



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: Change to the zoning Code to
allow onsite marijuana consumption.

PROPERTY INFORMATION:

CURRENT ZONING: N/A PROPOSED ZONING (if applicable): N/A

CURRENT LAND USE(S): N/A PROPOSED LAND USES (if changing): N/A

APPLICANT INFORMATION:

PROPERTY OWNER: N/A

PROPERTY OWNER ADDRESS: N/A

STREET ADDRESS OF PROPERTY: N/A

APPLICANT'S NAME: Liza - Marty Martini

MAILING ADDRESS: Box 2752 SITKA

EMAIL ADDRESS: liza@akofarms DAYTIME PHONE: 907 738 3484

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.

N/A
Owner

Date

N/A
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.

[Signature]
Applicant (If different than owner)

3.26.2025
Date

Last Name

Date Submitted

Project Address



CITY AND BOROUGH OF SITKA

PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT
SUPPLEMENTAL APPLICATION FORM
ZONING AMENDMENT APPLICATION

APPLICATION FOR

☐

ZONING MAP AMENDMENT

☒

ZONING TEXT AMENDMENT

ANALYSIS: (Please address each item in regard to your proposal)

- NEED/HARDSHIP/JUSTIFICATION FOR PROPOSAL: REMOVES INDIVIDUALS & GROUPS FROM USWS MARIJUANA PRODUCTS IN PUBLIC PLACES, AGAINST SITKA'S ORDINANCE # 2015-06A
- PUBLIC BENEFIT OF PROPOSAL: PROTECT THE PUBLIC FROM BEWS SUBJECTED TO THE USE OF MARIJUAN. PROTECTION FOR THE CONSUMER WHILE USWS A LEGAL PRODUCT.
- CONSISTENCY WITH PHYSICAL BOUNDARIES (Streets, Major Creeks, etc.): OLD BARGE HIGHWAY - NEXT TO THE DEEP WATER DOCK 4513 HPR - 5 miles from city center
- COMPATIBLE WITH NEIGHBORING USES BECAUSE: LOCATED NEXT TO RESTAURANTS, RETAIL STORES, TOURIST ACTIVITIES.
- ANY IMPACT ON PUBLIC HEALTH, SAFETY, AND WELFARE: REDUCING THE IMPACT OF MARIJUAN CONSUMPTION ON THE PUBLIC. REDUCES PUBLIC HEALTH, SAFETY, WELFARE FOR CONSUMER AND THE GENERAL PUBLIC.

Applicant

Date

Leya Martin 3.26.2025

Last Name

Date Submitted

Project Address