

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 support	rting documents and proof	of payment.	
APPLICATION FOR:	☐ VARIANCE	CONDITIONAL USE	
	☐ ZONING AMENDMENT	☐ PLAT/SUBDIVISION	
permit	FREQUEST: We are	requesting a short-term	
PROPERTY INFORMATE CURRENT ZONING: R2 CURRENT LAND USE(S): Res	PROPOSED ZONI	NG (if applicable): NO change ED LAND USES (if changing): No change	_
APPLICANT INFORMA	TION:		
PROPERTY OWNER:	y Ford Bentals	LC	
PROPERTY OWNER ADDRESS: _	7Po Box 1049	Sitka, AK 99835	
STREET ADDRESS OF PROPERTY	: 1908 Sawmill (Creek Rd. Sitka, AK, 9983	5
APPLICANT'S NAME: Davi		, , , , ,	
MAILING ADDRESS: 1900	Sowmill Creek R	d. Sitka, AK 99835	
EMAIL ADDRESS: daller	@ allenmarine.com	1 DAYTIME PHONE: 907 - 738 - 3283	

Last Name

Date Submitted

Project Address

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. Owner 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 pen-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) Last Name **Date Submitted Project Address**

REQUIRED SUPPLEMENTAL INFORMATION:



Last Name

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:
	MINE IMPACT — SGC 22.24.010(E) (Please address each item in regard to your proposal)
 Hours of operation: 	House is accessible 24/7
Location along a mai	or or collector street: Private driveway off Sawmill
Creek Road	of the conector street.
	traffic to be generated and impacts of the traffic on nearby land uses:
No addition	nal impact compared to normal
housing tr	affic
3	
	rclients to access the site through residential areas or substandard street creating a cut rio: <u>Access is attained through private</u>
driseway	accessed from smc.
	and pedestrian safety:
Ability of the police,	fire, and EMS personnel to respond to emergency calls on the site:\(\beta\)\\ \are
easily acc	essible
J	plan & layout: House has a grarage and
	3
ample par	tking. Wo potential impacts to weighbors
• Proposed signage:	Sign to be placed on smc to identify
The proper	ty

Date Submitted

Project Address

There i	san	atural	cliff	É	regitati	on H	nat 1	suffers
all neigh	phors	atural			7	×10.		
Amount of noi	se to be gener	rated and its ir	npacts on n	eighbors:	None	over	2000	nal
ousehold	use							
		rough public	comments o	r plannin	g commission	review (o	dor, secur	ity, safety
aste manage								
some n	xoted							
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Date Submitted

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Last Name

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 $\underline{\text{conditional use}}$ permit $\underline{\text{will not}}$:

	Initial
a. Be detrimental to the public health, safety, and general welfare;	Da
b. Adversely affect the established character of the surrounding vicinity; nor	Pa
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.	Da
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.	Da
3. All conditions necessary to lessen any impacts of the proposed use are conditions that can be monitored and enforced.	09
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.	Da
5. The conditional use 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.	09
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.	Da

ANY ADDITIONAL COMMENTS	
Applicant Old	/-//- 2021 Date

Last Name