

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 ☐

OFFICIAL USE ONLY

RECEIVED BY

DATE RECEIVED

PAYMENT

CHECK ☐

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)

CURRENT ZONING OF PROPERTY

LOT SIZE

CITY & BOROUGH OF WRANGELL
LAND USE APPLICATION
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SECTION III.

FOR A ZONING CHANGE, PLEASE STATE THE REQUESTED NEW ZONING AND EXPLAIN THE REASON FOR THE PROPOSED CHANGE.

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