



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 COMPREHENSIVE PLAN (Cite Section and Explain):** _____

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

- **DOES NOT RESULT IN SPOT ZONING BECAUSE:** _____

- **PUBLIC HEALTH, SAFETY, AND WELFARE:** _____

Applicant

Date

Last Name

Date Submitted

Project Address