

335 325

313

316

310

340

334

224

Calena Dr

Tatitlek Ave

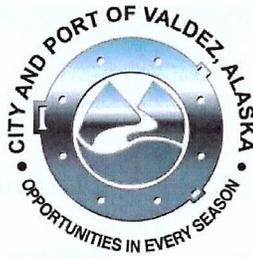
Calena Dr



Date: 5/24/2019

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

TLUP 19-06 AREA



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

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

File No. 19-06

Date Recv'd. 5/20/19 (u)

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: Faith Harbor Fellowship / Pastor Ray Tapp

Mailing address: PO Box 2330

City, State, Zip: Valdez, AK 99686

Daytime telephone: (907) 831-2785

SIGNATURE: [Signature]

Representative name: Pastor Ray Tapp

Mailing address: PO Box 2167

City, State, Zip: Valdez, AK 99686

Daytime telephone: (907) 831-2785

rrtapp@cvinternet.net

Legal Description of Property Affected by Application:

Located in Township V102, Range _____, Section _____, CRM
Lot/Block/Tract/Subd. Lot 1522 Bk 35 mineral cr Plat # 66-72
Street Address/Other description 334 Galena Drive
Tax # _____ Size of Property 3914 sq. Ft. 5500 sq. Ft.

Type of business to be placed on the property: temporary tent
non-profit community event

Size of temporary building(s) to be placed on the property: 30 x 70 tent

Duration of lease requested (6 months maximum): June 10-20
~~1 week~~

Special lease requirements: _____

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.

– *Church Mutual Ins* –

4. Financial Data – The applicant is a:

Sole proprietorship _____

Partnership _____

Corporation _____

Other (Please explain) *Church-non-profit*

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.

| <u>Limited/ General</u> | <u>Name</u> | <u>Address</u> | <u>Share</u> |
|-----------------------------|-------------|----------------|--------------|
| | | | |
| | | | |
| | | | |

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

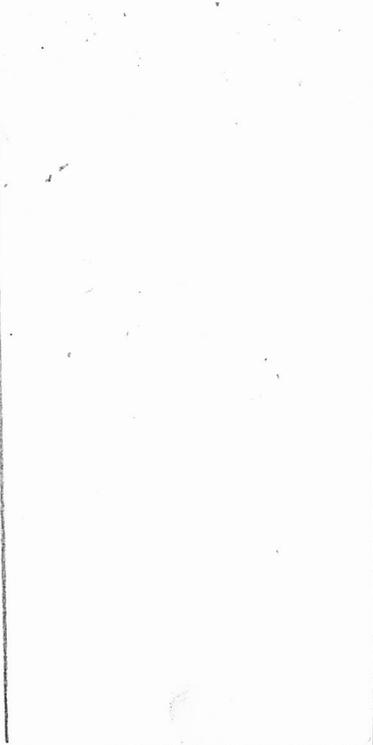
e. If publicly held, how and where is the stock traded?

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> |
|-------------|--------------|----------------|--------------|
|-------------|--------------|----------------|--------------|

g. Furnish the names of the officers specifically authorized to execute contracts and other corporate commitments under the corporate articles and/or by-laws.

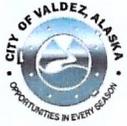
west side of Faith Harbor building



Faith Harbor Fellowship
Property

Volde's
City
Snow
Lot

Vetrens
Memorial
Park



City of Valdez, Alaska
Planning Department
(907) 834-3401

PERMIT #: _____

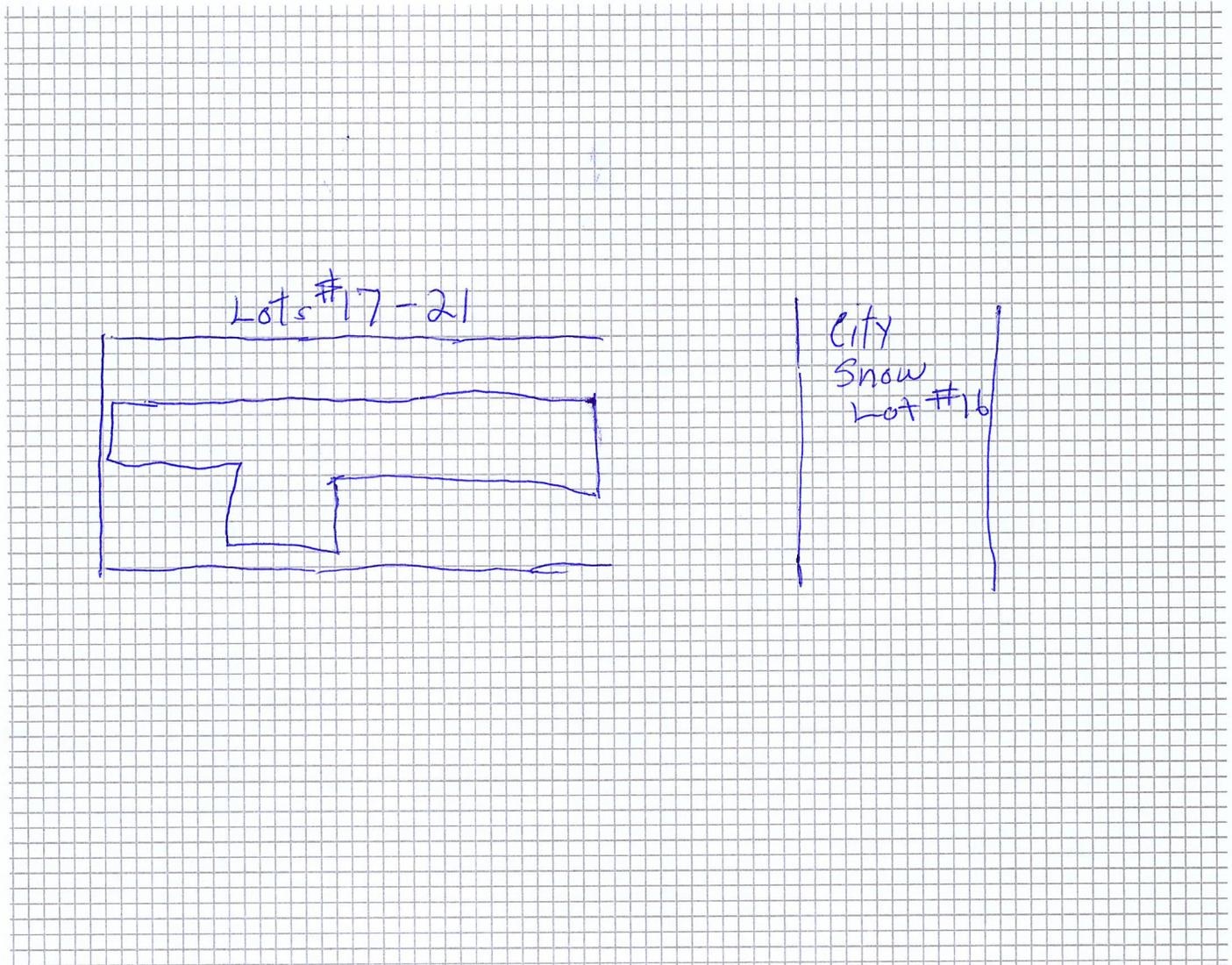
SITE PLAN

Street Address: _____

Legal Description: _____

Owner/Authorized Representative: _____

- Lot dimensions and property boundaries
- A north directional arrow and drawing scale
- Location of utility easements
- Location of water wells and septic systems, if applicable
- Location and name of access street and adjacent streets
- Distances from the front, both sides, and rear of the proposed structure to lot lines
- Height of the proposed structure
- Location, dimensions, and use of all existing and proposed structures on the lot
- Location and dimensions of proposed parking spaces on the lot





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/28/2019

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).

| | | | |
|--|--|--|------------------------|
| PRODUCER Church Mutual Insurance Company 3000 Schuster Lane P.O. Box 357 Merrill WI 54452 | | CONTACT NAME: Jordan J Mikunda PHONE (A/C, No, Ext): 1-800-554-2642 Option 1 E-MAIL ADDRESS: customerservice@churchmutual.com FAX (A/C, No): 855-264-2329 | |
| INSURED FAITH HARBOR MINISTRIES INC 316 GALENA DR VALDEZ AK 99686 | | INSURER(S) AFFORDING COVERAGE INSURER A: Church Mutual Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | NAIC # 18767 |

COVERAGES **CERTIFICATE NUMBER:** **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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | Y | 0221193-02-015645 | 09/03/2017 | 09/03/2020 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$ |
| | AUTOMOBILE LIABILITY <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) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N N/A | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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

Revised: In compliance with contract, agreement or permit requirements, certificate holder is an additional insured under the policy. (A 267.1)

CERTIFICATE HOLDER

City of Valdez
Po Box 307

Valdez AK 99686-0307

CANCELLATION

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
Jordan Mikunda