



KITSAP COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

614 DIVISION STREET MS-36, PORT ORCHARD WA 98366-4682
(360) 337-7181 FAX (360) 337-4925 www.kitsapgov.com/dcd/

Cindy Baker, DIRECTOR

PERMIT # _____

COMMERCIAL ADDRESS REQUEST/VERIFICATION FORM

DATE STAMP

To expedite the address request procedure, please be sure to completely fill out all requested information. Incomplete or inaccurate applications cannot be processed.

ASSESSOR'S TAX ACCOUNT NUMBER: _____

PERMIT APPLICATION IS FOR:

ADDITION OR REMODEL

FIRE SPRINKLER

NEW CONSTRUCTION

MECH/PLUM

FIRE ALARM

TENANT IMPROVEMENT

REROOF

TANK

SITE ADDRESS YOU ARE CURRENTLY USING (if any): _____

PREVIOUS TENANT'S NAME (if any) _____

PROJECT NAME: _____

HOME PHONE: () _____ DAYTIME PHONE: () _____

CONTACT NAME: _____

HOME PHONE: () _____ DAYTIME PHONE: () _____

SUBMITTAL REQUIREMENTS

1. Show north arrow, road names in area, easements, driveway location, and addresses of neighboring properties on current copy of parcel map from Kitsap County Assessor's Office.
2. Show travel path from main county road to the driveway.
3. Copy of proposed site plan on either an 11"x17" or 8½"x11" paper with the addresses of any existing structures if there is more than one structure on the parcel.

Your new address will be indicated on the white signature page of your building permit when issued.
No phone, mail or other form of address notification will be given.

***FOR OFFICE USE ONLY ***

Land Use Code _____

Acres _____

Situs Date _____

NEW ADDRESS IS: _____

ZIP CODE AS IDENTIFIED IN GIS FOR KITSAP COUNTY DISTRIBUTION ONLY _____

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