



# KETCHIKAN GATEWAY BOROUGH

1900 First Ave. STE 126 Ketchikan, AK 99901

Office : 907.228.6610  
Em ail: planning @kgbak.us  
Fax : 907.228.6698

## Zoning Permit Application

### To be Completed by Staff:

Parcel Number  Customer Number

Zoning District  Overlay Zone  Permit Number

New Address Assignment:

Staff Notes:

### Floodplain Development Information

Is there a SFHA present on the property?  Yes  No  
Is there a Floodplain Development permit required?  Yes  No

Floodplain Development Permit Number:

Application Received:   
Approval Date:   
Approved by: (Zoning Official) \_\_\_\_\_

### Application Checklist:

- Complete Site Plan
- Elevation Drawing
- Owner Authorization Form
- Utility Permit/DEC
- Approval OR Septic Information

### To Be Completed by the Applicant:

Applicant Name  Contact Number  Email

Project location:

Existing uses/structures on property:

Provide a brief description of the requested use or project:

Number of bedrooms on property

New driveway?  Yes  No

Septic system:  Public  Private

Water system:  Public  Private



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## Owner Authorization

Date Received:

Case Number (if applicable):

Application Type:  Zoning permit  
 Conditional Use Permit  
 Variance

### Project Location

I certify that I am the legal owner of the specified property. 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 to conduct 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.

*check this box if you would like to authorize a third party as contact for your application*

**Primary Owner:** *check if primary contact*

Name:

Company:

Phone:

Email:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Secondary Owner:** *check if primary contact*

Name:

Company:

Phone:

Email:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorized Third Party Contact Information

Authorized Agent     Contract Purchaser     Person with Demonstrated Possessory Interest in the Property     *check if primary contact*

Name:     Email:     Phone:

### Mailing Address:

City:     State:     Zip:     Company/Title:

\_\_\_\_\_  
Primary Property Owner's Signature    Date

*\*I understand that I must provide the appropriate documentation to prove that I am an authorized agent/contract purchaser/person with demonstrated possessory interest in the property. Planning staff may photocopy the document to accompany the application*

# Application continued

## Residential Parking Requirements:

### Residential Uses

Total Dwelling Units  x 1 = \_\_\_\_\_

Hobby Garden Stand  x 1 = \_\_\_\_\_

Home Occupations (see Parking Analysis Worksheet)  \_\_\_\_\_

For lots in residential zones, fill in the applicable sections below for the proposed **and existing** uses listed on page 1

Total Number of Required Parking Spaces

Total Number of Provided Parking Spaces

*For non-residential zones, attach a completed  
Parking Requirements Worksheet*

## Applicant/Owner 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 ensure that the building is located outside of the setback requirements prior to the pouring of the foundation. I understand that I am responsible for scheduling an inspection once the foundation forms are constructed. It is recommended that the inspection be done by a licensed surveyor, however, staff may be available to perform an inspection under certain circumstances. **Check with staff to see if you qualify.** Upon completion of the construction, I understand that I must submit an As-Built Survey produced by a licensed surveyor to ensure 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 site plan will require notification to the Planning Department before construction commences.

\_\_\_\_\_  
Initial

**PLEASE BE ADVISED** that the issuance of a Zoning Permit does not exempt the applicant from needing to comply with other local, State, or Federal laws.

A Zoning Permit is subject to all regulations outlined in KGBC 18.90 and expires **two years after the date it is issued** unless construction starts and continues diligently. If unusual circumstances prevent this, a renewal request can be submitted to the Borough before the permit expires. Excavation is not considered construction.

**Permit Appeal Procedures:** Decisions by the zoning official can be appealed to the Ketchikan Gateway Borough Planning Commission within ten days in accordance with KGBC 18.90.070. Contact the Planning Department for more information at 907-228-6610 or [planning@kgbak.us](mailto:planning@kgbak.us).