



# 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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROPERTY INFORMATION:**

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

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

\_\_\_\_\_

**APPLICANT INFORMATION:**

PROPERTY OWNER: \_\_\_\_\_

PROPERTY OWNER ADDRESS: \_\_\_\_\_

STREET ADDRESS OF PROPERTY: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

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.)
- Documentation establishing property as primary residence (motor vehicle registration, voter registration, etc.)
- Signed Affidavit of Primary Residence for Short-term Rental Conditional Use Permit

**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.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
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