

CITY OF PORT ORCHARD

Permit Center

MASTER PERMIT APPLICATION FORM

For Title 20 permit types. Check the boxes on page 2 for all permits applied for at this time.

AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED

1. PROJECT INFORMATION:								
Project Name:			Parcel Size:					
Site	Add	ress/ Location:	,					
Tax Parcel Number(s):								
Existing Use of Property:								
Project Description / Scope of Work: (Be specific)								
List any permits or decisions previously obtained for this project:								
Is your project served by public water and/or public sanitary sewer systems? ☐ Yes ☐ No								
		ewer Provider:						
			ntation must be submitted with this application.					
-		•	Is the project within 200' of the shoreline? ☐ Yes ☐ No					
		Designation:	Overlay District Designation:					
ine	These surface waterbodies are on or adjacent to the property: (check all that apply) ☐ Saltwater ☐ Creek ☐ Pond ☐ Wetland ☐ None							
Doe	s the	project include new construction within	200' of a geologically hazardous area? ☐ Yes ☐ No					
Wa	s the	re a Pre-Application meeting with Staff fo	or this project? No Yes: date					
<u>2. V</u>	VATE	R, SEWER, AND TRANSPORTATION CAI	PACITY VERIFICATION. Check the box below that applies:					
	Concurrency is not required. This permit type is exempt per POMC 20.180.004. List the code reference (a – t) and permit type:							
	A Capacity Reservation Certificate (CRC) Application for Water, Sewer and Transportation is included. Use the CRC Application form for submittal requirements.							
	A previously issued and unexpired city-issued CRC for Water, Sewer, and Transportation is included. (Provide two copies)							
	A combination of documents from the City, and/or other Utility Districts (West Sound, Bremerton) and/or the Health District (well/septic) which verifies concurrency for water, sewer, and transportation capacity for the project is included.							
3. DESIGN STANDARDS. POMC 20.127 Check the box below that corresponds with this project:								
		This application is for a Single-Family Resi	idence or a Duplex.					
	☐ This project is located in the Old Clifton Industrial Park.							
	■ This project is in an Industrial zone, and the Director has waived Design Standards. (Provide a copy of the Waiver)							
	Des	 include site improvement. change the building footprint. change the exterior of the building increase the gross floor area of the 						
Ľ	☐ Design Standards apply to this project.							

4. PERMIT TYPES. Check all types the	nat you are applying for <u>at this time.</u>	
Land Use / Planning:		
☐ Accessory Dwelling Unit	☐ Final Plat	☐ Shoreline (check all that apply):
☐ Administrative Interpretation	☐ Final Plat, Alteration	☐ Substantial Development, Hearing
☐ Binding Site Plan, Preliminary	☐ Final Plat, Vacation	☐ Substantial Development, Admin.
☐ Binding Site Plan, Alteration of Prelim.	☐ Non-conforming Use	☐ Conditional Use Permit, Hearing
☐ Binding Site Plan, Final	☐ Preliminary Plat	☐ Conditional Use Permit, Admin.
☐ Binding Site Plan, Alteration of Final	☐ Preliminary Plat, Minor Modifications	☐ Variance, Hearing
☐ Binding Site Plan, Vacation of Final	☐ Preliminary Plat, Major Modifications	☐ Variance, Admin.
☐ Boundary Line Adjustment	☐ Pre-submittal Design Review	☐ Short Plat, Preliminary
☐ Comprehensive Plan Map Amend.	☐ Rezone, Site Specific	☐ Short Plat, Modifications to Preliminary
☐ Comprehensive Plan Text Amend.	☐ Rezone, View Protection	☐ Short Plat, Final
☐ Conditional Use Permit	□ SEPA	☐ Short Plat, Alteration of Final
☐ Critical Areas Review	☐ Shoreline Exemption	☐ Short Plat, Vacation of Final
☐ Design Review Board Project Review	☐ Sign (Land Use regulations)	☐ Temporary Use Permit
☐ Development Agreement	□ Sign, Master Sign Plan	☐ Temporary Use Permit Extension
	☐ Sign Variance	☐ Variance, Administrative
	☐ Statement of Restrictions	☐ Variance, Hearing
Public Works:		
☐ Capacity Reservation Certificate	☐ Right-of-Way Permit	☐ Stormwater Drainage Permit
☐ Land Disturbing Activity Permit	☐ Street Use Permit	☐ Water and/or Sewer Connection
Building:		
☐ Commercial, New building / Addition	☐ Demolition	☐ Residential Plumbing
☐ Commercial, Alteration / Repairs	☐ Manufactured Home	☐ Residential Mechanical
☐ Commercial Tenant Improvement	☐ Multi-family (3 units or more)	☐ Re-roof
☐ Commercial Plumbing	☐ Residential, New	☐ Sign (Construction of)
☐ Commercial Mechanical	☐ Residential, Addition / Alteration	☐ Siding, Windows and/or Doors
Fire Code:		
☐ Fire Sprinkler	☐ Fireworks Display	☐ Hot Work
☐ Fire Alarm	☐ Fireworks Sales	☐ Motor Fuel-dispensing/ Repair Garage
☐ Fire Suppression System	☐ High Pile Storage	☐ Temporary Tent / Membrane Structure
		☐ Tank Install / Decommission
Other:		
☐ Address Request	☐ Floodplain Development Permit	☐ Site Plan Checklist
☐ Design Standards Departure Request	☐ Road Name Request	☐ Variation from Engineering Standards
☐ Other: (list)		

5. CC	NTACT INFORMATION.			
Appl	cant (Company and contact name):			
Rela	onship to the Property: □ Owner □ Authorized agent			
Maili	g Address (street, city, state, zip):			
Phor	e: E-mail:			
	rty Owner (if different than Applicant):			
	g Address (street, city, state, zip): E-mail:			
	- WWW			
Engi	eer (Company and contact name):			
Maili	g Address (street, city, state, zip):			
Phor	e:E-mail:			
Note	Both the Surveyor and the Engineer must be listed for plats.			
Surv	yor (Company and contact name):			
Maili	g Address (street, city, state, zip):			
Phor	e:E-mail:			
Othe	(list type, company and contact name):			
	g Address (street, city, state, zip):			
	e:E-mail:			
	actor: Contact Name:			
	e: E-mail:			
	actor's Mailing Address:			
	actor's License/Registration #: Expiration Date:			
_	usiness License: No (Apply online at: bls.dor.wa.gov) Revenue Tax# (UBI): that the contractor(s) (general or specialty) who will perform any of the services for which this permit is issued, is registered with the	State of		
	ligton, Department of Labor & Industries, in compliance with chapter 18.27 RCW (law of 1963) under certificate number. Applicant init			
	Аррисані ні	liai riere		
rel inf wit	horized Agent Signature: The authorized agent, listed as the Applicant above, is the primary contact for all project- ted questions and correspondence. The Permit Center will email or call the Authorized Agent with requests and/or rmation about the application. The Authorized Agent is responsible for communicating information to all parties involved the application. It is the responsibility of the Authorized Agent to ensure their contact information is accurate and that all account accepts email from the Permit Center.			
	irm that all answers, statements, and information submitted with this application are correct and accurate to the best o wledge.	f my		
X_	Authorized Agent Signature DATE:			
Ov	Owner Signature (select one): ☐ The legal owner of the property is submitting this application, acting as the Agent/Contact for this Project. Sign and date below.			
	☐ The legal owner of the property authorizes the Applicant to act on his/her behalf as the Agent/Contact for this Project. Sign and date below, or submit a separate signed and dated authorization letter with this application.			
-	NER: DATE:			