- 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: We are requesting a minor subdivision
dividing 213 Shotzn Alley who & lots
· · · · · · · · · · · · · · · · · · ·
PROPERTY INFORMATION:
CURRENT ZONING: SFLD PROPOSED ZONING (if applicable):
CURRENT LAND USE(s): VESidential PROPOSED LAND USES (if changing):
APPLICANT INFORMATION:
PROPERTY OWNER: Lisa Busch and David LuBIN
PROPERTY OWNER ADDRESS: 215 / 213 Short Alley STREET ADDRESS OF PROPERTY: Street ADDRESS OF PROPERTY OF P
STREET ADDRESS OF TROPERTY.
APPLICANT'S NAME: LISA BUSCH and David LUBIN
MAILING ADDRESS: 215 Shoren Alley
email address: Lisa je an Busch a gmail (m DAYTIME PHONE: 9077386481
PROPERTY LEGAL DESCRIPTION:
TAX ID: TRACT: TRACT:
SUBDIVISION: US SURVEY: 3557
Busch/WBIN Date Submitted Project Address Project Address
Last Name Date Submitted Project Address

REQUIRED INFORMATION:

true. I certify that this applicati	ion meets SCG requirements to the best of my the review fee is non-refundable, is to cover co of the request.	Date de and hereby state that all of the above statements and knowledge, belief, and professional ability. I osts associated with the processing of this application, Date
I certify that I desire a planning true. I certify that this applicati acknowledge that payment of t and does not ensure approval of	ion meets SCG requirements to the best of my the review fee is non-refundable, is to cover co of the request.	knowledge, belief, and professional ability. I osts associated with the processing of this application,
I certify that I desire a planning true. I certify that this applicati acknowledge that payment of t	ion meets SCG requirements to the best of my the review fee is non-refundable, is to cover co	knowledge, belief, and professional ability. I
I certify that I desire a planning true. I certify that this applicati	ion meets SCG requirements to the best of my	knowledge, belief, and professional ability. I
I certify that I desire a planning	gaction in conformance with Sitka General Coo	Date de and hereby state that all of the above statements and professional ability. I
-		Date
Owner		Date
Ch Y A		" / / / / / / /
	70	4/18/10
Owner		Date
An And	70	4/11/19
behalf.	/	and nated on this application to conduct business on my
		ed for approval. I further authorize municipal staff to ant listed on this application to conduct business on my
		paily Sitka Sentinel. I understand that attendance at the
cover costs associated with the	e processing of this application, and does not ϵ	ensure approval of the request. I understand that public
		ertify that this application meets SCG requirements to at payment of the review fee is non-refundable, is to
		at I desire a planning action in conformance with Sitka
		x 44.
CERTIFICATION:		
Renter Informational	Handout (directions to rental, garbage instruc	ctions, etc.)
For Short-Term Rentals and	. <u>B&Bs:</u>	
AMCO Application		
For Marijuana Enterprise Co	onditional Use Permits Only:	
Proof of filing fee pay	/ment	
or printed in color on		
Site photos showing a	all angles of structures, property lines, street a	access, and parking—emailed to planning@cityofsitka.c
Copy of current plat ((find in purchase documents or at Alaska Reco	rder's Office website)
	purchase documents or at Alaska Recorder's	
	ctures and showing use of those structures	
		ions and location of utilities
Sita Plan showing all	existing and proposed structures with dimensi	
	ation (variance, cor, riat, zoning Amendmen	+\
	ation (Variance, CUP, Plat, Zoning Amendment	
Completed General A		



CITY AND BOROUGH OF SITKA

PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT SUPPLEMENTAL APPLICATION FORM PLAT APPLICATION

APPLICATION FOR MAJOR SUBDIVISION/	PLANNED UNIT DEVELOPMENT
MINOR SUBDIVISION/	HYBRID SUBDIVISION
SUBDIVISION REPLAT/	LOT MERGER/EASEMENT AMENDMENT
BOUNDARY LINE ADJU	STMENT
ANALYSIS: (Please address each item in regard	to your proposal)
• SITE/DIMENSIONS/TOPOGRAPHY: The Sit	e had a historic cottage
and is already hardened	and fondation ready
EXISTING UTILITIES AND UTILITY ROUTES:	ruis one to 213 house
• PROPOSED UTILITIES AND UTILITY ROUTES: _	stility hook is will be
ACCESS, ROADS, TRANSPORTATION, AND MOB	ILITY: direct access from
Sharn Alley	
IMPACT OF PROPOSAL ON ANY EXISTING EASEMI	ENTS: no upact
PUBLIC HEALTH, SAFETY, AND WELFARE:	s alonely waterofint Int
ACCESS TO LIGHT AND AIR:	t
usch/LuBIN	213 Shoton Alley
Last Name Date Subr	nitted Project Address

· ORDERLY AND EFFICIENT LAYOUT AND DEVELOPMENT: The development for
The house well be on an existing pad.
DESCRIBE ALL EXISTING STRUCTURES, THEIR USE, AND PROXIMITY TO PROPOSED PROPERTY LINES:
The existing house on 213 Sharm Alley well
The existing house on 213 Sharp Alley well meet or exceed set back code requirements
EXISTENCE OF ANY ENCROACHMENTS:
·
· AVAILABILITY OF REQUIRED PARKING: Parking 15 available for 2 cars
SUMMARY OF PROPOSED EASEMENT AGREEMENTS OR COVENANTS: The lunes
own 213, 215 = 208 Shotzn Alky
ANY ADDITIONAL COMMENTS
Applicant
Bush Lubin 4/16/19 and Shotten Alley Last Name Date Submitted Project Address