



Kodiak Island Borough
Community Development Department
710 Mill Bay Rd. Rm 205
Kodiak AK 99615
Ph. (907) 486 - 9363 Fax (907) 486 - 9396
<http://www.kodiakak.us>

Zoning Compliance Permit

Permit No. _____

The following information is to be supplied by the Applicant:

Property Owner / Applicant: _____
Mailing Address: _____
Phone Number: _____
Other Contact email, etc.: _____
Legal Description: Subdv: _____ Block: _____ Lot: _____
Street Address: _____
Use & Size of Existing Structures: _____

Description of Proposed Action: _____

Site Plan to include: Lot boundaries and existing easements, existing buildings, proposed location of new construction, access points, and vehicular parking areas.

Staff Compliance Review: Current Zoning: _____ PROP_ID _____
Lot Area: _____ Lot Width: _____ Bld'g Height: _____
Front Yard: _____ Rear Yard: _____ Side Yard: _____
Prk'g Plan Rvw? _____ # of Req'd Spaces: _____
Staff Compliance Review Notes:
Plat / Subdivision Requirements? _____

Subd Case No. _____ Plat No. _____ Bld'g Permit No. _____

Does the project involve
an EPA defined facility? _____
**Commercial buildings, installations (military bases),
institutions (schools, hospitals) and residences with
more than four (4) dwelling units.*

Proof of EPA notification provided (if required)? _____
**Required for all demolitions, for renovations disturbing at least 160 square
feet, 260 linear feet, or 35 cubic feet of Regulated Asbestos Containing Material (RACM), and
for renovations that remove a load-supporting structural member.*
No permit will be issued for such projects without proof of EPA notification

Driveway
Permit? _____
Septic Plan
Approval: _____
Fire
Marshall: _____

Applicant Certification: *I hereby certify that I will comply with the provisions of the Kodiak Island Borough Code and that I have the authority to certify this as the property owner, or as a representative of the property owner. I agree to have identifiable corner markers in place for verification of building setback (yard) requirements.*

Attachments? _____ List Other: _____

Date: _____ Signature: _____

This permit is only for the proposed project as described by the applicant. If there are any changes to the proposed project, including its intended use, prior to or during its siting, construction, or operation, contact this office immediately to determine if further review and approval of the revised project is necessary.
THIS FORM DOES NOT AUTHORIZE CONSTRUCTION WHEN A BUILDING PERMIT IS REQUIRED.

***** EXPIRATION: Any zoning compliance permit issued is subject to the same expiration, suspension, and revocation provisions as a building permit issued for the same construction permit.*****

CDD Staff Certification

Date: _____ CDD Staff: _____

Payment Verification Zoning Compliance Permit Fee Payable in Cashier's Office Room # 104 - Main floor of Borough Building

After-the-Fact 2X the published amount

Not Applicable	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$0.00
Less than 1.75 acres:	<input type="checkbox"/>	\$30.00	<input type="checkbox"/>	\$60.00
1.76 to 5.00 acres:	<input type="checkbox"/>	\$60.00	<input type="checkbox"/>	\$120.00
5.01 to 40.00 acres:	<input type="checkbox"/>	\$90.00	<input type="checkbox"/>	\$180.00
40.01 acres or more:	<input type="checkbox"/>	\$120.00	<input type="checkbox"/>	\$240.00