

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

City & Borough of Yakutat
P. O. Box 160, Yakutat, AK 99689
Ph. 907-784-3323 fax 907-784-3281
www.yakutatak.us

File No: _____ Date: _____
Fee Paid: _____

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 Culvert, Driveway, or Curb Cut Permit for my/our property and 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 (COPY OF DEED MUST BE ATTACHED):

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 related installations _____

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 properties and uses? Please discuss any increased traffic, potential increase in noise, odor, air emissions to the site. _____

6. Number of parking spaces: Existing _____ Proposed _____

7. Existing Utilities:

Water: Onsite _____ Public _____ Not Applicable _____

Sewer: Onsite _____ Public _____ Not Applicable _____

Electric: Onsite _____ Public _____ Not Applicable _____

8. Proposed Utilities:

Water: Onsite _____ Public _____ Not Applicable _____

Sewer: Onsite _____ Public _____ Not Applicable _____

Electric: Onsite _____ Public _____ Not Applicable _____

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.

_____ **Copy of most current deed to property**

_____ 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
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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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