

 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: Short terr	n RBnB Rental of r	ny Residentia	al Home	
PROPERTY INFORMATI	ON:				
CURRENT ZONING: R1	PROPOSED ZO	NING (if applicable):			
CURRENT LAND USE(S): Resid	ential Home PRO	POSED LAND USES (if changi	ng):) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
APPLICANT INFORMAT	ION:			/	
PROPERTY OWNER: David La	ambdin				
PROPERTY OWNER ADDRESS: 3	106 Halibut Point Ro				
STREET ADDRESS OF PROPERTY:					
APPLICANT'S NAME: David L					
MAILING ADDRESS: 3106 HF		*			
MAIL ADDRESS: dave@myoldcar.net DAYTIME PHONE: 907-738-3106					
PROPERTY LEGAL DESC	RIPTION:	4-1			
TAX ID: 25507000	_{LOT:} 24D	BLOCK:	TRACT:	0001.00	
SUBDIVISION: Toothacre		US SURVEY:			
				3	
Lambdin	4-25	-19	3106 H	PR	
Last Name	Date Submit		Project Add		

K	EQUIRED INFORMATION:	
Fo	er All Applications:	
	Completed General Application form	
	Supplemental Application (Variance, CUP, Plat, Zoning Amendment)	
	Site Plan showing all existing and proposed structures with dimensions a	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	e website)
	Copy of current plat (find in purchase documents or at Alaska Recorder's	s Office website)
	Site photos showing all angles of structures, property lines, street access or printed in color on 8.5" x 11" paper	s, and parking – emailed to <u>planning@cityofsitka.org</u>
	Proof of filing fee payment	
Fo	r Marijuana Enterprise Conditional Use Permits Only:	
	AMCO Application	
Fo	r Short-Term Rentals and B&Bs:	
	Renter Informational Handout (directions to rental, garbage instructions	s, etc.)
CE	ERTIFICATION:	
Ge the cov not Pla acc bel	ereby certify that I am the owner of the property described above and that I despend to the above statements are true. I certify the best of my knowledge, belief, and professional ability. I acknowledge that paywer costs associated with the processing of this application, and does not ensurative will be mailed to neighboring property owners and published in the Daily Stanning Commission meeting is required for the application to be considered for the property to conduct site visits as necessary. I authorize the applicant I half.	that this application meets SCG requirements to yment of the review fee is non-refundable, is to re approval of the request. I understand that public Sitka Sentinel. I understand that attendance at the rapproval. I further authorize municipal staff to sted on this application to conduct business on my
D	David Lambdin	4-24-2019
	vner Jan Jan Jan	Date 4-25-/9 Date
	ertify that I desire a planning action in conformance with Sitka General Code ar	
tru ack	ie. I certify that this application meets SCG requirements to the best of my kno knowledge that payment of the review fee is non-refundable, is to cover costs d does not ensure approval of the request.	wledge, belief, and professional ability. I
Αp	plicant (If different than owner)	Date
217.		

Date Submitted

Last Name

Project Address



Last Name

CITY AND BOROUGH OF SITKA

PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT SUPPLEMENTAL APPLICATION FORM CONDITIONAL USE PERMIT

Al	PPLICATION FOR MARIJUANA ENTERPRISE ✓ SHORT-TERM RENTAL OR BED AND BREAKFAST OTHER:				
CF	RITERIA TO DETERMINE IMPACT — SGC 22.24.010(E) (Please address each item in regard to your propose				
•	Amount of vehicular traffic to be generated and impacts of the traffic on nearby land uses: No traffic Impact.				
•	Amount of noise to be generated and its impacts on surrounding land use:				
•	Odors to be generated by the use and their impacts: No Odors generated				
•	Hours of operation: N/A				
•	Location along a major or collector street: Halibut Point Rd				
•	Potential for users or clients to access the site through residential areas or substandard street creating a cu hrough traffic scenario:				
	Located on Main Street (HPR) Easy Access with no Impact What so ever				
•	Effects on vehicular and pedestrian safety: No Effects on Vehicle or Pedestrian Traffic				
L	ambdin 0 3106 HPR				

Date Submitted

Project Address

•	Ability of the police, fire, and EMS personnel to respond to emergency calls on the site:		
	Direct Easy Access		
•	Logic of the internal traffic layout: Main Road (HPR)		
	, ,		
•	Effects of signage on nearby uses: No sign Required		
•	Presence of existing or proposed buffers on the site or immediately adjacent the site:		
	Empty Lot one side; Private Home next side. House behind Hidden above on cliff		
•	Relationship if the proposed conditional use is in a specific location to the goals, policies, and objectives of the comprehensive plan (CITE SPECIFIC SECTION AND EXPLAIN):		
	Maintain all current standards and policies		
	,		
•	Other criteria that surface through public comments or planning commission review (odor, security, safety, waste management, etc.):		
	No Issues . Traffic and noise remain same as current		

Lambdin

4-25-19

3106 HPR

REQUIRED FINDINGS (SGC 22.30.160(C):

	iblic health, safety, and general welfare	because
Nothing will be o	hanged	;
b. Adversely affect the esta	ablished character of the surrounding vi	\ \ \
Nothing will be o		
	property, or improvements adjacent to	, and in the vicinity of, the site upon
which the proposed use is to	be located, because,	
Nothing will be c	hanged	;
2. The granting of the proposed	conditional use permit is consistent and	d compatible with the intent of the
goals, objectives, and policies of t	he <u>comprehensive plan</u> and any implen	nenting regulation, specifically,
conforms to Comprehensive Plan	Section which s	tates
NI a 4la i a		
because the proposal Nothin	g will be changed	
	ssen any impacts of the proposed use a	re conditions that can be monitored and
enforced, because		
	nged or different than c	
ANY ADDITIONAL COM	MENTS	
Combat disabled vet	eran unable to pay mortg	gage needs way to keep
retirement home or	become homeless war	d of state and city
David Lambdin		4-24-19
Applicant		Date
Lambdin	4-25-19	3106 HPR
Last Name	Date Submitted	Project Address