

CITY AND BOROUGH OF SITKA
PLANNING DEPARTMENT
SHORT-TERM RENTAL &
BED & BREAKFAST
ANNUAL REPORT

RECEIVED MAY 19 2016

DUE April 15, 2016

APPLICANT'S Name: Ali Clayton

PHONE NUMBER: 967.738.3401

MAILING ADDRESS: 1601 Davidoff St Sitka AK 99835

OWNER'S NAME: Stephan Clayton
(If different from applicant)

REGISTERED NAME OF BUSINESS WITH SALES TAX: Ali Clayton

PHONE NUMBER: 967.738.3401

MAILING ADDRESS: 1601 Davidoff St Sitka AK 99835

PROJECT ADDRESS: 1601 Davidoff St.

LEGAL DESCRIPTION Lot: 1A 1+7 Block: AB 9

Subdivision: _____

U.S. Survey: 3303 B Zoning Classification: R1

TRACT A
Date of Assembly approval: May 12, 2015

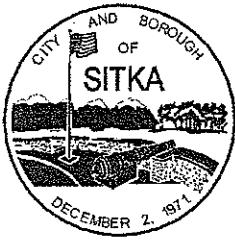
Date of activation of the conditional use permit: June 1, 2015

Number of nights a room in the bed and breakfast or short-term rental has been rented during the
12 month period from July 1, 2014 to June 30, 2015: 72 421 Days

Number of nights of bed taxes reported to the City of Sitka's Sales Tax Department: 42

SIGNATURE OF APPLICANT: Ali Clayton DATE: 4.13.16

SIGNATURE OF OWNER: Stephan K. Clayton DATE: 4.20.16
(If different from applicant)



City and Borough of Sitka

100 Lincoln Street • Sitka, Alaska 99835

Coast Guard City, USA

May 26, 2015

Ali Clayton
102 Sharon Drive
Sitka, AK 99835

COPY

Dear Ms. Clayton,

This is to inform you the Sitka Assembly approved at their May 12, 2015 meeting, your conditional use permit request to operate a short-term rental at 1601 Davidoff Street.

The Sitka General Code 22.24.010 C2C states: Upon filling for sales tax and bed tax accounts, an **owner shall obtain a life and safety inspection by the building department** and shall comply with the requirements proposed by the department.

Approval is based on plans submitted and approved by the Assembly. Additionally, the Assembly placed conditions on to your request:

1. Contingent upon a completed satisfactory life safety inspection.
2. The facility shall be operated consistent with the application and plans that were submitted with the request.
3. The facility shall be operated in accordance with the narrative that was submitted with the application.
4. The applicant shall submit an annual report every year that summarizes the number of nights the facility has been rented over the twelve month period starting with the date the facility has begun operation. The report is due within thirty days following the end of the reporting period.
5. The Planning Commission, at its discretion, may schedule a public hearing at any time following the first nine months of operations for the purpose of resolving issues with the request and mitigating adverse impacts on nearby properties.
6. Failure to comply with any of the conditions may result in revocation of the conditional use permit.

In the event the short-term rental is not utilized during any twelve-month period, the approval shall lapse. If you should have any questions, please feel free to contact me at 747-1814.

Sincerely,

Carole Gibb

Carole Gibb, Planner
907-747-1814
carole@cityofsitka.com