



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

**Application Fee: \$50.00 (Non-Refundable) Waived 2013 per Resolution #12-72**

File No. 18-01

Date Recv'd. Complete application  
received 05/21/2018  
KWH

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: Karen Ables

Mailing address: P.O. Box 1999

City, State, Zip: Valdez, AK 99686

Daytime telephone: 831-0274

SIGNATURE: Karen Ables

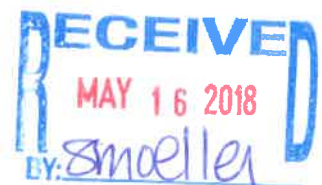
\*\*\*\*\*

Representative name: same

Mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_



\*\*\*\*\*

Legal Description of Property Affected by Application:

Located in Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_, CRM  
Lot/Block/Tract/Subd. 1A BLK 39A Harbors Plat # 2000-4  
Street Address/Other description 143 N. Harbor Dr  
Tax # 70300390010 Size of Property 3.28 ac

Type of business to be placed on the property: restaurant seating

Size of temporary building(s) to be placed on the property: Wood frame awning & fence, total area 400' sq

Duration of lease requested (6 months maximum): may 1st to Nov 1st

Special lease requirements: \_\_\_\_\_

\*\*\*\*\*

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

- 1 1. Plot Plan – A drawing of the proposed lease property showing:
- L a. Size of lot (to scale)
  - L b. Placement and size of buildings, storage units, miscellaneous structures planned (to scale)
  - NA c. Water & sewer lines, locations of septic tanks, if needed
  - NA d. Parking spaces (numbered on the drawing with a total number indicated).
- 1 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).

Ka 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.

Ka 4.

Financial Data – The applicant is a:

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

Partnership \_\_\_\_\_

Corporation X \_\_\_\_\_

Other (Please explain) \_\_\_\_\_

NA 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.

Ka 6.

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

a. Date of incorporation 11-15-10

b. Where incorporated Alaska

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?

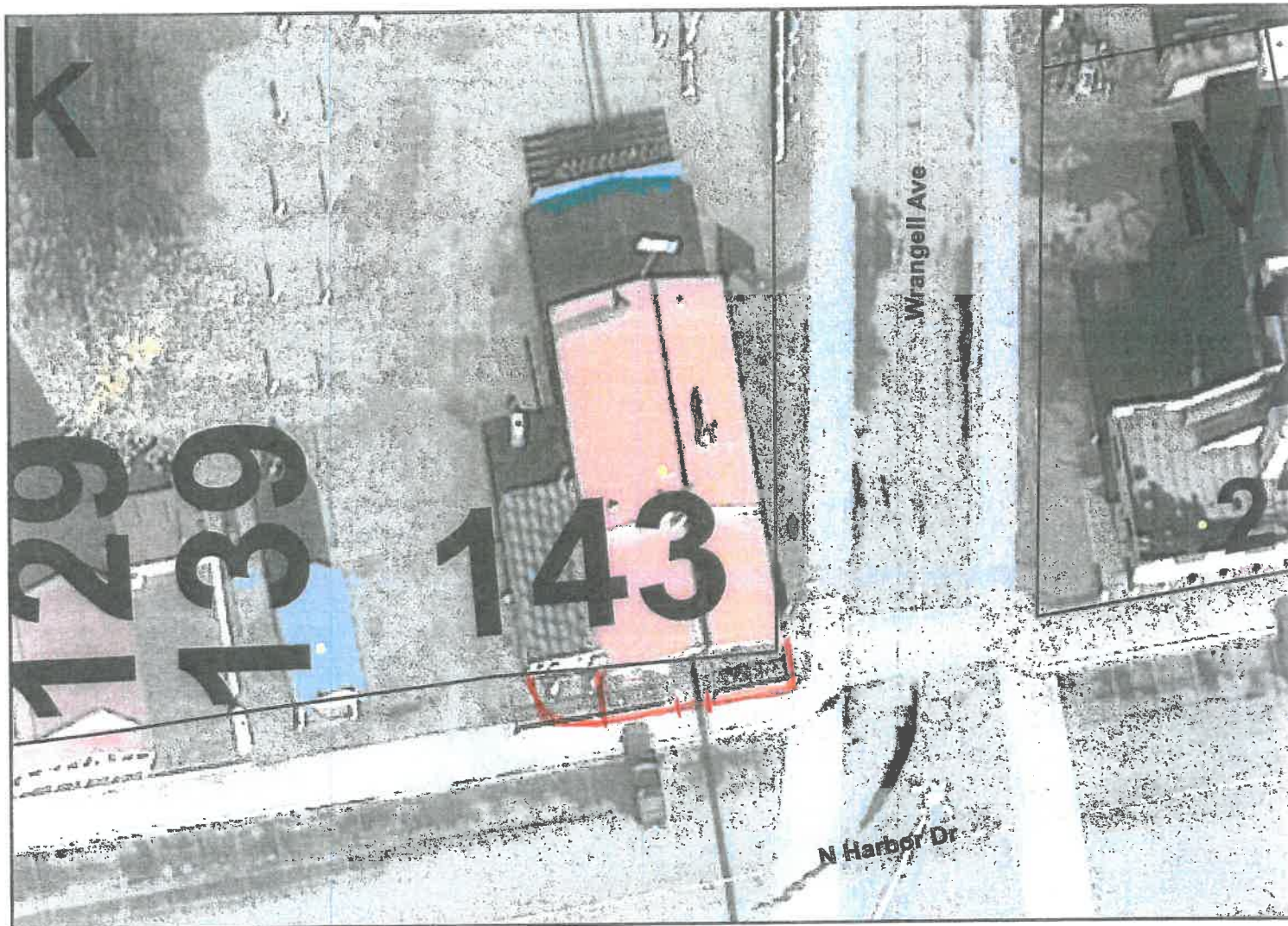
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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>
<u>Karen Ables</u>	<u>Pres</u>	<u>Box 1999</u>	<u>100</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.

Karen Ables, Director, Pres, Shareholder,  
Secretary & Treasurer



NOTE: Map depicting approximate parcel boundary only.  
Use recorded plat for accurate delineation.

Awning goes side by side by 12' however there is a 52" clear pathway between street side walk and, awning, leaving ample room for pedestrians



Back

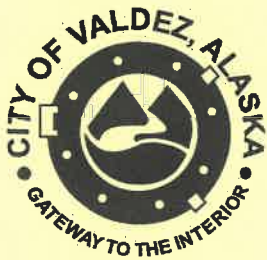


Pier Block

~~\_\_\_\_\_~~



PO BOX 1999



**CITY OF VALDEZ**  
BUILDING DEPARTMENT  
P.O. Box 307 Valdez, Alaska 99686  
Phone 834-3401

Parcel No. 7026039.001.0

PERMIT NUMBER	
118	0149
YEAR	NUMBER

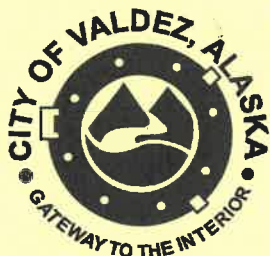
## BUILDING PERMIT APPLICATION

"UP TO 24 HRS NOTICE MAY BE REQUIRED FOR AN INSPECTION"

A P P L I C A N T	OWNER <u>Karen Abbs</u>		MAIL ADDRESS <u>Box 1999</u>		PHONE <u>831-0274</u>						
	LEGAL DESC. <u>1A</u>	LOT NO. <u>39-A</u>	BLK. <u>Mineral Creek</u>	SUBDIVISION / SURVEY / TRACT		ZONING:					
	STREET / PROJECT ADDRESS <u>143 N. Harbor Dr</u>				PROJECT VALUATION <u>0</u>						
	ARCHITECT / DESIGNER <u>self</u>		MAIL ADDRESS <u>Box 1999</u>		PHONE <u>831-0274</u>						
	CONTRACTOR <u>self</u>		LICENSE #		MAIL ADDRESS PHONE						
	TYPE OF PERMIT <input type="checkbox"/> SINGLE FAMILY RESIDENTIAL <input type="checkbox"/> MULTI-FAMILY		<input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> PUBLIC BLDG.		<input type="checkbox"/> SIGN <input type="checkbox"/> PLOT PLAN INCLUDED						
	CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> REPAIR <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> MOVE <input type="checkbox"/> DEMOLITION										
	DESCRIBE WORK <u>awning for summer - put up &amp; taken down every summer</u>										
	P L A N R E V I E W	OFFICE USE ONLY		BUILDING			FEE				
		APPLICATION ACCEPTED BY <u>Smoller 4/17/18</u>		VALUATION PER CITY							
PLANS CHECKED BY		TYPE OF CONSTRUCTION									
APPROVED FOR ISSUANCE BY		OCCUPANCY GROUP									
SPECIAL CONDITIONS		FLOOR AREA: NUMBER OF STORIES									
		BUILDING HEIGHT									
		NUMBER OF DWELLING UNITS									
		OCCUPANT LOAD									
		STATE FIRE MARSHALL APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO									
		BUILDING PLAN CHECK <input type="checkbox"/> RES. <input type="checkbox"/> COMM. <input type="checkbox"/>									
TOTAL BUILDING PERMIT FEE					<u>\$5.00</u>						
<p>This permit becomes null and void if the work or construction authorized is not commenced within 360 days, or if work or construction is suspended or abandoned for 360 days at a time after work is commenced or if work is not completed within one year from date of issuance. Building Official may extend permit for no more than 360 days after receipt of written request from permittee.</p> <p>All work shall be done in accordance with the approved plans, except, where such approval is in conflict with other codes. The approved plans shall not be changed or modified without the prior approval of the Building Official.</p> <p>It is the responsibility of the permittee to obtain the required inspections. Failure to notify this department that the work is ready for inspection may necessitate the removal of some of the construction materials at the owners expense in order to perform such inspection.</p> <p><b>FOR INSPECTION CALL 834-3401 - Please provide the following information: Permit Number, Name, Project Address and Type of Inspection Needed.</b></p> <p>I hereby certify that I have read and examined this application and know the same to be true and correct. I agree to pay all fees necessary for issuance of this permit. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State of local law regulating construction or the performance of construction.</p> <p><u>Karen Abbs</u> <u>4-18-18</u> SIGNATURE OF OWNER / CONTRACTOR / OR AUTHORIZED AGENT DATE</p> <p>FEE COLLECTED <u>\$5.00 cash</u> <u>Smoller</u></p> <table border="1"><tr><td>DATE</td><td>CK #</td><td>AMOUNT</td><td>CC / CONF #</td><td>RECEIPT NO.</td></tr></table>							DATE	CK #	AMOUNT	CC / CONF #	RECEIPT NO.
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(Rev. 1/07)





**CITY OF VALDEZ**  
**BUILDING DEPARTMENT**  
P.O. Box 307 Valdez, Alaska 99686  
Phone 834-3401

Parcel No. 7030-0390-010

PERMIT NUMBER	
117	228
YEAR	NUMBER

## BUILDING PERMIT APPLICATION

"UP TO 24 HRS NOTICE MAY BE REQUIRED FOR AN INSPECTION"

A P P L I C A N T	OWNER <u>Karen Able</u>		MAIL ADDRESS <u>Box 1999</u>		PHONE <u>834 0274</u>	
	LEGAL DESC. <u>1A</u>	LOT NO. <u>39A</u>	SUBDIVISION / SURVEY / TRACT <u>Mineral Creek</u>			ZONING:
	STREET / PROJECT ADDRESS <u>143 North Harbor Dr</u>				PROJECT VALUATION <u>-0-</u>	
	ARCHITECT / DESIGNER <u>Self</u>		MAIL ADDRESS <u>Box 1999</u>		PHONE <u>834 0274</u>	
	CONTRACTOR <u>Self</u>		LICENSE #		MAIL ADDRESS PHONE	
	TYPE OF PERMIT		<input type="checkbox"/> SINGLE FAMILY RESIDENTIAL <input type="checkbox"/> MULTI-FAMILY		<input checked="" type="checkbox"/> COMMERCIAL PUBLIC BLDG. <input type="checkbox"/> SIGN <input type="checkbox"/> PLOT PLAN INCLUDED	
	CLASS OF WORK:		<input type="checkbox"/> NEW <input type="checkbox"/> REPAIR <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> MOVE <input type="checkbox"/> DEMOLITION			
DESCRIBE WORK		<u>Summer awning put &amp; taken down every summer - See previous year</u> <u>7/16</u>				
P L A N R E V I E W	OFFICE USE ONLY		BUILDING			FEE
	APPLICATION ACCEPTED BY <u>Emoller 8/3/17</u>		VALUATION PER CITY			
	PLANS CHECKED BY		TYPE OF CONSTRUCTION			
	APPROVED FOR ISSUANCE BY		OCCUPANCY GROUP			
	SPECIAL CONDITIONS		FLOOR AREA: NUMBER OF STORIES			
			BUILDING HEIGHT			
			NUMBER OF DWELLING UNITS			
			OCCUPANT LOAD			
			STATE FIRE MARSHALL APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO			
			BUILDING PLAN CHECK <input type="checkbox"/> RES. <input type="checkbox"/> COMM. <input type="checkbox"/>			
TOTAL BUILDING PERMIT FEE					<u>\$5.00</u>	
<p>This permit becomes null and void if the work or construction authorized is not commenced within 360 days, or if work or construction is suspended or abandoned for 360 days at a time after work is commenced or if work is not completed within one year from date of issuance. Building Official may extend permit for no more than 360 days after receipt of written request from permittee.</p> <p>All work shall be done in accordance with the approved plans, except, where such approval is in conflict with other codes. The approved plans shall not be changed or modified without the prior approval of the Building Official.</p> <p>It is the responsibility of the permittee to obtain the required inspections. Failure to notify this department that the work is ready for inspection may necessitate the removal of some of the construction materials at the owners expense in order to perform such inspection.</p> <p><b>FOR INSPECTION CALL 834-3401 - Please provide the following information: Permit Number, Name, Project Address and Type of Inspection Needed.</b></p> <p>I hereby certify that I have read and examined this application and know the same to be true and correct. I agree to pay all fees necessary for issuance of this permit. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or local law regulating construction of the performance of construction.</p>						
SIGNATURE OF OWNER / CONTRACTOR / OR AUTHORIZED AGENT <u>Karen Able</u>		DATE <u>8-3-17</u>				
FEES COLLECTED <u>08/03/17 cash</u>		<u>\$5.00</u> <u>6,002-564</u>				
DATE		CK#		AMOUNT	CC / CONF #	
					RECEIPT NO.	

(Rev. 1/07)





# CERTIFICATE OF COMPLETION

## CITY OF VALDEZ

### DEPARTMENT OF COMMUNITY DEVELOPMENT

THIS CERTIFICATE ISSUED PURSUANT TO THE REQUIREMENTS OF SECTION 11.1 OF THE INTERNATIONAL BUILDING CODE CERTIFYING THAT AT THE TIME OF ISSUANCE THIS STRUCTURE WAS IN COMPLIANCE WITH THE VARIOUS ORDINANCES OF THE CITY REGULATING BUILDING CONSTRUCTION OR USE.

BUILDING PERMIT NO. 17288 PARCEL NO. 7030-0390-010 DATE: 08/10/2017

GROUP A-2 TYPE CONSTRUCTION V-B ZONING Waterfront Commercial

CONTRACTOR Self

OWNER OF BUILDING Fat Mermaid/Karen Ables ADDRESS PO Box 1999, Valdez, AK 99686

BUILDING ADDRESS 143 North Harbor Drive LEGAL DESCRIPTION LT 1A BLK 39A, Mineral Creek Subd.

DESCRIPTION OF WORK Installation of summer awning.

BUILDING OFFICIAL *AnnMarie Lain* DATE 08/10/2017  
AnnMarie Lain, Director