



CITY AND BOROUGH OF SITKA

PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT
GENERAL APPLICATION FORM

1. Request projects at least **TWENTY-ONE (21)** days in advance of next meeting date.
2. Review guidelines and procedural information.
3. Fill form out **completely**. No request will be considered without a completed form.
4. 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: _____

PROPERTY LEGAL DESCRIPTION:

TAX ID: _____ LOT: _____ BLOCK: _____ TRACT: _____
 SUBDIVISION: _____ US SURVEY: _____

OFFICE USE ONLY

COMPLETED APPLICATION		SITE PLAN	
NARRATIVE		CURRENT PLAT	
FEE		PARKING PLAN	

REQUIRED SUPPLEMENTAL INFORMATION:

For All Applications:

- Completed application form
- Narrative
- Site Plan showing all existing and proposed structures with dimensions and location of utilities
- Proof of filing fee payment
- Proof of ownership
- Copy of current plat

For Conditional Use Permit:

- Parking Plan
- Interior Layout

For Plat/Subdivision:

- Three (3) copies of concept plat
- Plat Certificate from a title company
- Topographic information
- Proof of Flagging

If Pertinent to Application:

- Landscape Plan
- Drainage and Utility Plan

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 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

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