



**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 ADJUSTMENT

**ANALYSIS:** *(Please address each item in regard to your proposal)*

- SITE/DIMENSIONS/TOPOGRAPHY: "TOPO" Heavily wooded. LOTS 4-5  
Lot 3 - cleared.
- EXISTING UTILITIES AND UTILITY ROUTES: NA
- PROPOSED UTILITIES AND UTILITY ROUTES: NA
- ACCESS, ROADS, TRANSPORTATION, AND MOBILITY: NA
- IMPACT OF PROPOSAL ON ANY EXISTING EASEMENTS: NONE
- PUBLIC HEALTH, SAFETY, AND WELFARE: NONE
- ACCESS TO LIGHT AND AIR: NONE.

COADY

Last Name

1-29-20

Date Submitted

LOT 3-4-5 Block 1

Project Address

• ORDERLY AND EFFICIENT LAYOUT AND DEVELOPMENT: NA

• DESCRIBE ALL EXISTING STRUCTURES, THEIR USE, AND PROXIMITY TO PROPOSED PROPERTY LINES:

• EXISTENCE OF ANY ENCROACHMENTS: NONE

• AVAILABILITY OF REQUIRED PARKING: NA

• SUMMARY OF PROPOSED EASEMENT AGREEMENTS OR COVENANTS:

ANY ADDITIONAL COMMENTS Consolidation of lots 3-4-5 Block 1  
into 1 Large lot

Michael COADY  
Applicant

1-29-20  
Date

COADY  
Last Name

1-29-20  
Date Submitted

LOT-3-4-5 Block 1  
Project Address





# 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: Consolidation of lots 3-4-5 Block 1  
into "1" LOT

#### PROPERTY INFORMATION:

CURRENT ZONING: Large Island PROPOSED ZONING (if applicable): \_\_\_\_\_

CURRENT LAND USE(S): LODGE PROPOSED LAND USES (if changing): \_\_\_\_\_

#### APPLICANT INFORMATION:

PROPERTY OWNER: Michael Coady

PROPERTY OWNER ADDRESS: 251 WINDY LN Rockwell TX 75087

STREET ADDRESS OF PROPERTY: LOT 3-4-5 Block 1

APPLICANT'S NAME: Michael Coady

MAILING ADDRESS: 251 WINDY LN Rockwell TX 75087

EMAIL ADDRESS: MC Coady@yahoo.com DAYTIME PHONE: 972 989 9025

#### PROPERTY LEGAL DESCRIPTION:

TAX ID: 49201003 LOT: 3-4-5 BLOCK: 1 TRACT: /

SUBDIVISION: Middle Island US SURVEY: \_\_\_\_\_

Coady  
Last Name

1-29-20  
Date Submitted

LOT 3-4-5 Block 1  
Project Address



## 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](mailto: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.

Michael Coady

Owner

1-29-20

Date

Owner

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

Coady

Last Name

1-29-20

Date Submitted

Lot 3-4-5 Block 1

Project Address