



# 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.

### APPLICATION FOR:



VARIANCE



CONDITIONAL USE



ZONING AMENDMENT



PLAT/SUBDIVISION

**BRIEF DESCRIPTION OF REQUEST:** Subdivision of 415 DeArmond Street property,  
so that the home on DeArmond Street and the new ADU on Andrews Street can be  
owned separately.

### PROPERTY INFORMATION:

CURRENT ZONING: R1 PROPOSED ZONING (if applicable): \_\_\_\_\_

CURRENT LAND USE(S): Residential PROPOSED LAND USES (if changing): n/a

### APPLICANT INFORMATION:

PROPERTY OWNER: Sheila Finkenbinder

PROPERTY OWNER ADDRESS: 415 DeArmond Street

STREET ADDRESS OF PROPERTY: 415 DeArmond Street & 424 Andrews Street

APPLICANT'S NAME: Sheila Finkenbinder

MAILING ADDRESS: 415 DeArmond Street

EMAIL ADDRESS: sitkasheila@gmail.com DAYTIME PHONE: 907-738-3098

### PROPERTY LEGAL DESCRIPTION:

TAX ID: 13635000 LOT: 12/portion of 11 BLOCK: \_\_\_\_\_ TRACT: \_\_\_\_\_

SUBDIVISION: Spruce Glen US SURVEY: \_\_\_\_\_

Finkenbinder

Last Name

415 DeArmond St.

Project Address

Date Submitted

**REQUIRED INFORMATION:**

**For All Applications:**

**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
- ☐ 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](mailto:planning@cityofsitka.org) or printed in color on 8.5" x 11" paper
- ☐ Proof of filing fee payment

**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.

# Sheila Finkenbinder

Owner

6/29/18

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 \_\_\_\_\_

## Finkenbinder

415 DeArmond St.

Last Name

Date Submitted

Project Address