

**CITY AND BOROUGH OF SITKA**  
**PLANNING DEPARTMENT**  
**SHORT-TERM RENTAL &**  
**BED & BREAKFAST APPLICATION**

Short-Term Rental Fee	\$100.00
Bed & Breakfast Fee (per Guestroom)	\$35.00
* plus current city sales tax *	

APPLICANT'S NAME: Charles & Theresa Olson  
PHONE NUMBER: 907 738 3947 / 907 738 2947  
MAILING ADDRESS: 3009 Halibut Point Rd

OWNER'S NAME: \_\_\_\_\_  
(If different from applicant)  
PHONE NUMBER: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_

PROJECT ADDRESS: 3009 Halibut Point Rd  
LEGAL DESCRIPTION Lot: See attached Block: \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
U.S. Survey \_\_\_\_\_ Zoning Classification: \_\_\_\_\_

☐ State all reasons justifying request: see attached  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Describe how the facility will be operated, what meals will be served, and how guests will be transported. (This information may be provided on a separate sheet).  
see attached  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Anticipated start date: see attached  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ What months of the year the facility will be in operation: see attached  
\_\_\_\_\_  
\_\_\_\_\_



Drawing of the **interior** layout showing:

1. Size and location of rooms
2. Types of facilities in the rooms
3. Windows and exits
4. Location of smoke alarms and fire extinguishers
5. Guestrooms specifically delineated on the plans



Drawing of the **exterior** site plan showing:

1. Dimensions of the home
2. How the house sits on the lot
3. Location of parking



Check if facility is not fully constructed at the time of the application.



Check if Life Safety Inspection has already been completed. If not, please contact the Building Department at 747-1832 to schedule an appointment. This Inspection is to certify that the residence complies with life and fire safety code aspects.

*In applying for and signing this application, the property owner hereby grants permission to Municipal staff to access the property before and after Planning Commission's review for the purposes of inspecting the proposed and/or approved structures.*

SIGNATURE OF APPLICANT:

DATE:

10/7/19

SIGNATURE OF OWNER:

DATE:

10-7-19

(If different from applicant)

Our reason for justifying our request was prompted after attending the McDowell Economic health of Sitka presentation. We became motivated to do our part in helping retain the economic viability of our community.

We believe by helping provide affordable housing for the more than 40+% seasonal workers we can help Sitka in continuing to provide economic viability.

If we can assist in the additional housing needs Sitka faces it is our hope that local businesses will also benefit from the seasonal stability of affordable and available housing provides.

It will be our intentions to provide summer housing starting from approximately April to possible September. We will not be providing meals nor transportation. The community ride has stations very close.

If needed for conventions, sporting tournaments or other housing shortages in Sitka if housing is needed, we would like the flexibility to possibly activate our rental in the winter months as well.



# INSPECTION REPORT

CITY AND BOROUGH OF SITKA BUILDING DEPARTMENT

100 LINCOLN STREET

SITKA, ALASKA 99835

PHONE: 747-1804 FAX: 747-3158

www.cityofsitka.com

DATE 8-13-19

TIME 9:45

## TYPE OF INSPECTION

☐ EXCAVATION

☐ FOOTING

☐ UNDERSLAB

(PLUMBING/ELECTRICAL)

☐ STEM WALLS

☐ FRAME

☐ ELECTRICAL

☐ PLUMBING

☐ VAPOR RETARDER

☒ FIRE & LIFE SAFETY

☐ FINAL

☐ \_\_\_\_\_

OWNER CHUCK OLSEN

ADDRESS 3009 HPR

FIRE & LIFE SAFETY INSPECTION FOR DOWN STAIRS  
APARTMENT SHORT TERM RENTAL -

-OK-

— NO DEFICIENCIES NOTED —

☒ COPY PROVIDED TO ON-SITE

INSPECTOR [Signature]

☐ CALL FOR REINSPECTION  
BEFORE CONCEALMENT

☐ CORRECTIONS OR ITEMS NOTED ABOVE WILL BE  
REINSPECTED AT TIME OF NEXT CONSECUTIVE INSPECTION