

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: _____

PROPERTY INFORMATION:

CURRENT ZONING: _____ PROPOSED ZONING (if applicable): _____

CURRENT LAND USE(S): _____ PROPOSED LAND USES (if changing): _____

APPLICANT INFORMATION:

PROPERTY OWNER: _____

PROPERTY OWNER ADDRESS: _____

STREET ADDRESS OF PROPERTY: _____

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ DAYTIME PHONE: _____

Last Name

Date Submitted

Project Address

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.)

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.

Clint J. Farr
Owner

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.

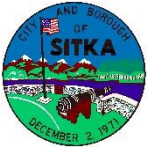
Applicant (If different than owner)

Date

Last Name

Date Submitted

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 BREAKFAST
- ☐ OTHER: _____

CRITERIA TO DETERMINE 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 traffic on nearby land uses:

- Amount of noise to be generated and its impacts on surrounding land use: _____

- Odors to be generated by the use and their impacts: _____

- Hours of operation: _____

- Location along a major or collector street: _____

- Potential for users or clients to access the site through residential areas or substandard street creating a cut through traffic scenario: _____

- Effects on vehicular and pedestrian safety: _____

- **Ability of the police, fire, and EMS personnel to respond to emergency calls on the site:** _____

- **Logic of the internal traffic layout:** _____

- **Effects of signage on nearby uses:** _____

- **Presence of existing or proposed buffers on the site or immediately adjacent the site:** _____

- **Relationship if the proposed conditional use is in a specific location to the goals, policies, and objectives of the comprehensive plan (CITE SPECIFIC SECTION AND EXPLAIN):** _____

- **Other criteria that surface through public comments or planning commission review (odor, security, safety, waste management, etc.):** _____

REQUIRED FINDINGS (SGC 22.30.160(C):

1. ...The granting of the proposed [conditional use](#) permit will not:
- a. Be detrimental to the public health, safety, and general welfare because _____
_____;
 - b. Adversely affect the established character of the surrounding vicinity, because _____
_____;
 - c. Be injurious to the uses, property, or improvements adjacent to, and in the vicinity of, the site upon
which the proposed use is to be located, because, _____
_____;
2. The granting of the proposed [conditional use](#) permit is consistent and compatible with the intent of the
goals, objectives, and policies of the [comprehensive plan](#) and any implementing regulation, specifically,
conforms to Comprehensive Plan Section _____ which states _____

because the proposal _____
_____;
3. All conditions necessary to lessen any impacts of the proposed use are conditions that can be monitored and
enforced, because _____
_____.

ANY ADDITIONAL COMMENTS _____

Applicant

Date

Last Name

Date Submitted

Project Address