



KETCHIKAN GATEWAY BOROUGH

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Conditional Use Permit

To be Completed by Staff:

Parcel Number Customer Number

Zoning District Overlay Zone Case Number

Date Received: _____
Date Accepted:

Staff Notes:

To Be Completed by the Applicant:

Conditional Use Permit Conditional Use Permit Renewal

Name Email Phone

For the property located at:

Existing uses on property:

Provide a brief description of the requested use or project:

Potential impacts to surrounding properties:
Example: piles of rocks, noise from trucks, fumes etc.

Application Checklist:

- Complete Zoning Permit Application
- Owner Authorization Form