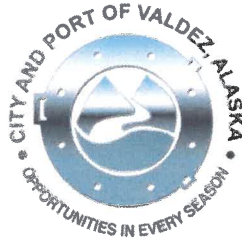


RECEIVED

By nleroy at 1:18 pm, Apr 19, 2021



**CITY OF VALDEZ  
TEMPORARY LAND USE PERMIT APPLICATION FORM**

**Application Fee: \$50.00 (Non-Refundable) Waived 2017 per Resolution #12-72**

File No. 21-08

Date Recv'd. 4/19/2021

**Directions:**

1. Please type or print legibly.
2. Please submit this application form to the Office of Community & Economic Development, P.O. Box 307, Valdez, Alaska 99686.
3. Please answer all questions on this form, or put N/A (not applicable) in the spaces provided, as the answer applies.

\*\*\*\*\*

Applicant name: C & E Car Deetz

Mailing address: P.O. Box 2764

City, State, Zip: Valdez, AK 99686

Daytime telephone: (707) 330-7724

SIGNATURE: Erin Hickok & Casey Frahm

Representative name: Casey Frahm \*\*\*\*\* Erin Hickok

Mailing address: P.O. Box 2764

City, State, Zip: Valdez AK 99686

Daytime telephone: (707) 330-7724

\*\*\*\*\*

Legal Description of Property Affected by Application:

Located in Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_, CRM  
Lot/Block/Tract/Subd. 3 Plat # \_\_\_\_\_  
Street Address/Other description 134 E. Pioneer  
Tax # \_\_\_\_\_ Size of Property 21,830 sq. ft  
PDN 70570060030  
Type of business to be placed on the property: auto detailing (interior detailing only  
see attached narrative per applicant)

Size of temporary building(s) to be placed on the property: 1 10x30 ft Car  
Canopy

Duration of lease requested (6 months maximum): 6 months

Special lease requirements: n/a

\*\*\*\*\*

Submitted materials attached - The following submitted materials must be submitted when applying for a lease on City land.

- ✓ 1. Plot Plan – A drawing of the proposed lease property showing:
- \_\_\_\_\_ a. Size of lot (to scale)
  - \_\_\_\_\_ b. Placement and size of buildings, storage units, miscellaneous structures planned (to scale)
  - \_\_\_\_\_ c. Water & sewer lines, locations of septic tanks, if needed
  - \_\_\_\_\_ d. Parking spaces (numbered on the drawing with a total number indicated).
- ✓ 2. Fees – All applicable fees must be submitted prior to the execution of a lease.
- a. Application Fee (\$50.00). Covers the costs associated with processing the application (Non-refundable).

✓ 3. Liability Insurance – The Permittee shall, at its own expense, maintain and keep force during the terms of this Permit adequate insurance to protect both Valdez and Permittee against comprehensive public liability claims arising from the use of the property in the minimum limit of ONE MILLION DOLLARS (\$1,000,000) combined single limit to protect against liability for personal injury, death or property damage.

✓ 4. Financial Data – The applicant is a:

Sole proprietorship \_\_\_\_\_

Partnership \_\_\_\_\_

Corporation \_\_\_\_\_

Other (Please explain) L. L. C. \_\_\_\_\_

✓ 5. Partnership Statement – If applicant is a partnership, answer the following:

a. Date of Organization \_\_\_\_\_

b. General partnership ( ) / Limited partnership ( )

c. Statement of partnership recorded? ( ) yes ( ) no

Where \_\_\_\_\_

d. Has the partnership done business in Alaska?

( ) yes ( ) no

When \_\_\_\_\_

Where \_\_\_\_\_

e. Name, address and partnership share of each general and limited partner. If a partner is a corporation, complete page for corporation.

Limited/ General	Name	Address	Share

f. Attach a complete copy of the partnership agreement.



6. Corporation Statement—If applicant is a corporation, answer the following:

a. Date of incorporation \_\_\_\_\_

b. Where incorporated \_\_\_\_\_

c. Is the corporation authorized to do business in Alaska?

☐ yes

☐ no

If so, as of what date \_\_\_\_\_

d. The corporation is held:

Publicly ☐

Privately ☐

e. If publicly held, how and where is the stock traded?

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f. Furnish the name, title, and address of each officer and in addition, the same information for each principal stockholder owning more than ten percent of the corporation.

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Share</u>
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g. Furnish the names of the officers specifically authorized to execute contracts and other corporate commitments under the corporate articles and/or by-laws.

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# 134 E Pioneer Drive

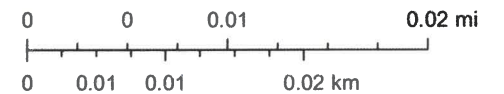


5/6/2021, 1:16:39 PM

 COV parcels

 Valdez City Limits

1:1,128

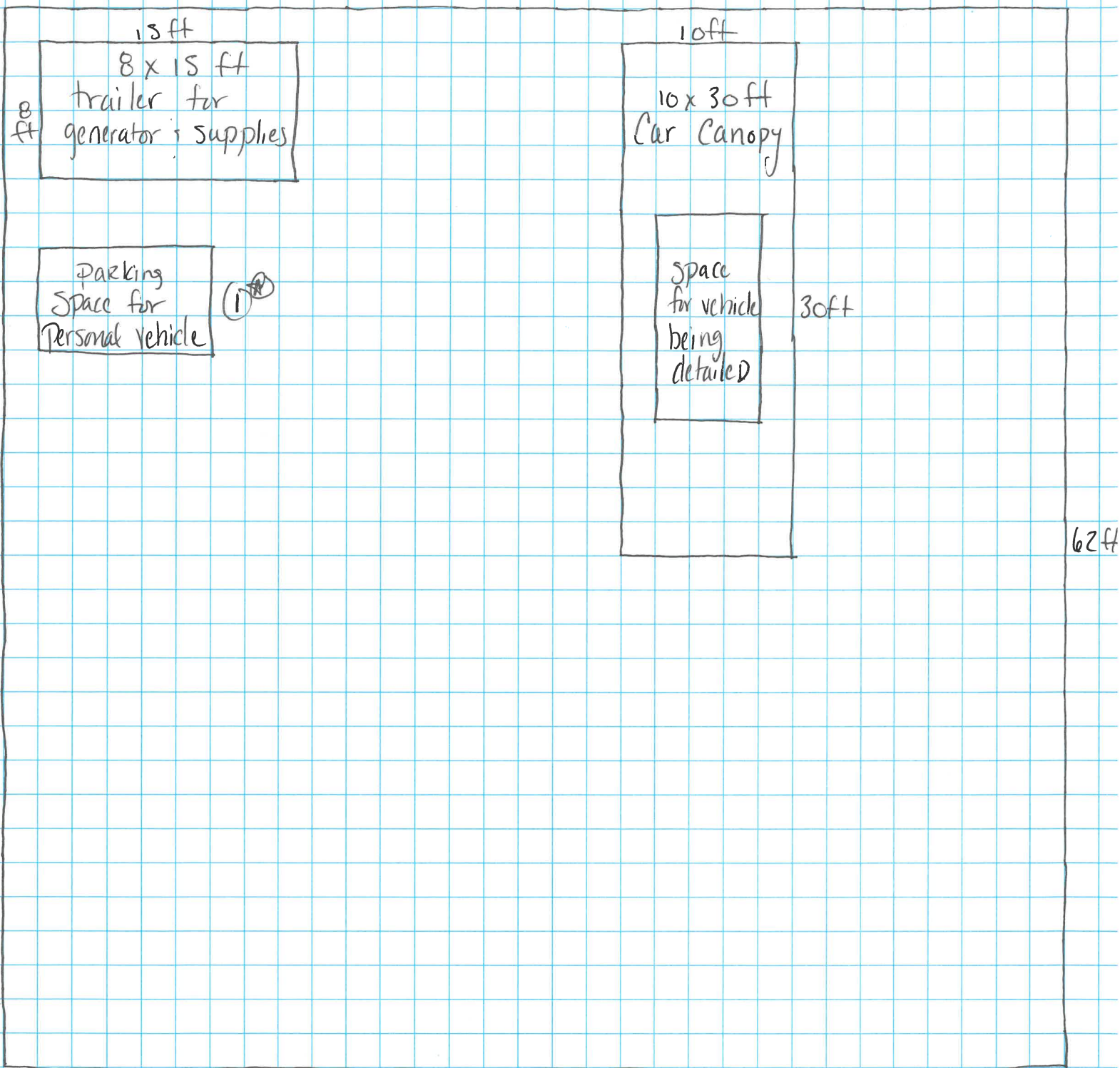


Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS,

COV Planning - GIS

Information displayed is for informational purposes only. The City of Valdez makes no guarantee, expressed or implied, as to the validity or accuracy of the information herein.





62ft

① 1 total parking space needed in addition to space beneath canopy.

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Dear City of Valdez Planning Department,

Thank you for considering our land use permit. C&E Car Deetz is an interior auto detailing business currently operating from 4:30 pm-9:30 pm no more than two days during the workweek and 10-5 on Saturdays. We would likely maintain these hours and work Mondays, Thursdays, and Saturdays if we are approved for a land use permit. We detail one car per day, so no more than three per week. Included in the detailing is vacuuming of the vehicle, spot cleaning any stained areas, disinfecting all surfaces using disinfecting wipes, steam cleaning all floor mats, and cleaning the interior of all windows. The equipment we use is a shop vac, a steam cleaner, and a small carpet shampooer. Each of these pieces of equipment is self-contained and does not release any of the waste water that accumulates. We would transport this waste water back to our residence and dispose of it appropriately. We use only shop towels when using spray cleaners so no chemicals end up on the ground.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/4/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Liberty Mutual Insurance PO Box 188065 Fairfield, OH 45018	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 800-962-7132		<b>FAX (A/C, No):</b> 800-845-3666
	<b>E-MAIL ADDRESS:</b> BusinessService@LibertyMutual.com		
<b>INSURED</b> C & E Car Deetz, LLC 148 Robe River Dr Valdez AK 99686	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Ohio Security Insurance Company		24082
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

## COVERAGES

**CERTIFICATE NUMBER:** 61526479

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BLS62969375	3/22/2021	3/22/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Garagekeepers Coverage Direct Coverage Primary			BAS62969375	3/22/2021	3/22/2022	Limit \$22,500 Comprehensive Ded \$500 Max Comprehensive Ded \$2,500 Collision Ded \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

The City Of Valdez  
 212 Chenega Avenue  
 Valdez AK 99686

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jeremy Cupp

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ACORD 25 (2016/03)

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