## CITY & BOROUGH OF WRANGELL

## PLANNING DEPARTMENT

PO BOX 531 WRANGELL, AK, 99929 | +1 (907) 874-2381 205 BRUEGER STREET WRANGELL, AK, 99929



## LAND USE APPLICATION WMC 19.04.010 - 19.04.020 & WMC 19.12.010 - 19.12.040 & WMC 20.76.010 - 20.76.040 NON-REFUNDABLE FEE - MUST BE PAID AT TIME OF FILING TYPE OF APPLICATION ......ZONING CHANGE \$150 SUBDIVISION/PRELIMINARY PLAT \$100 **DATE RECEIVED PAYMENT** CHECK **OFFICIAL USE ONLY** CREDIT CARD CASH SECTION I. APPLICANT'S FULL NAME **EMAIL ADDRESS PHONE NUMBER** APPLICANT'S PHYSICAL ADDRESS APPLICANT'S MAILING ADDRESS LEGAL OWNER'S FULL NAME (IF DIFFERENT THAN APPLICANTS NAME) **PHONE NUMBER LEGAL OWNER'S MAILING ADDRESS SECTION II.** PROVIDE THE PARCEL ID NUMBER AS WELL AS EITHER THE PHYSICAL ADDRESS OR LEGAL DESCRIPTION OF THE PROPERTY. **PARCEL ID NUMBER PHYSICAL ADDRESS** LOT: **BLOCK:** SUBDIVISION: **LEGAL ACCESS TO LOTS (STREET NAME) LOT SIZE CURRENT ZONING OF PROPERTY**

PAGE 1 OF 2 REVISION 20240308 CONTINUED ON PAGE 2

## CITY & BOROUGH OF WRANGELL LAND USE APPLICATION

**CONTINUED FROM PAGE 1** 

SECTION III.  FOR A ZONING CHANGE, PLEASE STATE THE REQUESTED NEW ZONING AND EXPLAIN THE CHANGE.	E REASON FOR THE PROPOSED
FOR SUBDIVISION OR PRELIMINARY PLAT APPLICATIONS, PLEASE DESCRIBE THE PROPOSED CHANGES TO THE LOT AND SUBMIT A PREPARED PLAT MAP AS REQUIRED BY THE WRANGELL MUNICIPAL CODE.	
SECTION IV. ACKNOWLEDGEMENT  I hereby affirm all the information submitted with this application is true and correct to the best of my knowledge. I also affirm that I am the true and legal property owner or authorized agent thereof for the property subject herein. I understand that incomplete applications will not be accepted and that all fees must be paid prior to review of this application. All application fees must be paid at the time of filing. Incomplete applications will not be accepted until all fees are paid prior to application review. Additional fees will be applied following approval of the final plat through the borough clerk's office to record the plat map with the Department of Natural Resources Recorder's Office.	
SIGNATURE OF APPLICANT	DATE
SIGNATURE OF OWNER (IF DIFFERENT THAN APPLICANT)	DATE

**REVISION 20240308** 

PAGE 2 OF 2