



SUPPLEMENTAL APPLICATION COMMERCIAL TEMPORARY MOBILE BUSINESS

Instructions for Over the Counter Permit Application

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. General inquiries regarding specific code questions may be made at anytime; however the applicant assumes the responsibility to correct all code deficiencies regardless of conditions. If you prefer to waive over the counter processing, you may elect to request a plan review by DCD prior to issuing your permit.

The information in this document is intended to explain the common codes which can apply to your project. At your first inspection, the inspector will discuss your project and detail additional code items which will need to be addressed with your project.

- ✓ Businesses selling or handling food products may require a new or revised food handling permit from Kitsap Public Health District. (360) 337-5285
- ✓ Each new sign requires a separate permit and is a separate permit application. Please note: Sign permits are not issued over the counter.
- ✓ For Individual Vendor setting up an independent business.
- ✓ All Waste must be self contained.
- ✓ Permits for a mobile business located in a zone that otherwise permits the use of the business are active for 6 months from the date of permit issuance. Permits for a mobile business in a zone that does not otherwise permit the use of the business are active for 90 days from the date of permit issuance. To renew the permit the permit must be reapplied for.

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



Section 1 – Counter Complete Submittal Requirements

Use the column to the left to check off items included with your submittal.

✓	Required Submittal Items
	1. Completed Supplemental Application
	2. Site plan – no larger than 11 x 17 Showing location of Temporary Business, parking, traffic flow, and setbacks
	3. Health District Approval (for food businesses)
	4. Approval of tenant or land owner



Type of Business

Food/Beverage Seasonal Vendor/Service Provider Other Commercial

Section 2 – General Information

Business Name/Tenant: _____

Is there a Host Business? No Yes Name of Host Business: _____

Site Address: _____

Assessor Tax Parcel Number(s): _____

Site Zoning and Use

(To determine the zoning for a property, locate the zoning designation on the County’s Parcel Locator, select Details, and then select Assessor Data. List the type of use from the Zoning Use Table, Kitsap County Code (KCC) 17.381.040):

Zone: _____

Use: _____

Narrative of Proposed Business Activity (attach additional information if necessary, using header “Proposed Business Activity – Continued”): _____

Section 3 – Inspections

Kitsap County inspectors visit the site before the business is allowed to open to ensure it complies with code requirements. The inspector may conduct one or more inspections during one visit if they can observe all work done. Additionally, the inspector may make or require other inspections to ascertain compliance with the provisions of the code.



Section 4 – 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: _____

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

Tenant:

Name: _____
 Address: _____
 Phone #: _____ Cell Phone #: _____
 Email Address: _____

Applicant:

Owner Applicant (other than owner) Authorized Agent/Representative

Name: _____
 Address: _____
 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 affirm that none of the activities within the location of this application violate any State or Federal laws. I also affirm that I am the owner or authorized representative of the subject site. Further, 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 the Department of 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

 Applicant Signature

 Date

 Print Name

 Owner/Manager Signature

 Date

