



PROJECT APPLICATION RESIDENTIAL – BUILDING



For Departmental Use Only
Related Application #s:

Do Not Use This Application For “Over The Counter” Permitting
For “Over The Counter Permits” See <http://www.kitsapgov.com/dcd/forms/default.htm>

Please Identify the Permit Types for This Project
Each structure requires a separate permit. Each permit must have this Project Application along with the corresponding Supplemental Application and Submittal Checklist items when submitting.

<input type="checkbox"/> Address Request (w/o Bldg Permit) to obtain temp power from PSE <input type="checkbox"/> Adult Family Home <input type="checkbox"/> Agricultural: Barn/Green House <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Addition <input type="checkbox"/> Accessory Dwelling Unit (ADU) <input type="checkbox"/> New <input type="checkbox"/> Conversion <input type="checkbox"/> Accessory Living Quarters (ALQ) <input type="checkbox"/> New <input type="checkbox"/> Conversion <input type="checkbox"/> Basic Plans: Use Plans for Specific Site <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Garage <input type="checkbox"/> Bed & Breakfast – Residential – Up to 4 Guestrooms <input type="checkbox"/> Bulkhead – on Waterfront <input type="checkbox"/> Fire/Storm Damage <input type="checkbox"/> Foundation – under existing structure <input type="checkbox"/> Guest House	<input type="checkbox"/> Garage/Shop/Carport/Porch – Detached or Attached <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Addition <input type="checkbox"/> Conversion <input type="checkbox"/> Home Business <input type="checkbox"/> Mobile/Manufactured Home <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Special Care <input type="checkbox"/> Park <input type="checkbox"/> Pool <input type="checkbox"/> Retaining Wall <input type="checkbox"/> Right of Way - Public Works <input type="checkbox"/> Single Family Residence (SFR) or Duplex <input type="checkbox"/> New +/- Attached Garage <input type="checkbox"/> Replacement <input type="checkbox"/> Moved <input type="checkbox"/> Addition/Remodel/Repair <input type="checkbox"/> Add Square Footage <input type="checkbox"/> Major Remodel <input type="checkbox"/> Temporary Construction Living Quarters – <input type="checkbox"/> RV _____ <input type="checkbox"/> MH _____
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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.

Applicant/Property Owner Information

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.

Professional:

Engineer Architect Surveyor Contractor

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

Name: _____ Title: _____
License Number: _____ Liability Certificate: _____
Address: _____
Work Phone #: _____ Cell Phone #: _____
Email Address: _____

Professional:

Engineer Architect Surveyor Contractor

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

Name: _____ Title: _____
License Number: _____ Liability Certificate: _____
Address: _____
Work Phone #: _____ Cell Phone #: _____
Email Address: _____

Project Information

Description of Work (include proposed uses): _____

Property Information

Site Address: _____
Section: _____
Township: _____
Range: _____
Assessor Tax Parcel Number(s): _____
Total Parcel Area: _____
Area of Project Site (in square feet if less than 1 acre; in acres, if greater): _____
Present Zoning: _____
Present Use of Property: _____
Access (name of street(s) from which access will be gained): _____

Environmental Features on or near Site (show areas on site plan):

Yes No Don't Know Marine Shoreline: _____ Shoreline Designation: _____
Yes No Don't Know Creek or stream (name): _____
Yes No Don't Know Lake (name): _____ Shoreline Designation: _____
Yes No Don't Know Endangered or threatened species (identify): _____
Yes No Don't Know Wetlands
Yes No Don't Know Steep slopes or Geological hazard
Yes No Don't Know Flood hazard area
Yes No Don't Know Critical Aquifer Recharge Area

Utilities:

Water Source:

Existing: Yes No
Proposed: Yes No
Well: Yes No
Public Water: Yes No
Name of Water Provider: _____

Power:

Existing: Yes No
Proposed: Yes No
Name of Power Provider: _____

Sewer:

Existing: Yes No
Proposed: Yes No
Septic: Yes No
Public Sewer: Yes No
Name of Sewer Provider: _____

Other Utilities:

Existing: Yes No
Proposed: Yes No
Name of Utility Provider(s): _____

NOTE: If any of the above utilities needs to be installed and disturbance will occur in a public maintained or unmaintained county road and/or Right-of-Way easement then a Right-of-Way Supplemental Application is required.

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 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

Signature

Date