600010 Customer Number 20-058 Permit Number



Ketchikan Gateway Borough

Permit Application

2020-09-24

Approved By

	ASHED SEPTEMBER	Applicant Information			W ELECTRIC METER
Owner BRANNON HEN	NRY F & KATHY L	Second O	wner		
Mailing Address PO B	3OX 9150; KETCHIKAN AK; 9	9901			
Applicant BRANN	NON HENRY F & KATHY L		Relati	onship	
Phone Number	Work Nun	nber		Preferred Contact	
Email Address				☐ Contact By Email	Preferred
Existing Property Information					

		Existing Propert	ty Information			
Property Address	BEAR CLAN ST 2707			Zoning	RM	
Deed Description LOT 2, BLOCK 3, LOCATED IN THE TOWNSITE OF SAXMAN, ALASKA, AS SHOWN ON THE OFFICIAL PLAT OF U.S. SURVEY 1652, KETCHIKAN RECORDING DISTRICT, FIRST JUDICIAL DISTRICT, STATE OF ALASKA. Lot 002 Block 003 Survey 1652						
Assessor's Parcel Nu	Assessor's Parcel Number 852140063000 Plat Number					
		Proposed Proje	ct Information	-	Permit Expires	
	20-058 is a request for a conditional ck 3, USS 1652; a vacant lot located			use to stage	emergency supplies o	TOTAL PARKING SPACES PROVIDED
	☐ ZONING PERMIT:		☐ ZONING PERI	MIT:		ZONING PERMIT:
	NEW BUILDING		NEW USE ON	LY	<u> </u>	MOBILE BUILDING
□ CORRESPONDENCE □ TEMPORARY ZONING PERMIT □ SIGN PERMIT						
THE BELOW APPLICATION(S) ARE REQUIRED:						
CITY BUILDING PERMIT ADEC APPROVAL PERMIT ADOT DRIVEWAY RGB UTILITY HOOKUP SEWER SDC FEE						

Date Received



CONDITIONAL USE PERMIT ADDI ICATIONI

APPLICATION		RECEIVED
TO BE COMPLETED BY PLANNING STA	AFF	AUG 2.5 2020 GATEWAY BOROUGH PLANNING DEPT
Customer Number 85-2140-08-000 Zoning District Overlay Zone MBR	Case Number	Application Complete
	D BY THE APPLICANT RINT OR TYPE)	
Applicant Name Project Name		Contact Number
Organized Village of Saxzman OVS Emergend	cy Supplies Staging Site	907-247-2502
CONDITIONAL USE PERMIT CONDITIONAL USE PER	RMIT RENEWAL	
FOR THE PROPERTY LOCATED AT:		
2707 Bear Clan Ave Saxman, AK 99901		
Existing Use(s) of the Property:		
Vacant lot		
Proposed Project and/or Use(s) of the Property: Briefly describe the requested use and/or project		e use to surrounding properties: ne might experience on your site.
The proposed project for this property is for the establishment of a secure site for the stocking and distribution of 'Emergency Supplies' for the purpose of COVID-19 community spread mitigation within the Saxman community. The site will have one 40' Conex placed for the storage of the emergency supplies. A secondary Conex and a potential "tiny nome" are currently being explored for consideration at the property. The additional structures are funding dependent.	fumes, etc. Potential Impacts to sun Noise and dust during Noise during the stagir Noise during erection of the stagir Noise erecti	; noise from trucks or equipment; dust or urrounding properties include: the foundation preparation ng of Conex/Containers of any additional structures ing and distribution of Emergency Supplies
	<u>App</u>	lication Checklist

☐ Completed Zoning Permit Application Owner/Applicant Authorization Form

Owner Authorization

Project Name

OVS Emergency Supplies Staging Site

I certify that I am the legal owner or otherwise authorized* to sign on behalf of the legal owner. I certify that I have read and understand the information contained within the submitted application and the application is true and correct to the best of my knowledge. I authorize the Borough the limited right of entry to the subject property for the purpose of conducting investigations related to the application. I understand that knowingly providing false information on this application may result in any action taken hereon being declared null and void. I further understand that pursuant to AS 11.56.210, knowingly making a material false statement, or otherwise providing false information, with the intent to mislead a public servant in the performance of his/her duty is punishable as a Class A misdemeanor.



Application Type Conditional Use Permit

Primary Owner: Check if primary contact	Secondary Owner: check if primary contact			
Name: Henry Brannon	Name: Kathy Brannon			
Signature: 4 7 7	Signature: Hathy Brannon			
Company:	Company:			
Primary Phone: 907-617-7329	Primary Phone:			
E-mail: quietlise @ Kpunet. net	E-mail:			
APPLICANT CONT	ACT INFORMATION 🗵 check if primary contact			
☐ Contract Purchaser* ☐ Authorized Agent* ☐ Pers	son with Demonstrated Possessory Interest in the Property*			
Name: Lee Wallace	Signature:			
Company and/or Title: Organized Village of Saxm	an			
Mailing Address: RT2 Box 2				
City: Saxman	State: Alaska Zip: 99901			
Primary Phone: 907-247-2502	E-mail: iragovt@kpunet.net			
* I understand that I must provide the appropriate documentation to prove that I am a contract purchaser / authorized agent / person with demonstrated possessory interest in the subject property. Planning staff may photocopy the document to accompany the application.				
STAFF USE ONLY: Staff verification of necessary documentation. Staff, initial an	d indicate document verified. Copy Retained			

Date Received

ZONING PERMIT APPLICATION

APPLICATION		AUG 25 2020
TO BE COMPLETED I	BY PLANNING STAFF	AUG 25 ZOZO GATEWAY ROROUGH PLANNING DEPT
Customer Number Parcel Number 85–214	Permit Number	BY:
Zoning District	Overlay Zone	Application Complete
KM	MBR	Application Complete
New Address being assigned:		
Staff Notes:		Approved by: (Zoning Official) Date
	TO BE COMPLETED BY THE APPLIC (PLEASE PRINT OR TYPE)	ANT
Applicant Name	Project Name	Contact Number
Organized Village of Saxman	OVS Emergency Supplies Staging Site	907-247-2502
For the property located at:		
2707 Bear Clan Ave Saxman, Alaska 99901		
Existing use(s) of the Property: Briefly describe/list the existing use(s) and/o	r structures	
Vacant lot		
Proposed project and/or use(s) of the proper Briefly describe the requested use and/or pro		Total number of off street parking spaces 0
The proposed project for this property is for stocking and distribution of 'Emergency Sup community spread mitigation within the Sax	plies' for the purpose of COVID-19	Total square feet of building(s) foot prints
The site will have one 40' Conex placed for the storage of the emergency supplies. A secondary Conex and a potential "tiny home" are currently being explored for		Septic system City System
consideration at the property. The additiona	I structures are funding dependent.	Water system City System
		Application Checklist
		Complete Site Plan
		☐ Elevation of Structures
ı		Owner/Applicant Authorization Form
		☐ Installation of Driveway ○ Yes ○ No

ZONING PERMIT APPLICATION (continued)

Fill in the applicable sections below for the proposed and existing uses listed on page 1.

and existing uses listed on page 1.				
RESIDENTIAL USES				
Total Number of Dwelling Units	1			
Total Number of Bedrooms				
COMMERCIAL USES				
Total Number of Sleeping Rooms	1			
Square Feet of Gross Floor Area	1,000			
Number of Permanent Seats or Total Occupancy (Assembly Halls, Churches, etc.)				
Number of Employees*	1			
Square Feet of Office Space	0			
Square Feet of Display Space	0			
Number of Company Vehicles**	1			
Square Feet of Sales Floor Area	0			

^{*} Specify if employees include teachers, instructors, nurses, students, interns, or doctors.

Applicant Consent

I understand that for new construction or the expansion of the building footprint of an existing building, an inspection of the foundation forms must be conducted to insure that the building is located outside of the setback requirements prior to the pouring of the foundation. I understand than I am responsible for scheduling an inspection with Planning staff once the foundation forms are constructed. Prior to the inspection I am required to identify the boundary markers and/or property lines for the inspection. If the boundary markers and/or property lines are not identified and staff is unable to determine the location of markers or lines, I may be required to provide a survey by a professional surveyor to verify the foundation forms are located in compliance with the setback standards.

Upon completion of the construction, I understand that I must submit an As-Built Survey produced by a licensed surveyor to insure the construction is in accordance with the submitted site plan and initial inspection.

I agree to abide by the terms and/or conditions of this permit and understand that any changes to the plans will require notification to the Planning Department before construction commences.

<u>Please be advised</u> that the issuance of a Zoning Permit does not preclude the applicant's responsibility to comply with all other applicable local, State and/or Federal laws or regulations.

Inspections will be scheduled for Wednesdays and Thursdays, based on staff availability. As-built Surveys required by financial institutions may be provided in lieu of a final inspection by staff.

A Zoning Permit for a structure <u>expires two years after the date it is issued</u> unless the actual construction is started and diligently continues to completion. When unusual circumstances prevent compliance with the time requirement, the applicant may submit a renewal request to the Borough asking to extend the permit -- provided the request is filed prior to the expiration of the said two years. Excavation is not considered construction.

Permit Appeal Procedures: A decision of the zoning official may be appealed to the Ketchikan Gateway Borough Planning Commission. An appeal must be filed in writing with the Planning Department within ten (10) days of the decision, in accordance with the procedures outlined in Section 18.05.080 and Chapter 18.155 of the Ketchikan Gateway Borough Code. Please contact the Planning Department for additional information by writing to 1900 First Ave, STE 126 Ketchikan, AK 99901 or by phone at 907-228-6610 or e-mail at planning@kgbak.us.

^{**} Company vehicles includes trailers, taxis, or truck trailers.

[~] Specify if your use includes billiards, hair cutting chairs, automotive racks or bays



