

CITY AND BOROUGH OF SITKA

PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT GENERAL APPLICATION

- 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:

Plat revision for correction of previous ADOT platting error and removal of a lot line separating two CBS lots.

A UV water treatment facility currently resides on the site. A new membrane water filtration facility will be added as part of the on-going CBS Critical Secondary Water project.

PROPERTY INFORMATION:

CURRENT ZONING: GP PROPOSED ZONING (if applicable): _____

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

APPLICANT INFORMATION:

PROPERTY OWNER: City and Borough of Sitka

PROPERTY OWNER ADDRESS: 100 Lincoln St.

STREET ADDRESS OF PROPERTY: 4654 Sawmill Creek Road

APPLICANT'S NAME: Dan Kirsch

MAILING ADDRESS: 912 E. 15th Avenue, Ste 200, Anchorage, AK 99501

EMAIL ADDRESS: dankirsch@ptsincalaska.com DAYTIME PHONE: 907-230-7953

Last Name

Date Submitted

Project Address

REQUIRED SUPPLEMENTAL 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
- ☒ Proof of filing fee payment
- ☒ Other: Revised Plat

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.

Shilo Williams
Owner

2/11/21
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.

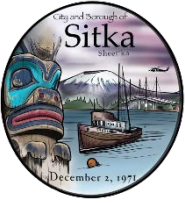
Dan Kirsch
Applicant (If different than owner)

2/11/21
Date

Last Name

Date Submitted

Project Address



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:** _____

- **EXISTING UTILITIES AND UTILITY ROUTES:** _____

- **PROPOSED UTILITIES AND UTILITY ROUTES:** _____

- **ACCESS, ROADS, TRANSPORTATION, AND MOBILITY:** _____

- **IMPACT OF PROPOSAL ON ANY EXISTING EASEMENTS:** _____

- **PUBLIC HEALTH, SAFETY, AND WELFARE:** _____

- **ACCESS TO LIGHT AND AIR:** _____

• ORDERLY AND EFFICIENT LAYOUT AND DEVELOPMENT: _____

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

• EXISTENCE OF ANY ENCROACHMENTS: _____

• AVAILABILITY OF REQUIRED PARKING: _____

• SUMMARY OF PROPOSED EASEMENT AGREEMENTS OR COVENANTS: _____

ANY ADDITIONAL COMMENTS _____

Applicant

Date

Last Name

Date Submitted

Project Address