Zoning Compliance Permit

Permit No. _____

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: _____

Use & Size of Existing Structures: _____

_____

_____

_____

Description of Proposed Action: _____

_____

_____

_____

_____

Site Plan *to include lot boundaries and existing easements, existing buildings, proposed location of new construction, access points, and vehicular parking areas.*

Staff Compliance Review: Current Zoning: _____   PROP_ID _____

Lot Area: _____   Lot Width: _____   Building Height: _____

Front Yard: _____   Rear Yard: _____   Side Yard: _____

Parking plan? _____   # Of Req'd Spaces: _____

Staff Compliance Review Notes and Specific Plat / Subdivision Requirements:

_____

_____

_____

_____

Subd Case No. _____   Plat No. _____   Building Permit No. _____

Does the project involve
an EPA defined facility? _____

•*commercial buildings, installations {military bases),*
institutions (schools, hospitals) and residences
with more than four (4) dwelling units.

Proof of EPA notification provided (if required)?

Required for all demolitions, for renovations disturbing at least UO square _ _ _ _ _
feet, 260 linear feet, or 35 cubic feet of Regulated Asbestos Containing Material {RACM}, and for
renovations that remove a load-supporting structure/ member er.

No permit will be issued for such projects without proof of EPA
notification

Driveway
Permit? _____

Septic Plan
Approval: _____

Fire
Marshall: _____

Applicant Certification: *I hereby certify that I will comply with the provisions of the Kodiak Island Borough Code and that I have the authority to certify this as the property owner, or as a representative of the property owner. I agree to have identifiable corner markers in place for verification of building setback (yard) requirements.*

List Other: _____

Attachments? _____

Print Name: _____

Date: _____

Position Title: _____

Signature: _____

This permit is only for the proposed project as described by the applicant. If there are any changes to the proposed project, including its intended use, prior to or during its siting, construction, operation, contact this office immediately to determine if further review and approval of the revised project is necessary.
    THIS FORM DOES NOT AUTHORIZE CONSTRUCTION WHEN A BUILDING PERMIT IS REQUIRED.

*** EXPIRATION: Any zoning compliance permit issued is subject to the same expiration, suspension, and revocation provisions as a building permit issued for the same construction permit. ***

COD Staff Certification

Date: _____   CDD Staff: _____

Payment Verification   Zoning Compliance Permit Fee Payable in Cashier's Office Room *It* 104 - Main floor of Borough Building

		After-the-Fact 2X the published amount
Not App licable	☐ $0.00	☐ $0.00
Less than 1.75 acres:	☐ $30.00	☐ $60.00
1.76 to S.00 acres:	☐ $60.00	☐ $120.00
5.01 to 40.00 acres:	☐ $90.00	☐ $180.00
40.01 acres or more:	☐ $120.00	☐ $240.00