CITY & BOROUGH OF YAKUTAT CULVERT, DRIVEWAY, CURB CUT PERMIT APPLICATION

| City & Borough of Yakutat | File No: | Date: | _ | | | | |
|---|-----------------------------|------------------------|------------|--|--|--|--|
| P. O. Box 160, Yakutat, AK 99689 | | | | | | | |
| Ph. 907-784-3323 fax 907-784-3281 Fee Paid: | | | | | | | |
| www.yakutatak.us | | | | | | | |
| APPLICANT INFORMATION: | | | | | | | |
| Name: | | | | | | | |
| Name: Mailing Address: | | | | | | | |
| City | State | Zin | | | | | |
| Mailing Address: City Phone Number Fax # LANDOWNER INFORMATION: written | ≈ 5335 | | | | | | |
| LANDOWNER INFORMATION: written | authorization of the proj | perty owner must be | submitted | | | | |
| with this application if the applicant is other | | perty ovviior and be | | | | | |
| Name: | | | | | | | |
| Mailing Address: | | | | | | | |
| Mailing Address: City Phone Number Fax # E-Mail Address | 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 | e consent as follows: | | | | | |
| | | | | | | | |
| A. This application is for a Culvert, Drive | eway, or Curb Cut Permit f | for my/our property ar | nd is made | | | | |
| with my/our complete understanding a | | | | | | | |
| B. I/We grant permission for officials and | d employees or the City and | d Borough of Yakutat | to inspect | | | | |
| my/our property as needed for purpose | | | Ť | | | | |
| | | | | | | | |
| Landowner(s) signature(s) | | | | | | | |
| | | | | | | | |
| Date: | | | | | | | |
| | | | | | | | |
| PROPERTY INFORMATION (C | OPY OF DEED MU | ST BE ATTACE | (ED): | | | | |
| A. Legal Description | | | | | | | |
| | S | | | | | | |
| Parcel ID Lot BlockTract _ | Survey | | | | | | |
| B. Lot Dimensions | | | | | | | |
| | | | | | | | |
| Width Depth Total Area _ | | | | | | | |
| C Zoning Designation | | | | | | | |
| C. Zoning Designation |)) DD NA OTTE | D | | | | | |
| C_CR_I_LI_P_R1_R2_R | SKKNAUTHE | K | | | | | |
| | | | | | | | |

| A: Project Name B: Existing related installations C: Proposed installation (describe completely) 1. Is the Proposed Installation (describe completely) 2. What is the estimated value of the installation? 3. What are the anticipated start and completion dates of the project? 4. Size of the proposed driveway, culvert or curb cut: Length | | NFORMATION | • | |
|---|--|---|--|--|
| C: Proposed installation (describe completely) 1. Is the Proposed Installation Temporary? YES: NO: If so, how long? 2. What is the estimated value of the installation? 3. What are the anticipated start and completion dates of the project? 4. Size of the proposed driveway, culvert or curb cut: Length Width Height 5. Is there any signage existing and/or proposed? (If so, describe) 5. Why would the proposed installation have no detrimental effects on the surrounding proper and uses? Please discuss any increased traffic, potential increase in noise, odor, air emissions the site. 6. Number of parking spaces: Existing Proposed 7. Existing Utilities: Vublic Not Applicable Sewer: Onsite Public Not Applicable Electric: Onsite Public Not Applicable 8. Proposed Utilities: Not Applicable Sewer: Onsite Public Not Applicable Electric: Onsite Pub | _ | | | The state of the s |
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| | 9. WIII you | be working in or on the | e banks of a stream of lake? The | 25 NO: |
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| a reject Question of permits from other agencies. | | | | |
| | Project Or | estimation perti | into it officer agencies. | |
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| ACHMENT: | | - | | |
| ACHMENT: _ Site plan, drawn to scale, with all lot dimensions and locations of existing and propos | ACHME | NT: | all lot dimensions and locati | ons of existing and propos |
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| _ Site plan, drawn to scale, with all lot dimensions and locations of existing and proposures. Compliance with State and Federal health and safety standards if applicable. | ACHME Site plan, ares. Compliance | NT: drawn to scale, with e with State and Fed | eral health and safety standar | |
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| 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 de | linquencies: | | | | | | | |
| Decision of the Planning and Date: Approved with the following | | 1: Approved Not Ap | oproved | | | | | |
| Expiration Date: | | | | | | | | |
| Planning Official Signature | | | | | | | | |
| Planning and Zoning Commission Chairman Signature | | | | | | | | |
| | FOR DEPARTMENT | T USE ONLY | | | | | | |
| Receipt # InitialPa | idNewRenewal | CBY LicenseST E | BL | | | | | |