



# DEVELOPMENT PERMIT APPLICATION

**NOTE: Development Permit Application forms must accompany all other Community Development Department land use applications.**

To be completed by Applicant	<b>PROPERTY LOCATION</b>		
	Physical Address		
	Legal Description(s) (Subdivision, Survey, Block, Tract, Lot)		
	Parcel Number(s)		
	This property located in the downtown historic district This property located in a mapped hazard area, if so, which _____		
	<b>LANDOWNER/ LESSEE</b>		
	Property Owner	Contact Person	
	Mailing Address	Phone Number(s)	
	E-mail Address		
	<b>LANDOWNER/ LESSEE CONSENT</b> <span style="float: right;">Required for Planning Permits, not needed on Building/ Engineering Permits</span>		
I am (we are) the owner(s) or lessee(s) of the property subject to this application and I (we) consent as follows: A. This application for a land use or activity review for development on my (our) property is made with my complete understanding and permission. B. I (we) grant permission for officials and employees of the City and Borough of Juneau to inspect my property as needed for purposes of this application.			
<b>X</b>	_____	_____	
	Landowner/Lessee Signature	Date	
<b>X</b>	_____	_____	
	Landowner/Lessee Signature	Date	
NOTICE: The City and Borough of Juneau staff may need access to the subject property during regular business hours and will attempt to contact the landowner in addition to the formal consent given above. Further, members of the Planning Commission may visit the property before the scheduled public hearing date.			
<b>APPLICANT</b> <span style="float: right;">If the same as OWNER, write "SAME"</span>			
Applicant	Contact Person		
Mailing Address	Phone Number(s)		
E-mail Address			
<b>X</b>	_____	_____	
	Applicant's Signature	Date of Application	

-----DEPARTMENT USE ONLY BELOW THIS LINE-----

This form and all documents associated with it are public record once submitted.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

For assistance filling out this form, contact the Permit Center at 586-0770.

	Intake Initials
	Date Received

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