



**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.

**Gerry Schauwecker**

Owner

**3-16-22**

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.

**Sue Conrad & Brian Schauwecker**

Applicant (If different than owner)

**3-16-22**

Date

**Conrad**

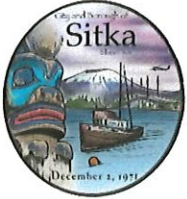
Last Name

**3-16-22**

Date Submitted

**1311 Edgecumbe Dr**

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)*

- **Hours of operation:** Year round short-term rental  
 \_\_\_\_\_  
 \_\_\_\_\_
- **Location along a major or collector street:** \_\_\_\_\_  
Edgecumbe Drive across from the corner of Edgecumbe Drive and Mill Street.  
 \_\_\_\_\_
- **Amount of vehicular traffic to be generated and impacts of the traffic on nearby land uses:**  
1-4 maximum guests in the downstairs unit with a limit of 2 vehicles in the parking lot.  
 \_\_\_\_\_  
 \_\_\_\_\_
- **Potential for users or clients to access the site through residential areas or substandard street creating a cut through traffic scenario:** Unlikely for this location.  
 \_\_\_\_\_  
 \_\_\_\_\_
- **Effects on vehicular and pedestrian safety:** \_\_\_\_\_  
No change from typical residential use.  
 \_\_\_\_\_
- **Ability of the police, fire, and EMS personnel to respond to emergency calls on the site:** \_\_\_\_\_  
Yes, property easily accessible by Edgecumbe Drive.  
 \_\_\_\_\_
- **Describe the parking plan & layout:** Long and wide driveway with space for 4 -6 vehicles.  
 \_\_\_\_\_  
 \_\_\_\_\_
- **Proposed signage:** No signage.  
 \_\_\_\_\_  
 \_\_\_\_\_

- **Presence of existing or proposed buffers (ie. Fences, boundary walls, natural barriers, etc.) on the site or immediately adjacent the site:**

Wooded areas both sides of driveway, and in backyard between neighboring properties.

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- **Amount of noise to be generated and its impacts on neighbors:** \_\_\_\_\_

No additional noise. Levels keeping with typical residential use.

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

Proper garbage handling to mitigate against bear attractants.

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- **Mitigation/ Management Plan (How will site be managed to ensure low/no impact on neighbors?)**

There is a property manager and or owner available during rental to address any potential concerns.

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**REQUIRED FINDINGS (SGC 22.30.160(C)):**

1. The city may use design standards and other elements in this code to modify the proposal. A **conditional use** 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 **conditional use** permit will not:

Initial

a. Be detrimental to the public health, safety, and general welfare;	SC
b. Adversely affect the established character of the surrounding vicinity; nor	SC
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.	SC
2. The granting of the proposed <b>conditional use</b> permit is consistent and compatible with the intent of the goals, objectives and policies of the <b>comprehensive plan</b> and any implementing regulation.	SC
3. All conditions necessary to lessen any impacts of the proposed use are conditions that can be monitored and enforced.	SC
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.	SC
5. The <b>conditional use</b> 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.	SC
6. Burden of Proof. The <b>applicant</b> has the burden of proving that the proposed <b>conditional use</b> meets all of the criteria in subsection B of this section.	SC

**ANY ADDITIONAL COMMENTS** \_\_\_\_\_  
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 \_\_\_\_\_  
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Sue Conrad & Brian Schauwecker  
 \_\_\_\_\_  
 Applicant

3-16-22  
 \_\_\_\_\_  
 Date

Conrad  
 \_\_\_\_\_  
 Last Name

3-16-22  
 \_\_\_\_\_  
 Date Submitted

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