



**SHORELINE MANAGEMENT MASTER PROGRAM
AMENDMENT APPLICATION**

FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE.
PENCIL WILL NOT BE ACCEPTED.

| | |
|---|--|
| <p><u>DATE STAMP FOR CITY USE ONLY</u></p> | <p style="text-align: center;"><u>To BE FILLED OUT BY APPLICANT</u></p> <p>PROJECT NAME: _____</p> <p>TAX ASSESSOR'S NUMBER: _____</p> <p>_____</p> <p>_____</p> <p>PROJECT STREET ADDRESS OR ACCESS STREET: _____</p> <p>ENVIRONMENTAL CHECKLIST SUBMITTED : <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <hr/> <p style="text-align: center;"><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'S RECEIPT NUMBER: _____</p> |
|---|--|

| SUBMITTAL REQUIREMENTS | |
|--|---|
| APPLICATION | <i>One original (which must contain an original signature) and five copies</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, and <i>five copies</i> (if an original is not applicable, <i>six copies</i> must be provided). |
| FULL-SIZE DRAWINGS | <i>Six copies</i> of the required drawings must be provided. Drawings <i>must be folded and 18" x 24"</i> in size. <i>No construction drawings or other sized drawings</i> will be accepted unless specifically requested. |
| REDUCED DRAWINGS | <i>Two copies</i> of the drawings reduced to 11" x 17" must be provided. |
| SUBMITTING APPLICATIONS | Applications <i>must be submitted in person</i> by either the owner or the owner's designated agent. Should an agent submit the application, a <i>notarized Owner/Agent Agreement</i> must accompany the application. If a planner has been assigned to your project, <i>an appointment for submittal must be made</i> with that planner. |
| FEES | Please call the Department of Planning & Community Development for submittal fee information. |
| ATTACHED SUBMITTAL CHECKLIST | Please refer to attached Submittal Checklist for further information. NOTE: when submitting this application, please do not copy or include the Submittal Checklist sheets attached to the back of this application. |
| <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 • EMAIL: pcd@bainbridgewa.gov
www.ci.bainbridge-isl.wa.us

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A. GENERAL INFORMATION

1. Name of property owner: _____
 Address: _____
 Phone: _____ Fax: _____
 E-mail: _____

Name of property owner: _____
 Address: _____
 Phone: _____ Fax: _____
 E-mail: _____

Name of property owner: _____
 Address: _____
 Phone: _____ Fax: _____
 E-mail: _____

*If the owner(s) of record as shown by the county assessor's office is (are) not the agent,
the owner's (owners') signed and notarized authorization(s) must accompany this application.*

2. Applicant/agent: _____
 Address: _____
 Phone: _____ Fax: _____
 E-mail: _____

3. Name of land surveyor: _____
 Address: _____
 Phone: _____ Fax: _____
 E-mail: _____

4. Planning department personnel familiar with site: _____

5. Does the amendment request concern a specific property (or properties)? YES NO

6. Does the request relate to a specific area of the Island? YES NO

If yes, provide a description of the area or a map indicating the area.

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7. Does the request include a shoreline environment designation change? YES NO

If yes, provide a map detailing the area proposed for re-designation and its boundaries.

Existing designation: _____

Proposed designation: _____

8. Provide a reference to the section(s) and page(s) of the SMMP that is (are) proposed for amendment.

9. Provide proposed amendatory language, if applicable.

10. Explain the reasons behind this amendment proposal.

11. Was the proposed amendment reviewed during a previous SMMP review? What was the decision?

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12. How does the proposed amendment advance the goals and policies of the SMMP, including how any shoreline environment designation changes are consistent with the shoreline environment designation criteria and policies?

13. How is the proposed amendment consistent with the policies and regulations of the Shoreline Management Act:

14. How is the proposed amendment consistent with the City's Comprehensive Plan:

15. What is the relationship of the proposed amendment to other City codes and regulations:

CITY OF BAINBRIDGE ISLAND

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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

*Signature of owner or authorized agent

Date

Please print name

* If signatory is not the owner of record, an "Owner/ Agent Agreement" must be attached, signed, and notarized.

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