## 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 completely. No request will be considered without a completed form.
- Submit all supporting documents and proof of payment.

APPLICATION FOR: VARIANCE	CONDITIONAL USE
ZONING AMEND	PLAT/SUBDIVISION
Sawmil Creek Rl.	
	igg room L
PROPERTY INFORMATION:	
CURRENT ZONING: PROP	OSED ZONING (if applicable):
b	PROPOSED LAND USES (if changing):
APPLICANT INFORMATION:	<del>and the second of the second </del>
PROPERTY OWNER: Abalomie Point Vistag LLC PROPERTY OWNER ADDRESS: POBLY 3967 OMAK WA 98841-3967	
APPLICANT'S NAME: Anthory and W	1
	L Creek Rd Stoka AK 99835
EMAIL ADDRESS: 4 AS. bud @ hofman	1. COM DAYTIME PHONE: 907 138 7735
	Political Control of the Control of
PROPERTY LEGAL DESCRIPTION:	of a transmitter of the control of t
TAX ID: 30 74 000 2 LOT: 2	2
SUBDIVISION: OLSN	US SURVEY: 2/84
	, 1
BIRD	12/18 16/6 1/2 SMC
Last Name Date	Submitted Project Address

## REQUIRED INFORMATION: For All Applications: Completed General Application form Supplemental Application (Variance, CUP, Plat, Zoning Amendment) ig| 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. Date Owner

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

16 12 SMC

Last Name

Date Submitted

Project Address