

Equinox Short-Term Rental Plan

Equinox O/N 641108

Owners: Brooks Areson and Cameo Padilla

PO Box 1356, Sitka AK 99835

907-738-4736, cameodawn@gmail.com

Eliason Harbor: T3-08

Property Description:

The vessel is arranged with a raised foredeck that carries a trunk cabin and drops 36" in three steps to protected side decks that are unbroken to the sheltered cockpit. The flybridge is arranged atop of the pilot house, and is reached by way of a ladder from the boat deck, which in turn is reached by an interior stair from the pilothouse. Foremost below decks is a chain locker, aft is a forward stateroom with raised single berths outboard, cabinets and drawers beneath, a seat locker forward, and a skylight hatch overhead. Aft, through a hinged door, is a passage with an enclosed head with marine toilet, sink, and molded FRP shower to Port, and to Starboard a second enclosed stateroom with raised double berth, cabinetry and drawers beneath and a hanging locker forward.

Aft to Port is a curved stair to the pilothouse, and aft is a door and step down to the master stateroom, which features a queen island berth with drawers beneath to Starboard, a hanging locker to Port, aft of which is an enclosed head with marine toilet, sink, and a tiled shower. Aft, through a hinged door, are stairs up to the main salon and galley, as well as a door to Starboard opening to a small shop, which in turn has a low door opening to the engine compartment.

The salon / galley is largely open to Port, with a small bookshelf and couch. To Starboard is a U-shaped galley with refrigerator, stove, and combo washer / dryer forward, a large sink outboard, a skylight overhead, and a counter aft. Aft is a dining table, in the aft corner a cabin heater, and centered aft are double hinged Teak doors to the cockpit. This area is sheltered by an overhang of the boat deck and is fully enclosed along with the cabin side decks with isinglass weather canvas. There are two flush hatches in the sole for access to stowage, the steering system, and other systems. A boarding door opens to the integral boarding platform, which is surrounded by a sturdy stainless railing, has storage beneath a small hatch, and a crab pot davit mounted to Starboard.

The pilothouse has the helm centered on a full console with electrical panels and ample interior storage, the stair to forward cabins to Port, aft are hinged doors to the forwards side decks, aft to Port stairs down to the salon, inboard and aft stairs up and through a scuttle with hinged door to the boat deck, to Starboard and aft a raised settee with a large ledge aft that is suitable for single berthage. The boat deck, which extends aft over the cockpit, is fully enclosed by railings, has a life raft, a boat davit and the

ship's tender in chocks to Port, and is open to Starboard, with a second boat davit outboard. Up a few steps is the flybridge, also enclosed by railings, with a control console forward and a small chest freezer plus seating that includes a propane locker to Starboard and aft. A folding aluminum mast carries antennas, the radar, etc.

Basic Operations:

Date to Begin Operations: April 1, 2020

- Advertise Vessel on Airbnb, entire boat, no more than one group per stay, 5 person max, 3 day minimum stay
 - o Vessel will remain at dock and lodgers will not have ability to start engine
 - o Hatches to engine compartment will be locked
 - o Vessel is equipped with a Type I marine sanitation system
 - o All pumps, except emergency bilge pumps, will be disengaged while vessel is at dock
- Maintenance, cleaning, upkeep provided by owners
- Business License under jointly held LLC by owners
- Primary use of vessel is a residence for the owners and as a private charter vessel from April to September. Airbnb guests will be welcomed when vessel is not otherwise being commercially operated, primarily from May – September.
- Parking will be in the public lot at the top of the dock, but we anticipate most of our clientele will not require a vehicle given the proximity to downtown

Short-Term Rental Requirements:

Vessel Inspection: September 2019 – Survey attached

Business License with State: Equinox

Business License with City: Existing under Morning Glass Fisheries, LLC

- Quarterly Sales Tax
- Bed Tax



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:☐

VARIANCE

☒

CONDITIONAL USE

☐

ZONING AMENDMENT

☐

PLAT/SUBDIVISION

BRIEF DESCRIPTION OF REQUEST: Transfer conditional use permit for Cameo Padilla and Brooks Areson from the F/V Morning Glass to the F/V Equinox (formerly the Danasea)

PROPERTY INFORMATION:

CURRENT ZONING: Public Zone PROPOSED ZONING (if applicable): _____

CURRENT LAND USE(S): _____ PROPOSED LAND USES (if changing): _____

APPLICANT INFORMATION:

PROPERTY OWNER: Brooks Areson and Cameo Padilla

PROPERTY OWNER ADDRESS: T3-08 Eliason Harbor, Sitka, AK 99835

STREET ADDRESS OF PROPERTY: T3-08 Eliason Harbor, Sitka, AK 99835

APPLICANT'S NAME: Cameo Padilla

MAILING ADDRESS: PO Box 1356, Sitka, AK 99835

EMAIL ADDRESS: cameodawn@gmail.com DAYTIME PHONE: 907-738-4736

PROPERTY LEGAL DESCRIPTION:

TAX ID: _____ LOT: _____ BLOCK: _____ TRACT: _____

SUBDIVISION: _____ US SURVEY: _____

Padilla

Last Name

3-08 Eliason Harbor

Project Address

Date Submitted

REQUIRED INFORMATION:

For All Applications:

- ☒ Completed General Application form
- ☒ Supplemental Application (Variance, CUP, Plat, Zoning Amendment)
- ☐ Site Plan showing all existing and proposed structures with dimensions 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 website)
- ☐ Copy of current plat (find in purchase documents or at Alaska Recorder's Office website)
- ☐ Site photos showing all angles of structures, property lines, street access, and parking – emailed to planning@cityofsitka.org or printed in color on 8.5" x 11" paper
- ☐ Proof of filing fee payment

For Marijuana Enterprise Conditional Use Permits Only:

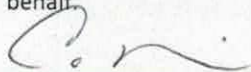
- ☐ AMCO Application

For Short-Term Rentals and B&Bs:

- ☒ Renter Informational Handout (directions to rental, garbage instructions, etc.)

CERTIFICATION:

I hereby certify that I am the owner of the property described above and that I desire a planning action in conformance with Sitka General Code and hereby state that all of the above statements are true. I certify that this application meets SCG requirements to the best of my knowledge, belief, and professional ability. I acknowledge that payment of the review fee is non-refundable, is to cover costs associated with the processing of this application, and does not ensure approval of the request. I understand that public notice will be mailed to neighboring property owners and published in the Daily Sitka Sentinel. I understand that attendance at the Planning Commission meeting is required for the application to be considered for approval. I further authorize municipal staff to access the property to conduct site visits as necessary. I authorize the applicant listed on this application to conduct business on my behalf.



Owner

1-10-20

Date



Owner

1-10-20

Date

I certify that I desire a planning action in conformance with Sitka General Code and hereby state that all of the above statements are true. I certify that this application meets SCG requirements to the best of my knowledge, belief, and professional ability. I acknowledge that payment of the review fee is non-refundable, is to cover costs associated with the processing of this application, and does not ensure approval of the request.

Applicant (if different than owner)

Date

Padilla

Last Name

3-08 Eliason Harbor

Project Address

Date Submitted



CITY AND BOROUGH OF SITKA
PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT
SUPPLEMENTAL APPLICATION FORM
CONDITIONAL USE PERMIT

APPLICATION FOR

- ☐ MARIJUANA ENTERPRISE
☒ SHORT-TERM RENTAL OR BED AND BREAKFAST
☐ OTHER: _____

CRITERIA TO DETERMINE IMPACT – SGC 22.24.010(E) (Please address each item in regard to your proposal)

- **Amount of vehicular traffic to be generated and impacts of the traffic on nearby land uses:**
Minimal. Maximum of one vehicle per group stay. In past experience, guests chose to not rent a vehicle at all and just walked to and from Airbnb rental.
- **Amount of noise to be generated and its impacts on surrounding land use:**
No excessive noise generated. Airbnb is in a working harbor any noise generated by guests will be less than the noise generated by commercial/sport fishing operations.
- **Odors to be generated by the use and their impacts:**
No odors will be created.
- **Hours of operation:** 24 hours per day. Guests will stay on vessel overnight.
- **Location along a major or collector street:**
- **Potential for users or clients to access the site through residential areas or substandard street creating a cut through traffic scenario:** It is possible that guests will access the rental through the skate park, but as downtown is in the other direction that is unlikely.
- **Effects on vehicular and pedestrian safety:**
None.

Padilla

Last Name

Date Submitted

T3-08 Eliason Harbor

Project Address

- Ability of the police, fire, and EMS personnel to respond to emergency calls on the site: _____
Eliason Harbor is a public zone, emergency services have ready access.

- Logic of the internal traffic layout: N/A

- Effects of signage on nearby uses: N/A

- Presence of existing or proposed buffers on the site or immediately adjacent the site: N/A

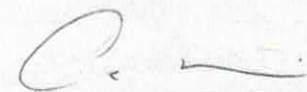
- Relationship if the proposed conditional use is in a specific location to the goals, policies, and objectives of the comprehensive plan (CITE SPECIFIC SECTION AND EXPLAIN): _____

- Other criteria that surface through public comments or planning commission review (odor, security, safety, waste management, etc.): _____
Waste is managed through a Type I septic system. This system neutralizes waste and does not require
a pump out.

REQUIRED FINDINGS (SGC 22.30.160(C):

1. ...The granting of the proposed conditional use permit will not:
- a. Be detrimental to the public health, safety, and general welfare because permitted vessel will meet
coast guard safety requirements, guests will be provided safety information and advised of harbor rules/regulations;
 - b. Adversely affect the established character of the surrounding vicinity, because there will be a max
of 6 guests at a time and guests will be advised there are going to be staying in a working harbor; nor
 - c. Be injurious to the uses, property, or improvements adjacent to, and in the vicinity of, the site upon
which the proposed use is to be located, because, guests will be aboard only the permitted
vessel and will utilize the public dock in accordance to harbor regulations;
2. The granting of the proposed conditional use permit is consistent and compatible with the intent of the
goals, objectives, and policies of the comprehensive plan and any implementing regulation, specifically,
conforms to Comprehensive Plan Section ED 6.5 which states Support growth of Sitka's independent, cruise-related, and heritage tourism work and enterprises.
because the proposal will offer a unique, on the water, lodging experience for
independent travelers.;
3. All conditions necessary to lessen any impacts of the proposed use are conditions that can be monitored and
enforced, because owners also live and work in Sitka and will monitor and personally enforce
any conditions required under the permit.

ANY ADDITIONAL COMMENTS Our last Short Term rental on the Morning Glass
was really successful and we received nothing but positive feedback from
our dock neighbors. Our direct neighbor was even invited over for dinner by
some of our Airbnb guests, which he enjoyed and was great for our guests.



Applicant

1.10.20

Date

Padilla

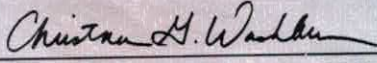
Last Name

T3-08 Eliason Harbor

Date Submitted

Project Address

**UNITED STATES OF AMERICA****DEPARTMENT OF HOMELAND SECURITY
UNITED STATES COAST GUARD****USCG****NATIONAL VESSEL DOCUMENTATION CENTER****CERTIFICATE OF DOCUMENTATION**

VESSEL NAME EQUINOX		OFFICIAL NUMBER 641108	IMO OR OTHER NUMBER NBB005310980	YEAR COMPLETED 1981	
HAILING PORT SITKA AK		HULL MATERIAL FRP (FIBERGLASS)		MECHANICAL PROPULSION YES	
GROSS TONNAGE 58 GRT	NET TONNAGE 46 NRT	LENGTH 53.0	BREADTH 16.5	DEPTH 10.0	
PLACE BUILT HOQUIAM WA (HULL) OLYMPIA WA (COMPLETED)					
OWNERS BROOKS T ARESON CAMEO D PADILLA		OPERATIONAL ENDORSEMENTS RECREATION FISHERY REGISTRY COASTWISE			
MANAGING OWNER BROOKS T ARESON T3-08 ELIASON HARBOR PO BOX 1356 SITKA AK 99835					
RESTRICTIONS NONE					
ENTITLEMENTS NONE					
REMARKS NONE					
ISSUE DATE NOVEMBER 06, 2019		 DIRECTOR, NATIONAL VESSEL DOCUMENTATION CENTER			
THIS CERTIFICATE EXPIRES NOVEMBER 30, 2020					





VESSEL SAFETY CHECK (VSC)

To be completed by a U.S. Coast Guard approved Vessel Examiner.
See the back of this form for a brief explanation of required items.
A Federal Requirements pamphlet is also available.

Date of VSC: 1-6-2020

Decal Awarded: Yes ☒ No ☐

Owner/Operator Name:

BOOKER, ST. T. ALEXANDER

Owner/Operator has attended a CGAUX, USPS, State or AMSEA Boating Safety Class: Yes ☒ No ☐

Location of VSC - County: S. HAWAII State: HAWAII

Replaced decal was: Last Year ☐ Outdated ☐ First time ☒

VESSEL INFORMATION:

Registration or

Documentation Number: 6641198

HIN: NBB005310980

Length: <16 ☐ 16-25 ☐ 26-39 ☐ 40-65 ☒ >65 ☐

Powered by: Gas ☐ Diesel ☒ Sail ☐ Other ☐

Area of Operations: Inland ☐ Coastal ☒

Type: PWC ☐ Open ☐ Cabin ☒ Other ☐

VESSEL SAFETY CHECK DECAL REQUIREMENTS

Item	Yes	No	N/A
1. Display of Numbers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Registration/Documentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal Flotation Devices (PFD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Visual Distress Signals (VDS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ventilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Backfire Flame Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Sound Producing Devices/Bell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Navigation Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Pollution Placard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. MARPOL Trash Placard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Marine Sanitation Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Navigation Rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. State and/or Local Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Overall Vessel Condition: as applies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Deck Free of Hazards / Clean Bilge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Electrical - Fuel Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Galley - Heating Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMENDED AND DISCUSSION ITEMS

(While encouraged, items below are not VSC requirements)

Item	Yes	No
I. Marine Radio	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II. Dewatering Device & Backup	<input checked="" type="checkbox"/>	<input type="checkbox"/>
III. Mounted Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IV. Anchor & Line for Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V. First Aid and PIW Kits (**over)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VI. Inland Visual Distress Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VII. Capacity/Certificate of Compliance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VIII. Discussion Items: as applies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Accident Reporting - Owner Responsibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Offshore Operations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Nautical Charts / Navigation Aids	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Survival Tips / First Aid	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Fueling / Fuel Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Float Plan / Weather & Sea Conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Insurance Considerations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Boating Check List	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Safe Boating Classes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Maritime Domain Awareness	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I certify that I have personally examined this vessel and find it meets the above requirements at the time of this Vessel Safety Check. I am a qualified Vessel Examiner of the: CGAUX ☐, USPS ☐, State of AK ☐, or ☐.

Printed Name of the Examiner Michael R. Morris Examiner Number 170-01-03

Examiner Signature Michael R. Morris Telephone Number 907-747-8039

Additional Comments: This is not an official boarding for law enforcement purposes. It is recommended that you correct any deficiencies noted. This checklist is furnished for your information. There is no assumption of liability of any kind for advice given or opinions expressed in connection to this examination. By accepting the Vessel Safety Check decal you are pledging to maintain your boat and equipment to the standard of safety exhibited during this examination. Please remove the Vessel Safety Check decal if the boat is sold or no longer meets these requirements.

I am consenting to this Vessel Safety Check of my watercraft with full knowledge that it is provided to me as a public service on a volunteer basis without cost, and I understand and agree that my receipt of a Vessel Safety Check shall not constitute or be construed as a warranty or guarantee as to either the qualification, knowledge, or skills of the operator; the seaworthiness of the vessel; or the serviceability or adequacy of any equipment on board.

Owner/Operator Signature: [Signature]

Date: 1/6/2020