



CITY OF PORT ORCHARD

Permit Center

Office located at 720 Prospect Street
Mailing address: 216 Prospect Street
Port Orchard, WA 98366
(360) 874-5533 • permitcenter@cityofportorchard.us

PROJECT REVIEW BY THE DESIGN REVIEW BOARD

Incomplete Submittal Will Not Be Processed

SUBMITTAL REQUIREMENTS.

Electronic submittals are required. Contact the Permit Center for formatting and resolution requirements.

This application shall include the following items unless specifically waived by DCD.

Check the box for each item included with this application:

The Master Permit Application, completed.

Project Review by the Design Review Board Application (*this form*).

Include the **original** signed and notarized Owner Statement. (*Page 2 of this form*)

Complete Legal Description of the property.

Detailed Narrative of the Proposal:

Include written responses as to how the project is in conformance with Downtown Overlay District design standards found in POMC 20.38.211 – 20.38.225.

Narrative addressing design standards to be submitted in MS Word format in addition to the PDF.

Preliminary Architectural Renderings.

Elevations and details of architectural features.

Must be legible and to scale when printed at 11" x 17" from the PDF.

The Site Plan:

Drawn to scale no smaller than one inch equals 30 ft.

Must be legible and to scale when printed at 11" x 17" from the PDF.

Show the location and size of the following:

Structures

Buffer areas, yards, open spaces, common areas or plazas.

Walkways

Outdoor light fixtures showing the area of illumination.

Parking areas.

Fencing

Mechanical and utility equipment.

Outdoor furniture, trash receptacles, accessories, and other such items.

Landscaping details.

Detailed Information on the following:

- The type and finished color of exterior siding, windows and roofing to be used, signs and trim to the extent known. Provide samples of factory finishes, if possible.
- How mechanical and utility equipment will be screened.
- Color, type, and specification of all fencing materials.
- The type, model, color, height, wattage, for all outdoor light fixtures.
- The type, model, and color of all outdoor furniture, trash receptacles, and accessories.

Other documentation may be required in addition to what is listed above.

OWNER

Name: _____

Address of Property Owned: _____

Tax Parcel Number(s) of Property Owned: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone No. _____ Fax No. _____

E-mail Address: _____

SELECT THE APPROPRIATE STATEMENT:

- I affirm that the property affected by this application is in my exclusive ownership.
- I affirm that the property affected by this application is not in my exclusive ownership. This application is submitted with the consent of all owners of the affected property.

Signature of Owner (Must be notarized)

Print Name of Owner

Date

STATE OF WASHINGTON)
) SS
COUNTY OF KITSAP)

I certify that I know or have satisfactory evidence that _____
is the person who appeared before me, and said person acknowledged that (he/she) signed this
instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes
mentioned in the instrument.

WITNESS MY HAND AND OFFICIAL SEAL this _____ day of _____, 20____.

NOTARY PUBLIC in and for the
State of Washington, residing at

My appointment expires:
