Project Address



Last Name

CITY AND BOROUGH OF SITKA

PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT GENERAL APPLICATION FORM

 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 all supporting documents and proof of payment.
APPLICATION FOR: VARIANCE CONDITIONAL USE
ZONING AMENDMENT PLAT/SUBDIVISION
BRIEF DESCRIPTION OF REQUEST: PLATING VARIENCE TO CREATE BUILDABL
LOT on 12,300SF EXISTING PROPERTY USING EXISTING
INPRASTRUCTURE
PROPERTY INFORMATION: CURRENT ZONING:
APPLICANT INFORMATION:
PROPERTY OWNER: ADAM & KRIS China(ski PROPERTY OWNER ADDRESS: PO Box 2493 Sitka
STREET ADDRESS OF PROPERTY: 2174 HPR SITKA
APPLICANT'S NAME: ADAM Chinalski
MAILING ADDRESS: PO Box 2493 51+KA
EMAIL ADDRESS: hmrtpair Guy QGWAIL, WDAYTIME PHONE: 360, 652, 9092
PROPERTY LEGAL DESCRIPTION:
TAX ID: 2-5189. 001 LOT: Lots 1 BLOCK: TRACT:
SUBDIVISION: wright subd., Addition Two, US SURVEY: 2418

Date Submitted

REQUIRED INFORMATION:

Last Name	Date Submitted	Project Address	
Applicant (If different than owner)		Date	
true. I certify that this application me	eets SCG requirements to the best of my l view fee is non-refundable, is to cover co	le and hereby state that all of the above statement knowledge, belief, and professional ability. I osts associated with the processing of this applicati	
Owner		Date	-
General Code and hereby state that a the best of my knowledge, belief, and cover costs associated with the proce notice will be mailed to neighboring p Planning Commission meeting is requ	all of the above statements are true. I cerd professional ability. I acknowledge that essing of this application, and does not exproperty owners and published in the Dailired for the application to be considered isits as necessary. I authorize the applicant	I desire a planning action in conformance with Sitirtify that this application meets SCG requirements payment of the review fee is non-refundable, is to usure approval of the request. I understand that pully Sitka Sentinel. I understand that attendance at differ approval. I further authorize municipal staff to until listed on this application to conduct business or Date	to o ublic the
CERTIFICATION:			
Renter Informational Hando	ut (directions to rental, garbage instructi	ions, etc.)	
For Short-Term Rentals and B&Bs	<u>.</u>		
AMCO Application	mar osc r crimics omy.		
For Marijuana Enterprise Condition	onal Use Permits Only:		
or printed in color on 8.5" x Proof of filing fee payment	ii paper		
		cess, and parking – emailed to planning@cityofsitk	a.org
	purchase documents or at Alaska Record		
	ase documents or at Alaska Recorder's Of	ffice website)	
	and showing use of those structures	ins and location of activities	
	g and proposed structures with dimension	ns and location of utilities	
Completed General Applicat	ion form /ariance, CUP, Plat, Zoning Amendment)		
For All Applications:			