

Email: clerks@city.kodiak.ak.us

## APPLICATION FOR PURCHASE, LEASE, OR RENEWAL OF LEASE OF REAL PROPERTY

□ PURCHASE						
□ LEASE	TERM REQU	JESTED:	YEARS			
□ *RENEWAL	TERM REQU	JESTED:	YEARS			
*KCC 18.20.340, the lessee shall, not sooner than 60 calendar days prior to expiration, and not later than 30 calendar days prior to the expiration, make application for a renewal lease in writing on forms provided entitled "application for renewal of lease."						
1. DATE OF APPLICATION						
2. APPLICANT NAME (IF CORPORATION OR PARTNERSHIP	, SEE #12 BELOW)					
3. MAILING ADDRESS						
4. PHYSICAL ADDRESS						
5. CITY		6. STATE		7. ZIP		
8. WORK PHONE ()			9. EMAIL			
10. CELL PHONE ()			11. FAX			
12. IF CORPORATION OR PARTNERSH CORPORATION: Attach Schedule C, PARTNERSHIP: Attach Schedule P, L	Showing Principal Agent a	nd Contact Information				
13. LEGAL DESCRIPTION OF THE RE	EQUESTED PROPERTY	,				
U.S. SURVEY (USS)						
LOT B	LОСК		SUBDIVISION		-	
OR						
STREET ADDRESS OR OTHER IDENTIFYING DESCRIPTION:						
14. AREA, IN SQUARE FEET OF REQUESTED PROPERTY						
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City of Kodiak Application for Purchase, Lease, or F	Renewal	of Lease of Re	al Property, Page	e 2
15. DESCRIPTION OF PURPOSE OF THE PROPOSED LEASE IN				
16. TYPE OF CONSTRUCTION PLANNED (KCC 18.20.050 (b.3))	(e.g.: FILL, FR	RAME, POST & BEAM, etc	)	
17. DATE DEVELOPMENT IS PLANNED TO BEGIN, AFTER SAL 18.20.050 (b.3)):	18. DATE DEVELOPMENT IS EXPECTED TO BE COMPLETED, AFTER SALE (KC 18.20.050 (b.4)):			
19. INVESTMENT, INCLUDING EQUIPMENT, PLANNED DURING DEVELOPMENT PERIOD (Optional)	\$			EXPANSION PLANS BEYONE  OPMENT (Optional)
20. ANTICIPATED TAXABLE VALUATION OF THE PROPERTY, AFTER DEVELOPMENT (Optional)	\$			
<ol> <li>Is the applicant at least 18 years old (KCC 18).</li> <li>Are four copies of an accurate plan and elever attached to this application?</li> <li>Is the preliminary survey plat submitted with 15. If required, can you post a performance bond taxable valuation?</li> <li>Does your intended use of the property compared.</li> </ol>	ations of th this application	ne proposed improvention?ation?	ements	YES NO
comprehensive plan of the Kodiak Island Bor  Do you agree to comply with all applicable C ordinances and zoning regulations, and all applicable applications.	ough (KC0 ity ordinan	C 18.20.050 (b.5))? ces and regulations	s, Borough	
	Notice to	Applicant(s)		
A. This application will not be considered unless it is accompanied by a filing fee, as established by the City Council in the Schedule of Fees and Charges. The filing fee is not refundable and should be made payable to the City of Kodiak (KCC 18.20.050b and 18.20.340).  3. Unless specifically exempted by KCC 18.20.030, 18.20.195, 18.20.196 or other provisions of City Code, any sale or lease of City property shall be made by sealed bid or at public auction. The City Council may require specific development or use of property to be sold or leased.  C. If the Council directs staff to proceed with the		application and set the amount of deposit required from the applicant in accordance with KCC 18.20.060 for costs of survey, appraisals, advertising, etc.  If the property is sold or leased to someone other than the depositor, the deposit will be refunded, unless the depositor fails to enter a bid equal to at least the minimum sale or rental price as established in accordance with KCC 18.20.100 and the property is not sold, in which case the deposit shall be forfeited.  D. Certificates of Insurance will be required to be produced within 10 business days of a lease agreemen		
roposed sale or lease of this property, staff will re- testify that I am a qualified applicant or bidder pe ease documents.	view the	award.	·	Č
lame of Applicant	Signature			 Date

## CORPORATION PRINCIPAL AGENT AND CONTACT INFORMATION

This schedule is attached to the Application for Purchase or Lease of Real Property submitted to the City of Kodiak as follows:

CORPORATION NAME		DATE SUBMITTED			
C1. NAME OF PRINCIPAL AGENT AUTHORIZED TO EXECUTE THE SALE OR LEASE DOCUMENTS					
C2. TITLE					
C3. MAILING ADDRESS					
C4. CITY	C5. STATE		C6. ZIP		
C7. TELEPHONE	C8. EMAIL		C9. FAX		
C10. NAME OF ALTERNATE CONTACT					
C11. TITLE					
C12. MAILING ADDRESS					
C13. CITY	C14. STATE		C15. ZIP		
C16. TELEPHONE	C17. EMAIL		C18. FAX		

## PARTNERSHIP PARTNERS NAMES AND CONTACT INFORMATION

This schedule is attached to the Application for Purchase or Lease of Real Property submitted to the City of Kodiak as follows:

PARTNERSHIP NAME		DATE SUBMITTED				
P1. NAME OF PRINCIPAL AGENT OR						
PARTNERS AUTHORIZED TO EXECUTE						
THE SALE OR LEASE OF DOCUMENTS						
P2. TITLE						
P3. MAILING ADDRESS						
P4. CITY	P5. STATE		P6. ZIP			
P.7 TELEPHONE	P8. EMAIL		P9. FAX			
P1. NAME OF PARTNER						
P2. TITLE						
P3. MAILING ADDRESS						
P4. CITY	P5. STATE		P6. ZIP			
14.011			1 0. 211			
P7. TELEPHONE	P.8 EMAIL		P9. FAX			
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P1. NAME OF PARTNER						
P2. TITLE						
P3. MAILING ADDRESS						
F3. WAILING ADDRESS						
	T					
P4. CITY	P5. STATE		P6. ZIP			
P7. TELEPHONE	P.8 EMAIL		P9. FAX			

If additional partners are involved, attach Partnership Addendum Page(s)