



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

For Office Use Only
 Received By: _____
 Receipt No.: _____
 Sign #: _____
 Proposed Meeting Date _____
 Date Submitted: _____

REZONE APPLICATION
 File #. _____

REZONE
 REZONE WITH SPECIAL LIMITATIONS

FEES: \$1,000 rezone application**
 \$300 sign deposit (check or cash recommended)

** Fee waived if rezoning a split zone parcel or rezoning a GU zoned property to an appropriate residential zone if the rezone encompasses at least 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:

Property Information:	
Property Description:	
Street Address:	Size: Acres
Parcel Account Numbers (PAN):	Existing Use:
Existing Zone:	Proposed Zone:

I certify that the information included in this application 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

1. Attach a detailed written narrative that addresses the following criteria set forth in 18.104.020:

- 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:
http://fnsb.us/cp/Documents/CompPlan_2005-0913_FullyAdoptedDocument.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. Submit 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)

REZONE WITH SPECIAL LIMITATIONS

When requesting special limitations for the proposed rezone, the following items are required in addition to the above items as set forth in FNSBC 18.104.030:

A. 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. Submit a detailed site development plan of your project (see attached Rezone with Special Limitations 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:**

More 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
- 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 (*FNSBC 18.96.060*). 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.

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

REZONE PETITION FORM

WE THE UNDERSIGNED JOIN IN REQUESTING AND AUTHORIZE
REZONING OF _____
FROM _____ ZONE
TO _____ ZONE.

ALL BLANKS MUST 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: Name: _____
Address: _____
Address _____

APPLICANT: Name: _____

DESCRIPTION OF PROPERTY: _____

SPECIAL LIMITATIONS:

1. _____

2. _____

3. _____

4. _____

Signature of Property Owner

Date

Notice of Special Limitations

I have been notified that I have the right to have the Borough Assembly consider my rezone application without the requested special limitations and that my rezone application will go to the Borough Assembly for consideration regardless of whether I accept or reject the suggested special limitations.

Please indicate your choice:

I accept and agree to abide by the special limitations listed above.

I reject the special limitations listed above.

Signature of Property Owner

Date

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Post By: _____
Date

- 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.

PUBLIC NOTICE SIGN POSTING AFFIDAVIT

STATE OF ALASKA)
) ss.
FOURTH 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

(Print Name and Address of Affiant)

SUBSCRIBED AND SWORN TO BEFORE ME on this _____ day of _____, 20_____

Notary Public in and for Alaska

Commission Expires

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

FILE/CASE # _____

DEPOSITS

SIGN DEPOSIT

EXPERT REVIEW DEPOSIT (see box below)

Sign # _____
(if required)

DATE Prepared: _____

Prepared By: _____
Fairbanks North Star Borough

RECEIPT Number: _____

PAID By: Cash Check # _____ Credit 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: _____

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.

(applicant initials)

SIGN 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 Refund Yes \$ _____

Describe _____

Applicant Initial _____

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