

CITY OF BAINBRIDGE ISLAND

ADMINISTRATIVE CODE INTERPRETATION APPLICATION

FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE.

PENCIL WILL NOT BE ACCEPTED.



<p>DATE STAMP FOR CITY USE ONLY</p>	<p><u>TO BE FILLED OUT BY APPLICANT</u></p>
	<p>PROJECT NAME (if any): _____</p>
	<p>TAX ASSESSOR'S NUMBER(S): _____</p> <p>_____</p> <p>_____</p>
	<p>PROJECT STREET ADDRESS OR ACCESS STREET:</p> <p>_____</p>
	<p><u>FOR CITY USE ONLY</u></p>
	<p>FILE NUMBER: _____</p>
	<p>PROJECT NUMBER: _____</p>
	<p>DATE RECEIVED: _____</p>
	<p>APPLICATION FEE: _____</p>
	<p>TREASURER RECEIPT NUMBER: _____</p>

SUBMITTAL REQUIREMENTS	
APPLICATION	<i>One original (which must contain an original signature)</i> must be provided. Whenever possible, originals must be <i>signed in blue</i> . Please identify the original document.
SUPPORTING DOCUMENTS	<i>One original (which must contain an original signature)</i> , where applicable.
FULL-SIZE DRAWINGS	<i>One copy</i> of the required drawings must be provided. Drawings <i>must be folded</i> and <i>no larger than 18" x 24"</i> in size. <i>No construction drawings or other sized drawings</i> will be accepted unless specifically requested.
REDUCED DRAWINGS	<i>One copy</i> of the drawings reduced to 11" x 17" must be provided.
SUBMITTING APPLICATIONS	Applications <i>must be submitted in person</i> .
FEES	Please call the Department of Planning & Community Development for submittal fee information.
<p>APPLICATIONS WILL NOT BE ACCEPTED unless these basic requirements are met and the submittal packet is deemed counter complete.</p>	

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
 280 Madison Avenue North • Bainbridge Island, WA • 98110-1812
 Phone: (206) 842-2552 • Fax: (206) 780-0955 • E-mail: pcd@bainbridgewa.gov
 Website: www.ci.bainbridge-isl.wa.us

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A. GENERAL INFORMATION

1. Name of property owner (if applicable): _____
Address: _____
Phone: _____ Fax: _____
E-mail: _____
2. Authorized agent: _____
Address: _____
Phone: _____ Fax: _____
E-mail: _____
3. Person responsible for payment: _____
Address: _____
Phone: _____ Fax: _____
E-mail: _____
4. Project contact: _____
Address: _____
Phone: _____ Fax: _____
E-mail: _____
5. Description of proposal (attach additional sheets if necessary):

I hereby certify that I have read this application and know the same to be true and correct.

*Signature of owner or authorized agent

Date

Please Print Name

****If signatory is not the owner of record and the proposal is for a specific parcel, the attached "Owner/Agent Agreement" must be signed and notarized.***

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Owner/Agent Agreement

The undersigned is (are) the owner(s) of record of the property identified by the Kitsap County Assessor's account number _____, located at _____, Bainbridge Island, Washington. The undersigned hereby gives (give) consent and approval to

to act on his/her (their) behalf as his/her (their) agent to proceed with an application for (please check all items that apply):

- preapplication conference
- planning permits
- construction permits (i.e. building, water/sewer availability, right-of-way, etc)

on the property referenced herein. This agreement authorizes the agent to act on the owner's behalf for the above checked applications through (date or specific phase) _____.

OWNER OF RECORD

DATE

OWNER OF RECORD

DATE

STATE OF WASHINGTON)
) ss.
COUNTY OF KITSAP)

On this _____ day of _____, 20____, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared:

_____ to me known as the individual(s) described in and who executed the foregoing instrument, and acknowledged to me that he/she/they signed and sealed the said instrument, as his/her/their free and voluntary act and deed for the uses and purposes therein mentioned, and on oath stated that he/she/they was (were) authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL, hereto affixed the day and year in this certificate above written.

Notary Public in and for the State of Washington

Residing at _____

My appointment expires: _____