



(CDD CONDITIONAL USE)

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.

PROPERTY LOCATION	
Physical Address 3235 Hospital Drive Juneau, AK 99801	
Legal Description(s) (Subdivision, Survey, Block, Tract, Lot) Lot 1, Tlingit Haida, USS 1075	
Parcel Number(s) 7B0901040101	
<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 Juneau Tlingit & Haida Community Council	Contact Person Mr. Ken Southerland
Mailing Address 3235 Hospital Drive, Juneau, AK 99801	Phone Number(s) 907-723-5043
E-mail Address kennethsoutherland@me.com	
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.	
<u>Ken Southerland</u> Landowner/Lessee (Printed Name)	<u>Vice-President</u> Title (e.g.: Landowner, Lessee)
X <u></u> Landowner/Lessee (Signature)	<u>2/14/24</u> Date
_____	_____
X _____	_____
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) MRV Architects	Contact Person Paul Voelckers
Mailing Address 1420 Glacier Ave, Suite A, Juneau, AK 99801	Phone Number(s) 907-209-1353
E-mail Address paul@mrvarchitects.com	
X <u></u> Applicant's Signature	<u>Feb 14, 2024</u> Date of Application

To be completed by Applicant

DEPARTMENT USE ONLY BELOW THIS LINE

Intake Initials JLS		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Case Number USE24-07</td> <td style="text-align: center;">Date Received 2-22-24</td> </tr> </table>	Case Number USE24-07	Date Received 2-22-24
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INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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



ALLOWABLE/CONDITIONAL USE PERMIT APPLICATION

See reverse side for more information regarding the permitting process and the materials required for a complete application.

NOTE: Must be accompanied by a DEVELOPMENT PERMIT APPLICATION form.

To be completed by Applicant

PROJECT SUMMARY
Renovations and expansions to Tlingit & Haida Community Center, Shaan S'box.

TYPE OF ALLOWABLE OR CONDITIONAL USE PERMIT REQUESTED
 Accessory Apartment – Accessory Apartment Application (AAP)
 Use Listed in 49.25.300 – Table of Permissible Uses (USE)
 Table of Permissible Uses Category: USE 5.400 Social, Fraternal, Clubs

IS THIS A MODIFICATION or EXTENSION OF AN EXISTING APPROVAL? YES – Case # _____ NO

UTILITIES PROPOSED **WATER:** Public On Site **SEWER:** Public On Site

SITE AND BUILDING SPECIFICS
 Total Area of Lot 46,477 square feet Total Area of Existing Structure(s) _____ square feet
 Total Area of Proposed Structure(s) 9,884 square feet

EXTERNAL LIGHTING
 Existing to remain No Yes – Provide fixture information, cutoff sheets, and location of lighting fixtures
 Proposed No Yes – Provide fixture information, cutoff sheets, and location of lighting fixtures

ALL REQUIRED DOCUMENTS ATTACHED *If this is a modification or extension include:*

Narrative including:
 Current use of land or building(s)
 Description of project, project site, circulation, traffic etc.
 Proposed use of land or building(s)
 How the proposed use complies with the Comprehensive Plan

Plans including:
 Site plan
 Floor plan(s)
 Elevation view of existing and proposed buildings
 Proposed vegetative cover
 Existing and proposed parking areas and proposed traffic circulation
 Existing physical features of the site (e.g.: drainage, habitat, and hazard areas)

Notice of Decision and case number
 Justification for the modification or extension
 Application submitted at least 30 days before expiration date

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

ALLOWABLE/CONDITIONAL USE FEES			
	Fees	Check No.	Receipt
Application Fees	\$ <u>750.00</u>	<u>Class III</u>	
Admin. of Guarantee	\$ <u>—</u>		
Adjustment	\$ <u>—</u>		
Pub. Not. Sign Fee	\$ <u>50.00</u>		
Pub. Not. Sign Deposit	\$ <u>100.00</u>		
Total Fee	\$ <u>900.00</u>		

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<u>USE 24-07</u>	<u>2-22-24</u>