CITY AND BOROUGH OF SITKA

PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT
SUPPLEMENTAL APPLICATION FORM
ZONING AMENDMENT APPLICATION

APPLICATION FOR

☐ ZONING MAP AMENDMENT

☐ ZONING TEXT AMENDMENT

ANALYSIS: ***(Please address each item in regard to your proposal)***

- **NEED/HARDSHIP/JUSTIFICATION FOR PROPOSAL:** _____

  _____

  _____

- **PUBLIC BENEFIT OF PROPOSAL:** _____

  _____

- **CONSISTENCY WITH PHYSICAL BOUNDARIES (Streets, Major Creeks, etc.):** _____

  _____

- **COMPATIBLE WITH NEIGHBORING USES BECAUSE:** _____

  _____

- **ANY IMPACT ON PUBLIC HEALTH, SAFETY, AND WELFARE:** _____

  _____

_____ _____
Applicant Date

_____
Last Name Date Submitted Project Address