to emergency ca	alls on the site:	EASY ACC
Logic of the interna	Il traffic layout: <u>Sin</u>	ngle level	home, 2	bedroom	15,1/2 ba
Effects of signage o	n nearby uses:്റ്	phe		< N	# E
	g or proposed buffer		mediately adja		
Relationship if the	proposed conditiona	l use is in a specif	ic location to th	e goals, policies	s, and objectives
	plan (CITE SPECIFIC	rh.		s are en	4
		1			
*		e.			
	surface through publ t, etc.):	90	350	177	AS RESE
		90	350	177	ACCOUNT NAME OF THE PARTY OF TH
		90	3.50	177	AS RESE
		90	3.50	177	
				W 5	
	t, etc.):				
	t, etc.):				
waste managemen	t, etc.):				
waste managemen	t, etc.):				

Date Submitted

3407 HPR Project Address

REQUIRED FINDINGS (SGC 22.30.160(C):

a. Be detrimental to t	posed <u>conditional use</u> permit will n he public health, safety, and genera	l welfare because / / / S A
	15	
b. Adversely affect the	e established character of the surro	unding vicinity, because
	uses, property, or improvements ad	; nor jacent to, and in the vicinity of, the site upon
	ä	;
		istent and compatible with the intent of the
goals, objectives, and policie	s of the comprehensive plan and an	y implementing regulation, specifically,
conforms to Comprehensive	Plan Section H I.IA	which states encouraging ADU's
18% B B11		
3. All conditions necessary	to lessen any impacts of the propos	ed use are conditions that can be monitored and
emorted, because		
ANY ADDITIONAL CO	DMMENTS Due to proper	ty size being reduced by the
recent addition o	f an Easement this	ugh our property we are now
		unit from main home by
	ide of the Easement.	*
Applicant Pulsal	Unite	8/14/8020 Date
White	1	3407 HPR
Last Name	Date Submitted	Project Address