



# **SUPPLEMENTAL APPLICATION** **RESIDENTIAL DECKS**

The purpose behind 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. In order to process this permit, the Supporting Document: Residential Decks must be completed and submitted with this application. If you prefer to waive over the counter processing, you may elect to request a plan review by DCD prior to issuing your permit.

## **Section 1 – General Information**

Description of Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Square Foot Area of Deck: \_\_\_\_\_

**Please answer the following questions. If you answer YES to any of the below then your deck may not qualify for over the counter processing.**

Is your deck over 10' in height?	Yes	No	My maximum deck height is: _____ feet.
Is your deck covered?	Yes	No	
Is your deck proposed to be constructed on property with steep slopes, waterfront or other critical areas?	Yes	No	
Will your deck support a hot tub/jacuzzi/pool?	Yes	No	

## **Section 2 - Property Information**

Site Address: \_\_\_\_\_  
Assessor Tax Parcel Number(s): \_\_\_\_\_  
Present Zoning: \_\_\_\_\_  
Present Use of Property: \_\_\_\_\_

## **Section 3 - Lender Information**

Lender information required if construction financing cost exceeds \$5,000.

Lender: \_\_\_\_\_  
Lender's address: \_\_\_\_\_  
Lender's Phone: \_\_\_\_\_ Lender's email: \_\_\_\_\_

**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: \_\_\_\_\_

**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