



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: To add units B3C to
existing operations in units D3E
no change in proposed use

PROPERTY INFORMATION:

CURRENT ZONING: industrial PROPOSED ZONING (if applicable): NA
CURRENT LAND USE(S): Commercial PROPOSED LAND USES (if changing): NA

APPLICANT INFORMATION:

PROPERTY OWNER: Steve Skawnes
PROPERTY OWNER ADDRESS: 4763 N. Golfcourse Dr Blair Wash 98230
STREET ADDRESS OF PROPERTY: 224 Smith St.
APPLICANT'S NAME: Eric VanVeen
MAILING ADDRESS: 224 Smith St #E
EMAIL ADDRESS: vangreen907@gmail.com DAYTIME PHONE: 738-9554

VanVeen

Last Name

3-30-21

Date Submitted

224 Smith St B3C

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: _____

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.

Steve Skarner
Owner

3-29-21
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.

Euro VanVeen
Applicant (If different than owner)

3-29-21
Date

VanVeen
Last Name

2-30-21
Date Submitted

224 Smith St # B3C
Project Address



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)

- Hours of operation: 6:00 AM – 9:00 PM
- Location along a major or collector street: access from Smith St.
- Amount of vehicular traffic to be generated and impacts of the traffic on nearby land uses:
Same amount of traffic as we currently have.
NO impact on nearby land uses.
- Potential for users or clients to access the site through residential areas or substandard street creating a cut through traffic scenario: NONE
- Effects on vehicular and pedestrian safety: NONE
- Ability of the police, fire, and EMS personnel to respond to emergency calls on the site: easy access to all sides of the Building
- Describe the parking plan & layout: We have 9 parking spaces that are 10'x18'. See attached Parking Plan
- Proposed signage: NONE

Van Veen

Last Name

3-30-21

Date Submitted

224 Smith St B3C

Project Address

- Presence of existing or proposed buffers (ie. Fences, boundary walls, natural barriers, etc.) on the site or immediately adjacent the site:

NONE

- Amount of noise to be generated and its impacts on neighbors: Low NOISE.

NO impact on Neighbors.

- Other criteria that surface through public comments or planning commission review (odor, security, safety, waste management, etc):

Please see attached, MI-01

MI-02 and MI-04

also ODOR & Filter log Book

- Mitigation/ Management Plan (How will site be managed to ensure low/no impact on neighbors?)

Owner or management will do daily walk arounds inspecting for Odor, Parked Vehicle's and loitering

VanVeen

Last Name

3-30-21

Date Submitted

224 Smith St #B & #C

Project Address

REQUIRED FINDINGS (SGC 22.30.160(C):

1. The city may use design standards and other elements in this code to modify the proposal. A conditional use permit may be approved only if all of the following findings can be made regarding the proposal and are supported by the record that the granting of the proposed conditional use permit will not:

	Initial
a. Be detrimental to the public health, safety, and general welfare;	EV
b. Adversely affect the established character of the surrounding vicinity; nor	EV
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.	EV
2. The granting of the proposed <u>conditional use</u> permit is consistent and compatible with the intent of the goals, objectives and policies of the <u>comprehensive plan</u> and any implementing regulation.	EV
3. All conditions necessary to lessen any impacts of the proposed use are conditions that can be monitored and enforced.	EV
4. The proposed use will not introduce hazardous conditions at the site that cannot be mitigated to protect adjacent properties, the vicinity, and the public health, safety and welfare of the community from such hazard.	EV
5. The <u>conditional use</u> will be supported by, and not adversely affect, adequate public facilities and services; or that conditions can be imposed to lessen any adverse impacts on such facilities and services.	EV
6. Burden of Proof. The <u>applicant</u> has the burden of proving that the proposed <u>conditional use</u> meets all of the criteria in subsection B of this section.	EV

ANY ADDITIONAL COMMENTS VanGreen's has been
operating since 2018 with NO violations
or complaints.

Eric VanVeen EV
Applicant

3-29-21
Date

VanVeen
Last Name

3-30-21
Date Submitted

224 Smith St. #B3C
Project Address

Sample ODOR & Filter log Books

Daily walk around ODOR control log

Date	time	NAME	ODOR Yes or NO	ODOR Scale 1-10	ODOR Detail rain, Pot, Normal, etc

exhaust Filter Replacement log

Date of install	Name of Person replacing Filter	Date of next replacement	* Replace Filters every 6 months * Change all Filters at same time



Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
<https://www.commerce.alaska.gov/web/amco>
Phone: 907.269.0350

Alaska Marijuana Control Board

Form MJ-14: Licensed Premises Diagram Change

What is this form?

This licensed premises diagram change form is required for all marijuana establishment licensees seeking to alter the functional floor plan or reduce or expand the area of the establishment's existing licensed premises.

The required \$250 change fee may be made by check, cashier's check, or money order.

This form must be completed and submitted to AMCO's main office prior to altering the existing floor plan, and along with an initiated application for an Onsite Consumption Endorsement if applicable. The licensed premises may not be altered unless and until the application has been approved by the board.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	vangreens llc	MJ License #:	16738		
License Type:	standard marijuana cultivation				
Doing Business As:	vangreens llc				
Premises Address:	224 smith st. #D & #E				
City:	SITKA	State:	Alaska	ZIP:	99835

Section 2 – Required Information

For your security, do not include locations of security cameras, motion detectors, panic buttons, and other security devices.

The following details must be included:

- ☐ License number and DBA
- ☐ Legend or key
- ☐ Color coding
- ☐ Dimensions
- ☐ Labels
- ☐ True north arrow
- ☐ Surveillance room
- ☐ Licensed premises boundary
- ☐ Restricted access areas
- ☐ Storage areas
- ☐ Entrances, exits, and windows
- ☐ Walls, partitions, and counters
- ☐ Any other areas that must be labeled for specific license types
- ☐ Serving area**
- ☐ Employee monitoring area**
- ☐ Ventilation exhaust points, if applicable**

Items marked with a double asterisks (**) are only required for those retail marijuana establishments that are submitting the MJ-14 form in conjunction with an onsite consumption endorsement application.



Form MJ-14: Licensed Premises Diagram Change

Section 3 – Summary of Changes

Provide a summary of the changes for which you are requesting approval.

Vangreens is seeking approval to expand into units #B & #C. We will be adding 2000 sqft. of flowering space, 264 sqft. for storage and surveillance, 288 sqft. of product drying & storage and 420 sqft. for trimming and packaging. Our operating plan will stay the same as it currently is. New cameras and another camera system will be added for the new space will be placed on all entrys/exits as well as inside the facility to get clear video of any person entering or exiting restricted access areas. all windows will bared up. alarm system will also be upgraded to provide security to expansion.

Section 4 – Declarations

Read each statement below, and then sign your initials in the corresponding box to the right [if applicable]:

Initials

If a local building permit is required, I have attached a copy of it to this form.

The proposed changes conform to all applicable public health, fire, and safety laws.

I have included a title, lease or other documentation showing sole right of possession to the additional area(s) if the additional area(s) are not already part of my approved licensed premises.

As a marijuana establishment licensee, I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

Notary Public in and for the State of Alaska.

Printed name of licensee

My commission expires: _____

Subscribed and sworn to before me this ____ day of _____, 20____.



Form MJ-14: Licensed Premises Diagram Change

Section 5 – Approvals

Local Government Review is required to be completed before submission to the Alcohol and Marijuana Control Office.

Local Government Review (to be completed by an appropriate local government official):

Yes No Pending

The proposed changes shown on this form conform to all local restrictions and laws.

☐ ☐ ☐

A local building permit is required for the proposed changes.

☐ ☐

Signature of local government official

Building Permit #

Date

Printed name of local government official

Title

Section 6 – AMCO Review

AMCO Review:

Approved Disapproved

Signature of AMCO Enforcement Supervisor

Signature of Director

☐ ☐

Printed name of AMCO Enforcement Supervisor

Printed name of Director

Date

AMCO Comments: