



# PROJECT APPLICATION USE OF AN APPROVED RESIDENTIAL BASIC PLAN



Owner Name: \_\_\_\_\_ Assessor Tax Parcel #: \_\_\_\_\_

Permit # of Approved Basic Plan to Be Used: \_\_\_\_\_

## Section 1 – Submittal Requirements

Please be aware that permit application submittals can take 30 – 45 minutes for each application. This is to ensure application materials are complete and accurately prepared for a timely review from county staff. Use the column to the left to check off items included with your application.

✓	Use the Column to the left to check off items included with your Application	Number
<input type="checkbox"/>	<b>Supplemental Application- Use of Basic Plans (This document)</b>	1 File Copy
<input type="checkbox"/>	<b>Fees are due at the time of submittal. <a href="#">See Current Fee Schedule</a> to estimate fee.</b> Accepted forms of payment: <ul style="list-style-type: none"> <li>• Cash</li> <li>• Check/Cashier's Check- Checks payable to Kitsap County Department of Community Development</li> <li>• Electronic Checks - \$1.00 flat fee per electronic check</li> <li>• All Major credit cards- a Third Party convenience fee will apply</li> </ul>	-
✓	<b>Optional Item</b>	
<input type="checkbox"/>	<b>Blue Address Sign available for purchase</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	\$9.25 per sign
✓	<b>Required Submittal Items</b>	
<input type="checkbox"/>	<b>Does drive way use easement to get onto the County Road?</b>  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> <b>YES</b>            Please submit printed copy of <a href="#">Parcel Map</a> with driveway drawn and labeled         </div> <div style="text-align: center;"> <input type="checkbox"/> <b>NO</b>            No further information needed         </div> </div>	<b>2 copies</b> *2 paper or 1 paper and 1 electronic (If applicable)

✓	Use the Column to the left to check off items included with your Application	Number						
<input type="checkbox"/>	<b>Site Plan</b>	*2 Copies						
<input type="checkbox"/>	<p><b>Sewage Disposal and Water Supply Documentation</b>  All residential accessory buildings are required to have review of sewage disposal and water supply.  <b>The documentation to submit to DCD will be one of the following:</b></p> <table border="1" data-bbox="162 294 1331 903"> <tr> <td data-bbox="162 294 414 588"><b>Onsite Septic</b></td> <td data-bbox="422 294 1331 588"> <input type="checkbox"/> Accepted or Concurrent Review BSA (Building Site Application), including septic design (Site Plan) - from Kitsap Public Health District (360-337-5285)  <input type="checkbox"/> Accepted or Concurrent Review BC (Building Clearance) including Site Plan - from Kitsap Public Health District (360-337-5285)  <input type="checkbox"/> Accepted Building Clearance Exemption including Site Plan - from Kitsap Public Health District (360-337-5285) </td> </tr> <tr> <td data-bbox="162 598 414 745"><b>Existing Sewer</b></td> <td data-bbox="422 598 1331 745"> <input type="checkbox"/> Current Sewer bill that shows the site address  <input type="checkbox"/> Current Water bill that shows the site address  <input type="checkbox"/> Site plan (see <a href="#">Brochure #45</a> for instructions/requirements) , with date prepared and/or revised </td> </tr> <tr> <td data-bbox="162 756 414 903"><b>New Sewer</b></td> <td data-bbox="422 756 1331 903"> <input type="checkbox"/> Building Clearance for Sewered Properties - from Kitsap Public Health District (360-337-5285)  <input type="checkbox"/> Site plan (see <a href="#">Brochure #45</a> for instructions/requirements) , with date prepared and/or revised </td> </tr> </table>	<b>Onsite Septic</b>	<input type="checkbox"/> Accepted or Concurrent Review BSA (Building Site Application), including septic design (Site Plan) - from Kitsap Public Health District (360-337-5285) <input type="checkbox"/> Accepted or Concurrent Review BC (Building Clearance) including Site Plan - from Kitsap Public Health District (360-337-5285) <input type="checkbox"/> Accepted Building Clearance Exemption including Site Plan - from Kitsap Public Health District (360-337-5285)	<b>Existing Sewer</b>	<input type="checkbox"/> Current Sewer bill that shows the site address <input type="checkbox"/> Current Water bill that shows the site address <input type="checkbox"/> Site plan (see <a href="#">Brochure #45</a> for instructions/requirements) , with date prepared and/or revised	<b>New Sewer</b>	<input type="checkbox"/> Building Clearance for Sewered Properties - from Kitsap Public Health District (360-337-5285) <input type="checkbox"/> Site plan (see <a href="#">Brochure #45</a> for instructions/requirements) , with date prepared and/or revised	*2 Copies
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<input type="checkbox"/>	<b>Energy Code Worksheet</b>	*2 Copies						
<input type="checkbox"/>	<p><b>Residential Stormwater Worksheet.</b>  <a href="#">Residential Stormwater Worksheet</a> Completing the worksheet will direct you to complete the following if necessary:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Soil Analysis</li> <li><input type="checkbox"/> SWPPP Narrative</li> <li><input type="checkbox"/> SWPPP Drawings (on minimum 11" x 17" paper; drawn to scale)</li> <li><input type="checkbox"/> Soil Management Plan</li> </ul> <p>If a Site Development Activity Permit (SDAP) has been submitted for this project complete this worksheet and provide the SDAP Application # _____</p>	*2 Copies						
<input type="checkbox"/>	<p><b>Construction plans</b></p> <p>If the Basic Plan included approved option(s):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Describe the option(s) being selected for this project/property"  _____</li> <li><input type="checkbox"/> Indicated the options that are not being used on the plans by crossing out</li> <li><input type="checkbox"/> If Basic included approved 2-3 car garage option which affects the square footage, please list the square footage amount that will be used for this project: _____</li> </ul>	1 Full Size Copy of Approved Basic						
<input type="checkbox"/>	<b>Engineered Plans &amp; Engineer's Calculations (Copy from Approved Basic)</b>	1 Paper set						
<input type="checkbox"/>	<b>*Letter from Engineer and/or Architect allowing use of basic plan submittal</b>	1 Paper Original						



- 6" Cement Concrete (Form Inspection Required prior to pour)
- 4" CSTC when county road is gravel

**Information Regarding Accessing Via an Unmaintained Right-of-Way**

If access to your building site crosses an unmaintained county road, a covenant is required per Kitsap County Code Chapter 11.36.060(3). The covenant must be reviewed by the Department of Community Development and recorded, prior to finaling your Building Permit. If your Road Approach requires a covenant you will be notified during the Building Permit review process.

**Section 5 - Project Application 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.

**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

**Section 6 – Lender Information**

Required for projects with bank financing.

Lenders Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Section 7 – Sewer Manhole**

Section 710.1 of the Uniform Plumbing Code States:

Where a fixture is installed on a floor level that is lower than the next upstream manhole cover of the public or private sewer serving such drainage piping shall be protected from backflow of sewage by installing an approved type backwater valve.

Check **Yes** \_\_\_\_\_ if your residence is below the elevation of the upstream manhole cover OR  
**No** \_\_\_\_\_ if it is not.

**If you checked yes, Kitsap County requires installation of a backflow prevention device at this residence and an inspection of this device will be required at time of plumbing inspection.**

**Section 8 – Departmental Use Only**

Section: \_\_\_\_\_

Setbacks: \_\_\_\_\_

Front: \_\_\_\_\_

Township: \_\_\_\_\_

Side: \_\_\_\_\_

Range: \_\_\_\_\_

Rear: \_\_\_\_\_

Plat: \_\_\_\_\_

Lot: \_\_\_\_\_

Acres: \_\_\_\_\_

