



SUPPLEMENTAL APPLICATION ADULT FAMILY HOME



The purpose of issuing permits over the counter is to reduce plan review time. All permits issued over the counter are subject to field inspection with the understanding that applicants are ultimately responsible for code compliant construction practices.

Fees are due at the time of submittal. [See Current Fee Schedule.](#)

Accepted forms of payment:

- Cash
- Check/Cashier's Check - Make checks payable to Kitsap County Dept of Community Development
- Electronic Checks
- Credit Cards: MasterCard, Discover, American Express or VISA



Use the column to the left to check off items included with this application.

✓	Required Submittal Items	Number
<input type="checkbox"/>	Adult Family Home Supplemental Application (This Document)	2 copies *2 paper or 1 paper and 1 electronic
<input type="checkbox"/>	Adult Family Home Local Building Inspection Checklist from Washington State Department of Social and Health Services (DSHS) - https://www.dshs.wa.gov/altsa/residential-care-services/afh-building-inspections	*2 Copies
<input type="checkbox"/>	Address Request/Verification Supplemental Application including any supporting documents	1 copy
<input type="checkbox"/>	Kitsap Public Health District Documentation All adult family homes are required to have review and approval from Kitsap Public Health District (360-337-5285). The documentation to submit to DCD will be one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Accepted or Concurrent Review BSA (Building Site Application) <input type="checkbox"/> Accepted or Concurrent Review BC (Building Clearance) <input type="checkbox"/> Accepted Building Clearance Exemption OR if property is served by a public water and sewer provider, provide a current water and sewer bill that shows the site address.	*2 Copies
<input type="checkbox"/>	All interior remodel projects must be appropriately permitted and have an approved final building inspection prior to applying for this application. For example: changing an office or rec room area to a bedroom. See DCD Brochure #40 Do I Need A Building Permit for additional information.	N/A

For more information about Adult Family Homes see the [Washington State Department of Social Health and Services Adult Family Homes](#) website.

Section 1 – General Information

Number of Floors _____

Property is served by (Check one): _____ Sewer

Number of Bedrooms _____

_____ Onsite Septic System

Section 2 - Property Information

Site Address: _____

Assessor Tax Parcel Number(s): _____

Present Zoning: _____

Present Use of Property: _____

Section 3 – Applicant/Property Owner Information

The authorized agent/representative is the primary contact for all project-related questions and correspondence. The County will email requests and information about the application to the authorized agent/representative and will 'copy' (Cc) the owner noted below. The authorized agent/representative is responsible for communicating information to all parties involved with the application. It is the responsibility of the authorized agent/representative and owner to ensure their mailbox accepts County email (i.e., County email is not blocked or sent to "junk mail"). There may be instances where regular USPS or courier mail is used.

Property Owner:

Name: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Email Address: _____

Applicant: Owner Applicant (other than owner) Authorized Agent/Representative

Name: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Email Address: _____

Note: For projects with multiple owners, attach a separate sheet with each owner(s) information and signatures.

Contractor

Washington State allows homeowners to be their own general contractor. However, when choosing a contractor or subcontractor to perform work they are required to be registered with the Washington State Department of Labor and Industries. For more information about choosing and hiring a contractor visit <http://www.lni.wa.gov/tradeslicensing/>.

Check if this is the Authorized Agent/Representative for this project.

Name: _____ Title: _____

License Number: _____ Liability Certificate: _____

Address: _____

Work Phone #: _____ Cell Phone #: _____

Email Address: _____

I affirm, under penalty of perjury, that all answers, statements, and information submitted with this application are correct and accurate to the best of my knowledge. I also affirm that I am the owner of the subject site. Further, as owner, I grant permission to any and all employees and representative of the County of Kitsap and other governmental agencies to enter upon and inspect said property as reasonably necessary to process this application. I understand, in accordance with Community Development fee policies, the base fee is determined by an average processing time. If staff hours required to process the permit exceeds the base fee, additional charges may be incurred, and I agree to pay all fees of the County that apply to this application. I understand, refunds may also be issued for those permits that require less processing time.

Print Name (Owner)

Signature (Owner)

Date