CITY & BOROUGH OF YAKUTAT
CONDITIONAL USE PERMIT APPLICATION

City & Borough of Yakutat
Planning & Zoning Department
P. O. Box 160, Yakutat, AK 99689
Ph. 907-784-3329 fax 907-784-3281
www.yakutatak.us

File No:_____ Date:_____
Fee Paid:_____ Hearing Date:_____

Original: ___ Renewal: _____

APPLICANT INFORMATION:

Name:_____
Mailing Address: _____
City _____ State _____ Zip _____
Phone Number_____ Fax #_____Email _____

LANDOWNER INFORMATION: written authorization of the property owner must be submitted with this application if the applicant is other than the owner.

Name:_____
Mailing Address: _____
City _____ State _____ Zip _____
Phone Number_____ Fax #_____
E-Mail Address_____

I/We (print name(s):_____

am/are the owner(s) of the property subject to this application, and I/We consent as follows:

A. This application is for a Conditional Use Permit for an activity on my/our property is made with my/our complete understanding and permission.
B. I/We grant permission for officials and employees or the City and Borough of Yakutat to inspect my/our property as needed for purposes of this application.

Landowner(s) signature(s)

_____

Date: _____

PROPERTY INFORMATION:

A. Legal Description

Parcel ID _____ **Lot** ___ **Block** ___**Tract** _____ **Survey** _____

B. Lot Dimensions

Width _____ **Depth** _____ **Total Area** _____

C. Zoning Designation

C ___ CR ___ I ___ LI ___ P ___ R1 ___ R2 ___ R3 ___ RR ___ NA ___ OTHER_____

PROJECT INFORMATION:

A: Project Name _____

B: Existing Use _____

C: Proposed Use (describe completely)

_____

_____

_____

1. Is the Proposed Use Temporary? YES : _____ NO: _____ If so, how long? _____

2. How will the proposed use conform to the present and future development of the area? What will be its effect on present and future development?

_____

_____

_____

3. What types of uses are currently located in the vicinity within 500 feet of property?

_____

_____

4. Why is this site especially suited to the Conditional Use proposed?

_____

_____

5. Why would the proposed use have no detrimental effects on the surrounding properties and uses? Please discuss any increased traffic, potential increase in noise, odor, air emissions to the site._____

_____

6. What types and sizes of buildings, signs, storage, loading, and parking areas exist? Are planned? Attach site plan to application.

_____

_____

7. Will you be placing structures, operating equipment, filling or dredging in tidal waters, streams, lakes or wetlands? YES: _____ NO: _____

8. Will you need to cross State of Alaska owned land for access or use SOA owned land or resources? YES: _____ NO: _____

9. Will you be working in or on the banks of a stream or lake? YES: _____ NO: _____

If you answered YES to questions 7-9, you may need to fill out and submit a Coastal Project Questionnaire or permits from other agencies.

ATTACHMENT:

_____ Site plan, drawn to scale, with all lot dimensions and locations of existing and proposed structures.

_____ Compliance with State and Federal health and safety standards if applicable.

_____ Completed Coastal Project Questionnaire if applicable.

_____ Landscaping and/or screening plan if applicable.

_____ Traffic circulation and parking plan if applicable.

_____ Copy of survey or monument recovery record.

_____ Other.

I understand that payment of the fee specified is to defray the costs of handling and investigation of this application and the cost of necessary hearings by the Planning and Zoning Commission; and that payment of the fee does not entitle me to; nor does it assure approval of this application, and that no refund of the fee will be made.

Printed Name:_____ Phone :_____

This application must be signed & dated by the natural person completing this application. I declare, under penalty of perjury, that this application is true and complete.

_____ _____ _____ _____

Applicant Signature **Printed Name** **Title** **Date**

Planning Use Only:

Code Enforcement Violations : _____

Written Complaints: _____

Taxes and Permits, Current/past delinquencies: _____

Decision of the Planning and Zoning Commission: Approved _____ Not Approved _____
Date: _____
Approved with the following conditions: _____

_____

_____

Expiration Date: _____

_____

Planning Official Signature

_____

Planning and Zoning Commission Chairman Signature

FOR DEPARTMENT USE ONLY

Receipt #_____Initial____Paid___New___Renewal___CBY License_____ST BL_____