

**CITY AND BOROUGH OF SITKA**  
**PLANNING DEPARTMENT**  
CONDITIONAL USE PERMIT APPLICATION

Conditional Use Permit FEE	\$100.00
<b>*plus current city sales tax*</b>	

**APPLICANT'S NAME:** \_\_\_\_\_  
**PHONE NUMBER:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_  
*(If different from applicant)*  
**PHONE NUMBER:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_  
**LEGAL DESCRIPTION**      **Lot:** \_\_\_\_\_      **Block:** \_\_\_\_\_  
   **Subdivision:** \_\_\_\_\_  
   **U.S. Survey:** \_\_\_\_\_      **Zoning Classification:** \_\_\_\_\_

List specific request: \_\_\_\_\_

State all reasons for justifying request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all features and details of request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State the schedule and timing of request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach drawings, maps, and additional narrative as appropriate.**

The applicant must verify, to the satisfaction of the Public Works Department,  
that utility lines and services are not under proposed structures.

*In applying for and signing this application, the property owner hereby grants permission to Municipal staff to access the property before and after Planning Commission's review for the purposes of inspecting the proposed and/or approved structures.*

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SIGNATURE OF OWNER:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(If different from the applicant)*

***Approval will be based on plans submitted  
or approved by the Planning Commission or Assembly***