

PROP_ID _____

Conditional Use Permit Application KIBC 17.200

The following information is to be supplied by the Applicant:

Property Owner / Applicant: _____

Mailing Address: _____

Phone Number: _____

Other Contact email, etc.: _____

Legal Description: Subdv: _____ Block: _____ Lot: _____

Street Address: _____

Present Use of Property: _____

Proposed Use of Property: _____

(Note: Use additional sheets, if needed, to provide a complete description of the proposed request.) Site Plan. A detailed site plan showing the proposed location of all buildings & structures on the site, access points, drainage, vehicular & pedestrian circulation patterns, parking areas, & the specific location of the use or uses to be made of the development **SHALL** be submitted with the application, together with other information as may be required to comply with the **standards** for a conditional use listed in this chapter & in other pertinent sections of this chapter. Respond to each of the following standards as they apply to your request.

A. That the conditional use will preserve the value, spirit, character & integrity of the surrounding area; _____

B. That the conditional use fulfills all other requirements of this chapter pertaining to the conditional use in question; _____

C. That granting the conditional use permit will not be harmful to the public health, safety, convenience & comfort;

D. That sufficient setbacks, lot area, buffers or other safeguards are being provided to meet the conditions listed in subsections A through C of this section;

E. If the permit is for a public use or structure, the commission must find that the proposed use or structure is located in a manner which will maximize public benefits;

Applicant Certification: *I hereby certify as the property owner / authorized agent that this application for P & Z Commission review is true and complete to the best of my knowledge, and that it is submitted in accordance with the requirements of the applicable Kodiak Island Borough Code, which includes a detailed site plan for the conditional use request and may include optional supporting documentation as indicated below .*

Additional Narrative / History : _____

Photographs : _____

As-built Survey : _____

Maps : _____

List Other: _____

Date: _____

Signature: _____

CDD Staff Certification

Site Plan Submitted ? _____

Current Zoning: _____

Date: _____

CDD Staff: _____

Payment Verification

Fee Payable in Cashier's Office Room # 104 - Main floor of Borough Building

\$250.00