

- Applications must be deemed complete at least TWENTY-ONE (21) days in advance of next meeting date.

Last Name

Review guidelines and procedural information.
Fill form out completely. No request will be considered without a

Date Submitted

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 zoning text
drange to allow the planning department to issue a
conditional use permit for Bulk Retail operations
occurring within an industrial zoned building
PROPERTY INFORMATION: N/A
CURRENT ZONING:PROPOSED ZONING (if applicable):
CURRENT LAND USE(S): PROPOSED LAND USES (if changing):
APPLICANT INFORMATION: **PROPERTY OWNER:
PROPERTY OWNER ADDRESS:
STREET ADDRESS OF PROPERTY:
MAILING ADDRESS: 110 Sand Dollar Dr. Sitka, AK 99835 EMAIL ADDRESS: Plank & Outlook. Com DAYTIME PHONE: 425-269-3921
PROPERTY LEGAL DESCRIPTION: N/A
TAX ID:BLOCK:TRACT:
SUBDIVISION: US SURVEY:

Project Address

REQUIRED INFORMATION:					
For All Applications:					
Completed General Application fo	rm				
Supplemental Application (Variance	Supplemental Application (Variance, CUP, Plat, Zoning Amendment)				
Site Plan showing all existing and p	proposed structures with dimensi	ons and location of utilities			
Floor Plan for all structures and sh	owing use of those structures				
Copy of Deed (find in purchase documents or at Alaska Recorder's Office website)					
Copy of current plat (find in purch	ase documents or at Alaska Reco	rder's Office website)			
Site photos showing all angles of s or printed in color on 8.5" x 11" pa	tructures, property lines, street a per	ccess, and parking – emailed t	o planning@cityofsitka.org		
Proof of filing fee payment	100 + tax				
For Marijuana Enterprise Conditional U	se Permits Only:				
AMCO Application					
For Short-Term Rentals and B&Bs:					
Renter Informational Handout (dir	ections to rental, garbage instruc	tions, etc.)			
CERTIFICATION:					
I hereby certify that I am the owner of the p General Code and hereby state that all of the the best of my knowledge, belief, and profe cover costs associated with the processing of notice will be mailed to neighboring proper Planning Commission meeting is required for access the property to conduct site visits/as	e above statements are true. I ce ssional ability. I acknowledge tha of this application, and does not e ty owners and published in the Da or the application to be considere	ertify that this application mee t payment of the review fee is ensure approval of the request aily Sitka Sentinel. I understan d for approval. I further autho	ts SCG requirements to non-refundable, is to t. I understand that public nd that attendance at the rize municipal staff to		
behalf.	=				
I CHING KILL		1-5-2	0		
Owner 01	1/	Date			
Votened Ply	K	1-5-2	O		
Owner		Date			
I certify that I desire a planning action in cor					
true. I certify that this application meets SCC acknowledge that payment of the review fe					
and does not ensure approval of the reques					
Applicant (If different than owner)		Date			
Look Mouse	D. (. D.)				
Last Name	Date Submitted	Project A	Address		

N. P.	CITY AND BOROUGH OF SITKA PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT SUPPLEMENTAL APPLICATION FORM ZONING AMENDMENT APPLICATION
A	PPLICATION FOR ZONING MAP AMENDMENT ZONING TEXT AMENDMENT
A	NALYSIS: (Please address each item in regard to your proposal)
	NEED/HARDSHIP/JUSTIFICATION FOR PROPOSAL: Due to Sitkas l'inited size
	with limited commercial retail, this will open up opportunities
5	and spaces, upon board approval, for new basiness to try and start new businesses without incurring the nigh commercial public BENEFIT OF PROPOSAL: A text change will allow the board
•	to review requests for new business looking for cheaper sites to get started and/or operate. They are still supject to Life; consistency with comprehensive PLAN (Cite Section and Explain): This doesn't safety inspections
	change existing plans, but allows the board to
N	hear cases from business owner capprove requests if satisfactory to the board. consistency with physical Boundaries (streets, Major Creeks, etc.): there are no
	changes from this request.
Vi.	DOES NOT RESULT IN SPOT ZONING BECAUSE: 1) A -no changes
	0- 1-0-0-1
	public Health, safety, and welfare: No impact to public health, safety,
	or welfare as all premisis are still subject to
1	icity inspections.

Applicant 1-5-20

Plank 1-5-20

Last Name Date Submitted Project Address