



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: CUP for short term rental
on zero lot line with owner on site.

PROPERTY INFORMATION:

CURRENT ZONING: Residential PROPOSED ZONING (if applicable): N/A

CURRENT LAND USE(S): Residential PROPOSED LAND USES (if changing): N/A

R-1

APPLICANT INFORMATION:

PROPERTY OWNER: Patricia E Droz

PROPERTY OWNER ADDRESS: 1111 EDGECLUMBE DRIVE SITKA AK 99835

STREET ADDRESS OF PROPERTY: 1109 EDGECLUMBE DRIVE SITKA AK 99835

APPLICANT'S NAME: Patricia E Droz

MAILING ADDRESS: 1111 EDGECLUMBE DRIVE SITKA AK 99835

EMAIL ADDRESS: patedroz@me.com DAYTIME PHONE: 907 747 7477

DROZ

Last Name

3/30/2021

Date Submitted

1109 EDGECLUMBE DR

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 \$100
- ☐ 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.

Patricia Droz
Owner

3/30/2021
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

Droz
Last Name

3/30/2021
Date Submitted

1109 EDGECLUMBE DR
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: Proposed to book year round
- Location along a major or collector street: 1109 Edgecumbe Drive ^{access from}
- Amount of vehicular traffic to be generated and impacts of the traffic on nearby land uses: No significant increase in vehicular traffic
- Potential for users or clients to access the site through residential areas or substandard street creating a cut through traffic scenario: Property is accessed directly from Edgecumbe Drive; there is not cut thru access.
- Effects on vehicular and pedestrian safety: No significant changes
- Ability of the police, fire, and EMS personnel to respond to emergency calls on the site: Residence has adequate access off Edgecumbe Drive for emergency services.
- Describe the parking plan & layout: There is a gravel parking area with a capacity of two vehicles
- Proposed signage: All signs shall comply with Sitka General Code. No new signage proposed.

Droz

Last Name

3/30/2021

Date Submitted

1109 EDGECUMBE DR

Project Address

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

8 ft cyclone fence erected on side of house

- Amount of noise to be generated and its impacts on neighbors: Disturbances from noise are not permitted and addressed in agreement

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

Language on rental covers weekly trash collection

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

Managed by owner living on adjacent premises.

DROZ

Last Name

3/30/2021









Date Submitted

1109 EDGECLIFF DR

Project Address

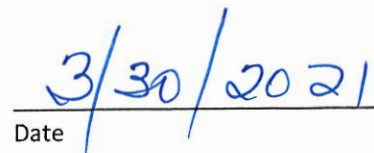
REQUIRED FINDINGS (SGC 22.30.160(C)):

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;	
b. Adversely affect the established character of the surrounding vicinity; 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.	
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.	
3. All conditions necessary to lessen any impacts of the proposed use are conditions that can be monitored and enforced.	
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.	
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.	
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.	

ANY ADDITIONAL COMMENTS _____


Applicant


Date

  
Last Name Date Submitted Project Address