

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 <u>completely</u>. No request will be considered without a completed form.

Submit an support	orting documents and proof	or payment.			
APPLICATION FOR:	☐ VARIANCE	☐ CONDITIONAL USE			
	☐ ZONING AMENDMENT	☐ PLAT/SUBDIVISION			
BRIEF DESCRIPTION (OF REQUEST:				
PROPERTY INFORMA	TION:				
CURRENT ZONING:	JRRENT ZONING:PROPOSED ZONING (if applicable):				
CURRENT LAND USE(S):	URRENT LAND USE(S):PROPOSED LAND USES (if changing):				
APPLICANT INFORMA	ATION:				
PROPERTY OWNER:					
PROPERTY OWNER ADDRESS:					
STREET ADDRESS OF PROPER	TY:				
APPLICANT'S NAME:					
MAILING ADDRESS:					
		DAYTIME PHONE:			
EMAIL ADDRESS:		DATTIME PHONE.			
EMAIL ADDRESS:		DATTIME PHONE.			

Last Name **Date Submitted Project Address**

REQUIRED SUPPLEMENTAL INFORMATION:

true. I certify that this application	n meets SCG requirements to the best of my kreereview fee is non-refundable, is to cover cost the request.	Date Date and hereby state that all of the above statements are nowledge, belief, and professional ability. I ts associated with the processing of this application Date Date
Owner I certify that I desire a planning actrue. I certify that this application acknowledge that payment of the and does not ensure approval of the	n meets SCG requirements to the best of my kreereview fee is non-refundable, is to cover cost the request.	Date and hereby state that all of the above statements are nowledge, belief, and professional ability. I ts associated with the processing of this application
Owner I certify that I desire a planning actrue. I certify that this application acknowledge that payment of the	n meets SCG requirements to the best of my kr e review fee is non-refundable, is to cover cost	Date and hereby state that all of the above statements are nowledge, belief, and professional ability. I
Owner		Date
I hereby certify that I am the own General Code and hereby state th the best of my knowledge, belief, cover costs associated with the pr notice will be mailed to neighbori Planning Commission meeting is r	nat all of the above statements are true. I certi , and professional ability. I acknowledge that p rocessing of this application and does not ensi ing property owners and published in the Daily required for the application to be considered f	desire a planning action in conformance with Sitka ify that this application meets SCG requirements to payment of the review fee is non-refundable, is to ure approval of the request. I understand that public y Sitka Sentinel. I understand that attendance at the for approval. I further authorize municipal staff to t listed on this application to conduct business on my
CERTIFICATION:		
Renter Informational Har	ndout (directions to rental, garbage instruction	ns, etc.)
For Short-Term Rentals and B8	<u>&Bs:</u>	
AMCO Application	ncional oscir cining omy.	
For Marijuana Enterprise Cond	ditional Use Permits Only:	_
Proof of filing fee payme	res and showing use of those structures	
	sting and proposed structures with dimensions	and location of utilities
Site Plan showing all exis		
	n (Variance, CUP, Plat, Zoning Amendment)	
	lication form on (Variance, CUP, Plat, Zoning Amendment)	

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:
CF	RITERIA TO DETERM	IINE IMPACT — SGC 22.24.010(E) (Please address each item in regard to your proposal)
	Hours of operation:	
•	Location along a majo	r or collector street:
•		raffic to be generated and impacts of the traffic on nearby land uses:
•	Potential for users or	clients to access the site through residential areas or substandard street creating a cut
•		nd pedestrian safety:
•		re, and EMS personnel to respond to emergency calls on the site:
•	Describe the parking p	olan & layout:
•	Proposed signage:	

Project Address Last Name **Date Submitted**

imm	ediately adjacent the site:
Amo	unt of noise to be generated and its impacts on neighbors:
	er criteria that surface through public comments or planning commission review (odor, security, safe se management, etc):
VIITI	gation/ Management Plan (How will site be managed to ensure low/no impact on neighbors?)

REQUIRED FINDINGS (SGC 22.30.160(C):

Last Name

1. The city may use design standards and other elements in this code to modify the proposal. A <u>conditional use</u> permit may be approved only if all of the following findings can be made regarding the proposal and are supported by the record that the granting of the proposed <u>conditional use</u> permit will not:

Initial

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a. Be detrimental to the public health, safety, and general welfare;	
b. Adversely affect the established character of the surrounding vicinity; nor	
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.	
2. The granting of the proposed <u>conditional use</u> permit is consistent and compatible with the intent	
of the goals, objectives and policies of the comprehensive plan and any implementing regulation.	
3. All conditions necessary to lessen any impacts of the proposed use are conditions that can be monitored and enforced.	
4. The proposed use will not introduce hazardous conditions at the site that cannot be mitigated to protect adjacent properties, the vicinity, and the public health, safety and welfare of the community	
from such hazard.	
5. The <u>conditional use</u> will be supported by, and not adversely affect, adequate public facilities and services; or that conditions can be imposed to lessen any adverse impacts on such facilities and services.	
6. Burden of Proof. The <u>applicant</u> has the burden of proving that the proposed <u>conditional use</u> meets all of the criteria in subsection B of this section.	
ANY ADDITIONAL COMMENTS	
Applicant Date	

Date Submitted

Project Address