

Fairbanks North Star Borough Department of Community Planning

907 Terminal Street/P.O. Box 71267 Fairbanks, Alaska 99707-1267 (907) 459-1260 Fax: (907) 459-1255 planning@fnsb.us

Receipt No.: Sign #: Proposed Meeting Date	For Office Use Only	
Sign #: Proposed Meeting Date	Received By: _	
Proposed Meeting Date	Receipt No.:	
, -	Sign #:	
Date Submitted:	Proposed Meeting Date	9
	Date Submitted:	

REZONE APPLICATION File #.		☐ REZONE ☐ REZONE WITH SPECIAL LIMITATIONS	
FEES : ☐ \$1,000 rezone ☐ \$300 sign dep		ash recommended)	
		arcel or rezoning a GU zoned property to an appropriate residential ast 13 acres or 5 more contiguous lots	
Applicant:		Property Owner:	
Contact Name:		Name:	
Business Name:		Mailing Address:	
Mailing Address:		City, State Zip:	
City, State Zip:		Phone:	
Phone: Cell:		Cell:	
E-mail:		E-mail:	
Duonouty Informatio			
Property Information:	on:		
Street Address:		Size:	
Devel Assessment Museum (DAN)		Acres Existing Use:	
Parcel Account Numbers (PAN):		Existing use.	
Existing Zone:		Proposed Zone:	
	cluded in this applic	cation is to the best of my knowledge true and complete.	
APPLICANT SIGNATURE:		DATE:	
OWNER SIGNATURE (if different):		DATE:	

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REZONE INTAKE CHECKLIST

Please submit the required documentation listed below. Applications will not be scheduled for a Planning Commission meeting agenda until these items have been submitted and the application has been deemed complete.

REZONE

		tach a detailed written narrative that addresses the following criteria set forth in 3.104.020:		
		Explain why the existing zone is unsatisfactory and state the reasons for requesting the rezoning. Discuss the advantages of rezoning the property		
		Explain how the proposed rezone conforms to the FNSB Regional Comprehensive Plan and/or the North Pole Land Use Plan. Please review the Plan goals, strategies and actions that would be furthered by the proposed rezone and to include them in the narrative. Copies of the Regional Comprehensive Plan are available at the Department of Community Planning or online at: https://www.fnsb.gov/DocumentCenter/View/900/Regional-Comprehensive-Plan-PDF		
		Explain how the proposed rezone will protect the public health, safety and welfare, including protection from the impacts of traffic, noise, screening/buffering, etc.		
2.	Su	bmit the following:		
	☐ Public Notice Sign Posting Affidavit. The form is included in the application packet			
	☐ Zoning Petition if more than one property owner is involved in the proposed rezone. The form is included in this application packet			
	☐ Include application fee (cash, check or charge)			
		Include sign deposit (cash or check only – separate payment)		
<u>RE</u>	ZC	ONE WITH SPECIAL LIMITATIONS		
		requesting special limitations for the proposed rezone, the following items are required in to the above items as set forth in FNSBC 18.104.030:		
	Α.	Narrative to include the following:		
		☐ Explain your project and discuss how it will mitigate the adverse impacts of the project and the change in rezoning districts		
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		Explain how the proposed rezone with special limitations promotes aesthetics to the adjoining neighborhood			
		Explain how the proposed rezone with special limitations does not defeat the general intent of surrounding zones, nor constitute a spot zone			
B.		bmit a detailed site development plan of your project (see attached Rezone with Special nitations Intake Checklist)			
1.	 A site plan drawn to a verifiable scale with north arrow and dimensions in feet (i.e. 1" = 10' or 1" = 20', etc.), including all of the following information: 				
	М	ore than one site plan of different scales may be used to illustrate the site.			
		Location and dimensions of property lines			
		Name of the access road and any other roads adjacent to the property lines			
		Location and dimensions of all existing and proposed buildings and structures (including additions) Label as existing or proposed			
		In the Light Commercial (LC) zone, list the height of all proposed buildings			
		Uses of all existing and proposed buildings and structures, portions of buildings, and areas of the property			
		Setback distances of all existing and proposed buildings and structures from property lines, except in the General Use (GU) zones $ \frac{1}{2} \left(\frac{1}{2} \right) = \frac{1}{2} \left(\frac{1}{2} \right) \left($			
		If adjacent to residentially zoned property, show the location and type of all outdoor lighting $ \\$			
		Location and dimensions of existing and proposed driveways. A driveway permit may be needed if accessing a Road Service Area (RSA) road or AKDOT&PF permitted right-of-way (ROW) or if located within city limits			
		Location and dimensions of off-street parking spaces. Off-street parking spaces are required to be at least 9' by 18', with sufficient back-up and maneuvering area such that all back-up and maneuvering actions occur on the site (<i>FNSBC 18.96.060</i>). Label parking spaces with dimensions			
		Location and dimensions of loading areas if the use involves the loading and unloading of merchandise, materials, or supplies.			
		Location and dimensions of all traffic circulation areas. Show drive aisles, backing and maneuvering areas and all areas where motor vehicles will travel on the site			
		Show any obstructions located within the parking and vehicle maneuvering areas, such as a wall, post, guard rail, or other obstruction.			

Additional information may be required beyond the items listed above.

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- C. Submit written consent from the owner of the property approving the Special **Limitations**. The form is included in this application packet D. Submit acknowledgement form from the property owner that they have the right to have the Assembly consider their rezone without the requested special limitations and that their requested rezone will go to the Assembly for their consideration regardless of whether the property owner accepts or rejects any suggested special limitation. The form is included in this application packet.
- E. Special limitations may be added, but not limited to the following purposes: ☐ Prohibit structures, or uses of land or structures, that would adversely affect the surrounding neighborhood or conflict with the comprehensive plan ☐ Conform the rezoning to the comprehensive plan, or to further the goals and policies of the comprehensive plan ☐ Conform development under the rezoning to existing patterns of development in the surrounding neighborhood ☐ Mitigate the adverse effects of development under the rezoning on the surrounding neighborhood and on public facilities and services ☐ Allow for innovation in design or use of land F. Special limitations shall do one or more of the following: ☐ Limit residential density or prohibit structures or uses of land or structures otherwise permitted in a use district ☐ Require compliance with design standards for structures and other site features ☐ Require compliance with a site plan approved under this title ☐ Require the construction and installation of improvements, including public improvements ☐ Impose time limits for taking subsequent development actions ☐ Impose time restrictions such as hours of operation or other additional numeric standards on permitted uses

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REZONE PETITION FORMWE THE UNDERSIGNED JOIN IN REQUESTING AND AUTHORIZE **REZONING OF**

FROM	ZONE
ALL BLANKS MUST	ZONE. BE COMPLETED AND LEGIBLE.
Signature	Printed Name
Property Description (Subdivision, Lot & Block)	Mailing Address
Signature	Printed Name
Property Description (Subdivision, Lot & Block)	Mailing Address
Signature	Printed Name
Property Description (Subdivision, Lot & Block)	Mailing Address
Signature	Printed Name
Property Description (Subdivision, Lot & Block)	Mailing Address
Signature	Printed Name
Property Description (Subdivision, Lot & Block)	Mailing Address
Signature	Printed Name
Property Description (Subdivision, Lot & Block)	Mailing Address

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AGREEMENT TO SPECIAL LIMITATIONS

REZONE:	RZ		
PROPERTY OWNER:	Address:		
APPLICANT: Name:			
DESCRIPTION OF PROPERTY	:		
SPECIAL LIMITATIONS:			
1.			
2.			
3.			
Signature of Property Owner		Date	
	Notice of Specia	al Limitations	
without the requested special	limitations and that my re	e Borough Assembly consider my rezone applications application will go to the Borough Assembly he suggested special limitations.	
Please indicate your choice:			
I accept and agree t	o abide by the special limit	tations listed above.	
I reject the special li	mitations listed above.		
Signature of Property Owner		Date	

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Post By:	Date	

PUBLIC NOTICE SIGN POSTING AFFIDAVIT

Instructions to comply with FNSBC 18.104.010.C.3:

- 1. Post the sign(s) in accordance with #2 below.
- 2. Take a photograph of the posted sign.
- 3. Return this affidavit and the photograph to the Department of Community Planning at least 20 days prior to the Planning Commission meeting (see the 'Post By' date). If these items are not received by the 'Post By' date, your application may be postponed to a future meeting.
- 4. This affidavit must be notarized. The Borough has notaries on staff or you may use your own notary.

STATE	OF ALASKA)
FOURTI) ss. H JUDICIAL DISTRICT)
I,	, being first duly sworn, depose and state that:
1.	I have submitted an application identified as
2.	I have posted and will maintain public notice sign #in accordance with the following provisions:
	 a. Sign is posted on the property on which my request for rezone, conditional use or variance has been made. b. Sign is clearly visible from streets and roads. c. Sign will be maintained free of snow or other materials which impede readability. d. Sign is posted between an elevation of 2' and 8' above ground level and no further than 50' from the edge of the road to further ensure readability from streets. e. Sign was posted on (date) and complies with posting requirements of 20 days prior to the public hearing date. f. I shall return the sign to the FNSB Department of Community Planning within 10 days following the final public hearing.
3.	I understand a refund check of \$300.00 (the amount I have deposited for said sign) will be issued 7-10 days following return of the sign providing that sign is returned in usable condition. I further understand I may receive only partial refund if the sign is damaged when returned to the Borough.
4.	This document is null and void when necessary action has been completed as provided in Item #2 f.
	Signature
SUBSC	(Print Name and Address of Affiant) RIBED AND SWORN TO BEFORE ME on thisday of, 20
	ublic in and for Alaska Commission Expires

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DEPOSIT / REFUND FORM PUBLIC NOTICE SIGN DEPOSITS & EXPERT REVIEW DEPOSITS

FILE/CASE #

DEPOSITS

S	IGN DEPOSIT		EXPERT REVIEW D	EPOSIT (see box below)
	required)			I understand that I owe the actual cost for the expert review of my telecom application and that this is only a deposit towards the cost.
Prepared By: Fairbanks North Star Borough			(applicant initials)	
	Number:	Check #_		dit Card 🗖 Last 4 digits #
(if paying by check we MUST refund to name & address showing on check) Name & Address on Check Name & Contact # on Credit Card If cash name and address for refund:				
		<u>S1</u>	GN REFUNDS	
Sign Returned:	Date:		Initiate Refund:	□YES □NO
Staff who took sign in:		Be sure application has been completely acted on and the reconsideration has expired prior to taking in the sign. For Rezones, be sure the Assembly decision is final prior to taking in the sign.		
Additional Damage	Yes 🗖	No 🗖	Partial Re	efund Yes \$
Dascriba			Annlican	t Initial

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