

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

MINOR MODIFICATIONS TO A PRELIMINARY PLAT

For Staff Use Only File #:		Rece	eipt #:			
Incomplete Application Will Not Be Accepted.						
1. PROPERTY INFORMATION		•				
Name of Subdivision:						
General Location of Property:						
Nearest intersection:	I	ı				
Section:	Township:	Range:				
Assessor's Parcel Number(s):	Assessor's Parcel Number(s):					
2. PROJECT INFORMATION:						
Are the exterior boundaries of the	he plat changing?	☐ Yes	□ No			
Are changes proposed to the ro		☐ Yes	□ No			
	Will the plat comply with the conditions of the preliminary plat approval if the revisions are approved?		□ No			
Approved number of lots:	Proposed number of lots:	Avera	age lot size:			
Building Type: DETACHED HO	Building Type: ☐ DETACHED HOUSE ☐ ATTACHED HOUSE ☐ BACKYARD COTTAGE		O COTTAGE			
POMC 20.32 ☐ COTTAGE COU	JRT □ DUPLEX: BACK TO BACK	☐ DUPLEX: SIDE BY SIDE				
☐ FOUR-PLEX	☐ TOWNHOUSE	☐ APARTME	NTS			
List the number of units by Build	ding Type:					
3. 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 Applie	cation Form, completed.					
Minor Modifications to a Preliminary Plat Application (this form), completed. Include the original signed and notarized Owner Statement (page 2 of this application). This includes the ORIGINAL plus 3 copies						
☐ A Narrative Statement which explains the minor modifications in detail.						
A Vicinity Map, which prints to scale at 8 ½" x 11" or larger, with the site clearly marked, shown in relation to the nearest major streets, roads and waterways in the area.						
■ The Site Plan, prepared by a registered land surveyor, scaled to not less than one inch equal to 100 feet. Must print to scale at 18" x 24". The plan must show the proposed modification, using the same plan format as in the original approval.						

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

File #		

OWNER						
1. SELECT THE APPROPRIATE STATEMENT:						
$\ \square$ I affirm that the property affected by this applic	ation 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.						
2. IF AN AGENT IS SUBMITTING THIS APPLICATION verification statement:	ATION 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.						
3. OWNER'S SIGNATURE TO BE WITNESSED	BY NOTARY:					
The application as completed is true and correct to	o the best of my knowledge.					
Signature of Owner (Must be notarized)						
Print Name of Owner	Date					
Fillit Name of Owner	Date					
CTATE OF MACHINICTON						
STATE OF WASHINGTON)) SS						
COUNTY OF KITSAP)						
	414					
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) fre						
mentioned in the instrument.						
WITNESS MY HAND AND OFFICIAL SEAL this _	day of 20					
	, 20_					
-	NOTARY PUBLIC in and for the					
	State of Washington, residing at					
	My appointment expires:					