



DEVELOPMENT PERMIT APPLICATION

NOTE: Development Permit Application forms must accompany all other Community Development Department land use applications. This form and all documents associated with it are public record once submitted.

To be completed by Applicant	PROPERTY LOCATION		
	Physical Address		
	Legal Description(s) (Subdivision, Survey, Block, Tract, Lot)		
	Parcel Number(s)		
	<input type="checkbox"/> This property is located in the downtown historic district <input type="checkbox"/> This property is located in a mapped hazard area, if so, which _____		
	LANDOWNER/ LESSEE		
	Property Owner		Contact Person
	Mailing Address		Phone Number(s)
	E-mail Address		
	LANDOWNER/ LESSEE CONSENT		
	Required for Planning Permits, not needed on Building/ Engineering Permits. Consent is required of all landowners/ lessees. If submitted with the application, alternative written approval may be sufficient. Written approval must include the property location, landowner/ lessee's printed name, signature, and the applicant's name.		
	I am (we are) the owner(s) or lessee(s) of the property subject to this application and I (we) consent as follows: A. This application for a land use or activity review for development on my (our) property is made with my complete understanding and permission. B. I (we) grant permission for the City and Borough of Juneau officials/employees to inspect my property as needed for purposes of this application.		
	_____		_____
	Landowner/Lessee (Printed Name)	Title (e.g.: Landowner, Lessee)	
	X _____	_____	_____
Landowner/Lessee (Signature)	Date		
_____		_____	
Landowner/Lessee (Printed Name)	Title (e.g.: Landowner, Lessee)		
X _____	_____	_____	
Landowner/Lessee (Signature)	Date		
NOTICE: The City and Borough of Juneau staff may need access to the subject property during regular business hours. We will make every effort to contact you in advance, but may need to access the property in your absence and in accordance with the consent above. Also, members of the Planning Commission may visit the property before a scheduled public hearing date.			
APPLICANT If same as LANDOWNER, write "SAME"			
Applicant (Printed Name)		Contact Person	
Mailing Address		Phone Number(s)	
E-mail Address			
X _____	_____	_____	
Applicant's Signature	Date of Application		

-----DEPARTMENT USE ONLY BELOW THIS LINE-----

Intake Initials

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

For assistance filling out this form, contact the Permit Center at 586-0770.

Case Number	Date Received
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