## 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: CONDITIONAL USE VARIANCE PLAT/SUBDIVISION ZONING AMENDMENT BRIEF DESCRIPTION OF REQUEST: 8'x12' greenhouse &' from property line **PROPERTY INFORMATION:** CURRENT ZONING: PROPOSED ZONING (if applicable):\_\_\_\_\_ CURRENT LAND USE(S): residential PROPOSED LAND USES (if changing):\_\_\_\_\_\_ **APPLICANT INFORMATION:** Dorothy J. C. Orbison Community Property PROPERTY OWNER: Dean I. and PROPERTY OWNER ADDRESS: ROX STREET ADDRESS OF PROPERTY: 613 have Street APPLICANT'S NAME: Dovothy Ornison 99835 Sitka ak MAILING ADDRESS: KOX 1751 EMAIL ADDRESS: Orbisona ptiglaska, net DAYTIME PHONE: 747-3412 PROPERTY LEGAL DESCRIPTION: TAXID: 1.7726,000 LOT: 2 BLOCK: 7 TRACT: SUBDIVISION: US SURVEY: \_\_\_\_\_US SURVEY: \_\_\_\_\_

Orbison

10/7/18

613 have Street

## **REQUIRED INFORMATION:**

For All Applications:			
Completed General Application form			
Supplemental Application (Variance, C	CUP, Plat, Zoning Amendment)		
Site Plan showing all existing and prop	oosed structures with dimensic	ons and location of utilities	
Floor Plan for all structures and showi	ng use of those structures —	phote	
Copy of Deed (find in purchase docum	nents or at Alaska Recorder's C	Office website)	
Copy of current plat (find in purchase	documents or at Alaska Recor	der's Office website)	
Site photos showing all angles of structure or printed in color on 8.5" x 11" paper		ccess, and parking – emailed to planning@cityofsit	tka.org
Proof of filing fee payment			
For Marijuana Enterprise Conditional Use I	Permits Only:		
AMCO Application			
For Short-Term Rentals and B&Bs:			
Renter Informational Handout (directi	ions to rental, garbage instruct	tions, etc.)	
CERTIFICATION:			
General Code and hereby state that all of the a the best of my knowledge, belief, and profession cover costs associated with the processing of the notice will be mailed to neighboring property of Planning Commission meeting is required for the	bove statements are true. I ce onal ability. I acknowledge tha his application, and does not e owners and published in the Da he application to be considere	at I desire a planning action in conformance with Signify that this application meets SCG requirements at payment of the review fee is non-refundable, is the same approval of the request. I understand that plaify Sitka Sentinel. I understand that attendance and for approval. I further authorize municipal stafficant listed on this application to conduct business of	s to to public at the to
Silve D. Altons		10/17/18	
Owner		Date	
Owner		Date	·
true. I certify that this application meets SCG re	equirements to the best of my	de and hereby state that all of the above statemer y knowledge, belief, and professional ability. I costs associated with the processing of this applica	
Applicant (If different than owner)		Date	
Last Name	Date Submitted	Project Address	