



CITY AND BOROUGH OF SITKA

PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT GENERAL APPLICATION FORM

RECEIVED JUL - 5 2018

- 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: Subdivision of 415 DeArmond Street property,
so that the home on DeArmond Street and the new ADU on Andrews Street
can be owned separately.

PROPERTY INFORMATION:

CURRENT ZONING: R1 PROPOSED ZONING (if applicable): n/a

CURRENT LAND USE(S): Residential PROPOSED LAND USES (if changing): n/a

APPLICANT INFORMATION:

PROPERTY OWNER: Sheila Finkenbinder

PROPERTY OWNER ADDRESS: 415 DeArmond Street

STREET ADDRESS OF PROPERTY: 415 DeArmond Street

APPLICANT'S NAME: Sheila Finkenbinder

MAILING ADDRESS: 415 DeArmond Street

EMAIL ADDRESS: sitkasheila@gmail.com DAYTIME PHONE: 907-738-3098

PROPERTY LEGAL DESCRIPTION:

TAX ID: 13635000 LOT: 12/portion of 11 BLOCK: _____ TRACT: _____

SUBDIVISION: Spruce Glen US SURVEY: _____

Finkenbinder

Last Name

7/5/18

Date Submitted

415 DeArmond Street

Project Address

REQUIRED 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
- ☒ Copy of Deed (find in purchase documents or at Alaska Recorder's Office website)
- ☒ Copy of current plat (find in purchase documents or at Alaska Recorder's Office website)
- ☐ Site photos showing all angles of structures, property lines, street access, and parking – emailed to planning@cityofsitka.org or printed in color on 8.5" x 11" paper
- ☐ Proof of filing fee payment

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.

Sheila Finkenbinder

Owner

7/5/18
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

Finkenbinder

Last Name

7/5/18
Date Submitted

415 DeArmond Street

Project Address