



Conditional Use Permit Certificate of Compliance Yearly Report

City of Kenai
Planning and Zoning Department
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Kenai, AK 99611
(907) 283-8200
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www.kenai.city/planning

CONDITIONAL USE PERMIT

Granted by Planning & Zoning Resolution:

Use:

CONDITIONAL USE PERMIT OWNER

Name on Conditional Use Permit:

Business Name (if applicable):

Mailing Address:

City:

State:

Zip Code:

Phone Number(s):

Email:

PROPERTY INFORMATION

Property Owner's Name:

Kenai Peninsula Borough Parcel #:

Legal Description:

ACTIVITY OVER THE PAST YEAR

This report covers activity over the year: 20_____

Describe business activity for the past year allowed by this conditional use permit:

REQUIRED ATTACHMENTS

If applicable, I have attached my State of Alaska Business License. The expiration date of the license is:_____.

☐ YES

I have attached a certificate of sales and property tax compliance from the Kenai Peninsula Borough.

☐ YES

CONDITIONAL USE PERMIT OWNER'S SIGNATURE

I certify that to the best of my knowledge, the information on this form is complete and accurate. I have reviewed the enclosed copy of my conditional use permit and the required conditions.

Signature:

Printed Name:

Date:

**For City Planning and
Zoning Only
(Initial if Compliant)**

Permittee is in Compliance,
including following any required
conditions of the permit: _____

**For City Finance Use
Only
(Initial if Current)**

Current on Lease Payments: _____
Current on Water and Sewer Payments: _____
Current on Assessment Payments: _____