

**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.**

<b>Applicant Signature</b>	<b>Printed Name</b>	<b>Title</b>	<b>Date</b>
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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 _____
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