

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

COMPREHENSIVE PLAN AMENDMENT

FEES:	Comp Plan Map Amendment: (with or without Rezone)	\$1,875.00	STAF	F USE ONLY
	Comp Plan Text Amendment:	\$500.00	Received by:	
	Technology fee:	\$10.00	Receipt #:	
	SEPA Review:	\$300.00	File #:	
	Public Notice sign fee* (each):	\$44.15		
	Fire District Review fee:	\$250.00		
	Total Due with Submittal:	\$		
*Public	Notice sign fee only required for Ma	ap Amendment		

INCOMPLETE APPLICATION WILL NOT BE ACCEPTED.

TYPE OF COMPREHENSIVE PLAN AMENDMENT: (Check the box that applies)				
☐ For a Comprehensive Plan Text Amendment: (Complete information below)				
This proposed amendment is for Comprehensive Plan section:				
Provide a brief description of your proposal:				
☐ For a Comprehensive Plan Map Amendment: (select) ☐ with Rezone ☐ without Rezone (Complete information below)				
General location of property and/or address:				
Location: Section(s)Towns	hip Range			
Current Zoning:	Proposed Zoning:			
urrent Comp Plan Designation: Proposed Comp Plan Designation:				
Proposed Use of the Property:				

Submittal requirements are listed on page 2.

File #		

<u>SUBMITTAL REQUIREMENTS</u> This application shall include the following, unless specifically waived by DCD:

(Cł	neck	the box for each item included with this application)
□ 0n		E MASTER PERMIT APPLICATION FORM with original signature(s). aster covers all applications that are included with this submittal. No additional copies are required.
		VEN copies of the completed Comprehensive Plan Amendment application form: This includes the ginal plus six (6) copies.
	SE	VEN copies of the letter sent by DCD after the Pre-Application meeting, if there was one.
	am pro stat	VEN copies of a project narrative with a detailed explanation of why the proposed text or map endment is necessary and/or desirable for the community, and how, if a map amendment, the posed use fits in with the uses permitted in the surrounding zone. The narrative must include a tement addressing the decision criteria listed in POMC 20.04.040(2), as applicable to either a text map amendment.
	A S	SEPA Checklist Submittal: (use Form 012 for complete submittal requirements.)
		SEPA Checklist Supplemental Sheet D Submittal: (use Form 013 for complete submittal nuirements).
	iten	E Electronic copy of all submitted documents, in high resolution Adobe PDF format, including the ns listed below, as applicable. The decision criteria statement for either a text amendment or a p amendment must be in Microsoft Word format.
If a	ppli	cation is for a Map Amendment, also include:
	TH	VEN plan sets total: REE sets: 18" x 24" or larger, and FOUR sets: 11" x 17", with north arrow and map scale, showing Existing natural features, including critical areas and buffers.
		Existing and proposed grades. Existing and proposed uses and improvements, including utilities, easements, structures, access and parking.
	the	VEN copies of a vicinity map, 8 ½" x 11" or larger, with site clearly marked, shown in relation to nearest major streets, roads and waterways in the area, and identifying the zoning of the rounding property.
	SE	VEN copies of complete legal description of the property, including tax parcel number(s).
		VEN copies of a list of other permits that are or may be required for development of the property sued by the City or by other government agencies), insofar as they are known to the applicant.
		verify water and sewer availability and transportation capacity, submit one of the following options: neck the box that applies to your project and include the documentation with this submittal)
		1. Capacity Reservation Certificate (CRC) application for Water, Sewer and Transportation. Use CRC Application form for submittal requirements.
		2. Water and/or Sewer availability letters issued by the appropriate Utility District, or Building Clearance Approval from the Health District and # 1. above for Transportation.
Oth	er do	ocumentation may be required in addition to what is listed above.

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File#		

OWNER:				
For a map amendment, select the appropriate statement:				
$\hfill \square$ I affirm that the property affected by this applies	☐ 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 APPLICAT verification statement:	TION ON YOUR BEHALF, complete this			
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)				
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:			