



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: Proposed Manufactured Home Park - Change Requirements for Rear set Back + Add Play Area to include as part of "Space" so I can have Room for 5 units "Homes"

PROPERTY INFORMATION:

CURRENT ZONING: C-2 Mobile Home District PROPOSED ZONING (if applicable): _____
 CURRENT LAND USE(S): Storage PROPOSED LAND USES (if changing): _____

APPLICANT INFORMATION:

PROPERTY OWNER: Paddy + Deena Hansen
 PROPERTY OWNER ADDRESS: 515 Victoria Ave.
 STREET ADDRESS OF PROPERTY: 201 1/2 Price St.
 APPLICANT'S NAME: Paddy Hansen
 MAILING ADDRESS: Box 1152
 EMAIL ADDRESS: paddyhansen@hotmail.com DAYTIME PHONE: 907-738-1070

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: _____

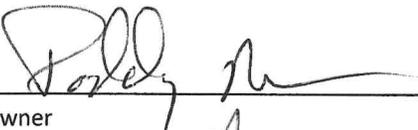
For Marijuana Enterprise Conditional Use Permits Only:

- 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

3-24-25

 Date



 Owner

3-24-25

 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

Last Name

Date Submitted

Project Address