



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

DEVELOPMENT AGREEMENT APPLICATION

<i>For Staff Use Only</i>	File #:	Receipt #:
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Incomplete Application Will Not Be Accepted

Project Name: _____	
Site Address/Location: _____	
Tax Parcel Number(s): _____	
Summary of Proposal: _____ _____ _____	
Is the project within the floodplain? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total size of subject property: _____
Comprehensive Plan Designation: _____	Zoning classification: _____
Is the proposed agreement for phased development? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Is this Development Agreement consolidated with an underlying permit application? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, identify all permit applications or other applications for approval: _____ _____	
<i>Note: If the Development Agreement is to be processed with an underlying permit application or other application for approval, additional fees apply. Check with the Permit Center for specific application forms and fee information.</i>	
Did you have a Pre-Application meeting with staff regarding this project? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ <i>Meeting date</i>	
Applicant (<i>Company and contact name</i>): _____	
Relationship to the Property: <input type="checkbox"/> Owner <input type="checkbox"/> Authorized agent	
Mailing Address (<i>street, city, state, zip</i>): _____	
Phone: _____	E-mail: _____
Property Owner (<i>if different than Applicant</i>): _____	
Mailing Address (<i>street, city, state, zip</i>): _____	
Phone: _____	E-mail: _____

SUBMITTAL REQUIREMENTS.**NOTE:** *Electronic submittals are required. Contact the Permit Center for formatting and resolution requirements.***Check the box for each item included with this application:**

- The Master Permit Application Form**, completed.
This application shall include **FIVE COPIES** of the following, unless specifically waived by DCD:
- The Development Agreement Application Form**, completed.
- Include **original** signed and notarized Owner Statement (*page 3 of this form*).
- A Detailed Site Plan.**
- Must be legible when printed at 11" x 17".
- Must include north arrow and map scale.
- Must show building(s), landscaping, parking, and other significant features.
- Include off-site features if part of the proposed Development Agreement.
- A Project Narrative** which includes a complete and detailed description of the proposal.
- The Legal Description(s)** of subject property, including associated tax parcel number(s).
- A Recent Title Report** confirming that the subject property is owned by the Applicant/Property Owner.
- SEPA Checklist.** (*Use SEPA Application form for submittal requirements*).
- If proposal includes phased development, also include:**
- A statement** providing the information required in POMC 20.26.040(3)(a – h).
- Include the statement in **Word version** in addition to all other submitted documents.

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

Authorized Agent Signature: The authorized agent is the primary contact for all project-related questions and correspondence. The Permit Center will email or call the authorized agent with requests and/or information about the application. The authorized agent is responsible for communicating information to all parties involved with the application. It is the responsibility of the authorized agent to ensure their contact information is accurate and that their email account accepts email from the Permit Center.

I affirm that all answers, statements, and information submitted with this application are correct and accurate to the best of my knowledge.

X _____ **DATE:** _____
Authorized Agent Signature

Print Name: _____

OWNER

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.

IF AN AGENT IS SUBMITTING THIS APPLICATION ON YOUR BEHALF, complete this verification statement:

As the record owner of the property listed above, I authorize _____, as my Authorized Agent to submit this application on my behalf.

The application as completed is true and correct to the best of my knowledge.

Signature of Owner (*Must be notarized*)

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:
