

**CITY OF SEWARD**

P. O. Box 167  
410 Adams Street  
Seward, Alaska 99664



**Community Development**

907.224.4049  
planning@cityofseward.net

**LAND USE PLAN AMENDMENT - REZONING APPLICATION**

This completed application is to be submitted to the Community Development Department no later than six (6) weeks in advance of the next regularly scheduled Planning and Zoning Commission meeting. Regular meetings are held the first Tuesday of each month. The application must be accompanied by the \$300 filing fee.

**Petitioner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Property Description**

**Address:** \_\_\_\_\_

**Lot:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Subdivision:** \_\_\_\_\_

**Size of subject area:** \_\_\_\_\_ acres **Number of parcels within subject area:** \_\_\_\_\_

**Additional Information**

**Located in Historic Overlay District? Yes  No**

**Intended use and/or reason for rezoning:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the proposed amendment comply with the Comprehensive Plan? Please list how below.**

Seward 2030 Comprehensive Plan Volume I: <https://www.cityofseward.us/home/showdocument?id=1705>  
Volume II: <https://www.cityofseward.us/home/showdocument?id=1707>

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the proposed amendment comply with the Historic Preservation Plan (skip if not within Historic Overlay District) \_\_\_\_\_

What is the effect of the zoning amendment on the property owners and on the community at large? \_\_\_\_\_

I hereby certify that the above statements and other information submitted are true and accurate to the best of my knowledge.

I understand that this item will be scheduled for action only if all application materials are submitted not less than six (6) weeks in advance of the next regularly scheduled Planning and Zoning Commission meeting. Regular meetings are held the first Tuesday of every month.

Applicant Signature: \_\_\_\_\_

**Enclosed:**

\$300 Payment ( )  
Map of the subject area ( )  
Other: \_\_\_\_\_ ( )

A map is required to accompany this application. Proof of ownership for parcel(s) must be available if Borough tax roles do not indicate applicant's name.

The APPLICATION and MAP (indicating the specific area) must be submitted together, with a FEE of \$300.00 (payable to the City of Seward) to the Community Development Office.

Please mark the method through which this Rezone application is being initiated: (SCC 15.01.035 (b))

- ( ) By the City Council on its own motion;
- ( ) By the commission on its own motion;
- ( ) \*By petition of a majority of the property owners in the area to be amended;
- ( ) \*By petition bearing the signatures of 50 registered voters within the City; or
- ( ) \*By petition as provided by the home rule charter of the City.

\*If the initiated method was through petition, please include the signatures on the page provided or additional pages if needed.



