



**CITY OF PORT ORCHARD**  
Permit Center

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PERMIT CENTER  
FEB 19 2020

**MASTER PERMIT APPLICATION FORM**  
For Title 20 permit types. Check the boxes on page 2 for all permits applied for at this time.

CITY OF PORT ORCHARD  
COMMUNITY DEVELOPMENT DEPARTMENT

**AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED**

<b>1. PROJECT INFORMATION:</b>	
Project Name: <b>Overlook Apartments Phase II</b>	Parcel Size: <b>6.04</b>
Site Address/ Location: <b>3578 SE Orlando St, Port Orchard, WA 98366</b>	
Tax Parcel Number(s): <b>4598-005-028-0007, 4598-005-022-0003, 4598-005-017-0109, 4598-006-001-0303, 4598-006-004-0003, 4598-006-007-0000, 4598-006-010-0104</b>	
Existing Use of Property: <b>vacant</b>	
Project Description / Scope of Work: <b>Construction of 6 apartment buildings (98 total units), recreation building, parking and drive aisle, utilities, and off-site roadway improvements within City ROW</b>	
List any permits or decisions previously obtained for this project:	
Is your project served by public water and/or public sanitary sewer systems? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes: Sewer Provider: <u>West Sound Utility Dist</u> Water Provider: <u>West Sound Utility Dist</u> If no: Kitsap Public Health District approval documentation must be submitted with this application.	
Is the project within the floodplain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is the project within 200' of the shoreline? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zoning Designation: <b>R-3</b>	Overlay District Designation: <b>Not in Overlay District</b>
These surface waterbodies are on or adjacent to the property: (check all that apply) <input type="checkbox"/> Saltwater <input type="checkbox"/> Creek <input type="checkbox"/> Pond <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> None	
Does the project include new construction within 200' of a geologically hazardous area? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was there a Pre-Application meeting with Staff for this project? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes: date <u>09.24.2019</u>	
<b>2. WATER, SEWER, AND TRANSPORTATION CAPACITY VERIFICATION.</b> Check the box below that applies:	
<input type="checkbox"/> Concurrency is not required. This permit type is exempt per POMC 20.180.004(1)(a – t). List the code reference letter (a – t) and the permit type: _____	
<input checked="" type="checkbox"/> An application for a Capacity Reservation Certificate (CRC) for water, sewer and transportation is included with this submission.	
<input type="checkbox"/> A previously issued and unexpired city-issued CRC for Water, Sewer, and Transportation is included with this submission. (Provide two copies.)	
<input type="checkbox"/> A combination of documents which in total verifies and/or is an application for water, sewer, and transportation capacity is included with this submission: (Check all document types that apply.) <input type="checkbox"/> City document(s) <input type="checkbox"/> from other Utility District(s) <input type="checkbox"/> from the Health District	
<input type="checkbox"/> Demolition of an existing building or termination of previous use was within the last five years. There is no net impact increase by the proposed new structure or land use on city's water, sewer, or road facilities. (A copy of the Demolition permit or prior use records are required.)	

PW20-013

PW20-014

**3. PERMIT TYPES.** Check all types that you are applying for **at this time.**

**Land Use / Planning:**

<input type="checkbox"/> Accessory Dwelling Unit	<input type="checkbox"/> Final Plat	<input type="checkbox"/> Shoreline (check all that apply):
<input type="checkbox"/> Administrative Interpretation	<input type="checkbox"/> Final Plat, Alteration	<input type="checkbox"/> Substantial Development, Hearing
<input type="checkbox"/> Binding Site Plan, Preliminary	<input type="checkbox"/> Final Plat, Vacation	<input type="checkbox"/> Substantial Development, Admin.
<input type="checkbox"/> Binding Site Plan, Alteration of Prelim.	<input type="checkbox"/> Non-conforming Use	<input type="checkbox"/> Conditional Use Permit, Hearing
<input type="checkbox"/> Binding Site Plan, Final	<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Conditional Use Permit, Admin.
<input type="checkbox"/> Binding Site Plan, Alteration of Final	<input type="checkbox"/> Preliminary Plat, Minor Modifications	<input type="checkbox"/> Variance, Hearing
<input type="checkbox"/> Binding Site Plan, Vacation of Final	<input type="checkbox"/> Preliminary Plat, Major Modifications	<input type="checkbox"/> Short Plat, Preliminary
<input type="checkbox"/> Boundary Line Adjustment	<input type="checkbox"/> Pre-submittal Design Review	<input type="checkbox"/> Short Plat, Alteration to Preliminary
<input type="checkbox"/> Comprehensive Plan Map Amend.	<input type="checkbox"/> Rezone	<input type="checkbox"/> Short Plat, Final
<input type="checkbox"/> Comprehensive Plan Text Amend.	<input checked="" type="checkbox"/> SEPA	<input type="checkbox"/> Short Plat, Alteration of Final
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Shoreline Exemption	<input type="checkbox"/> Short Plat, Vacation of Final
<input type="checkbox"/> Critical Areas Review	<input type="checkbox"/> Sign (Land Use regulations)	<input type="checkbox"/> Temporary Use Permit
<input type="checkbox"/> Design Review Board Project Review	<input type="checkbox"/> Sign, Master Sign Plan	<input type="checkbox"/> Temporary Use Permit Extension
<input type="checkbox"/> Development Agreement	<input type="checkbox"/> Sign Variance	<input type="checkbox"/> Variance, Administrative
	<input type="checkbox"/> Statement of Restrictions	<input type="checkbox"/> Variance, Hearing

**Public Works:**

<input checked="" type="checkbox"/> Capacity Reservation Certificate	<input type="checkbox"/> Right-of-Way Permit	<input type="checkbox"/> Tree Cutting Permit (Minor LDAP)
<input checked="" type="checkbox"/> Land Disturbing Activity Permit, Major	<input checked="" type="checkbox"/> Stormwater Drainage Permit	<input type="checkbox"/> Variation from Engineering Standards
<input type="checkbox"/> Land Disturbing Activity Permit, Minor	<input type="checkbox"/> Street Use Permit	<input type="checkbox"/> Water and/or Sewer Connection

**Building:**

<input type="checkbox"/> Commercial, New building / Addition	<input type="checkbox"/> Demolition	<input type="checkbox"/> Residential Plumbing
<input type="checkbox"/> Commercial, Alteration / Repairs	<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Residential Mechanical
<input type="checkbox"/> Commercial Tenant Improvement	<input checked="" type="checkbox"/> Multi-family (3 units or more)	<input type="checkbox"/> Re-roof
<input type="checkbox"/> Commercial Plumbing	<input type="checkbox"/> Residential, New	<input checked="" type="checkbox"/> Sign (Construction of)
<input type="checkbox"/> Commercial Mechanical	<input type="checkbox"/> Residential, Addition / Alteration	<input type="checkbox"/> Siding, Windows and/or Doors

**Fire Code:**

<input checked="" type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Fireworks Display	<input type="checkbox"/> Standpipe System
<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Fireworks Sales	<input type="checkbox"/> Temporary Tent / Membrane Structure
<input type="checkbox"/> Fire Suppression System	<input type="checkbox"/> High Pile Storage	<input type="checkbox"/> Tank Install / Decommission

**Other:**

<input type="checkbox"/> Address Request	<input type="checkbox"/> Floodplain Development Permit	<input type="checkbox"/> Site Plan Checklist
<input type="checkbox"/> Design Standards Departure Request	<input type="checkbox"/> Road Name Request	
<input type="checkbox"/> Other: (list)		

**4. CONTACT INFORMATION.** Use additional sheets if needed to list more contacts.

Applicant (Company and contact name): OLAA LLC Scott Fitzsimmons  
Relationship to the Property:  Owner  Authorized agent  
Mailing Address (street, city, state, zip): 3412 204th Ave St E, Suite 101, Bonney Lake, WA 98391  
Phone: 253-606-3102 E-mail: scott-fitz@comcast.net

Property Owner (if different than Applicant): same as applicant  
Mailing Address (street, city, state, zip): \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Engineer (Company and contact name): Contour Engineering LLC - Jeremy Haug  
Mailing Address (street, city, state, zip): P.O. Box 949, Gig Harbor, WA 98335  
Phone: 253-857-5454 E-mail: jeremy.haug@contourengineeringllc.com

Note: Both the Surveyor and the Engineer must be listed for plats.  
Surveyor (Company and contact name): Contour Engineering LLC - Steve Woods  
Mailing Address (street, city, state, zip): P.O. Box 949, Gig Harbor, WA 98335  
Phone: 253-857-5454 E-mail: steve.woods@contourengineeringllc.com

Contractor: DRK Development Contact Name: Spencer Kelley / Bryan  
Phone: 253-564-0192 E-mail: spencerk@drkdev.com  
Contractor's Mailing Address: PO Box 99945 Lakewood, WA 98496  
Contractor's License/Registration #: CC DRK DEI \* 0770P Expiration Date: 7-19-20  
City Business License:  Yes  No (Apply online at: bls.dor.wa.gov) Revenue Tax# (UBI): 601470155

I certify 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 Washington, Department of Labor & Industries, in compliance with chapter 18.27 RCW (law of 1963) under certificate number. \_\_\_\_\_  
Applicant initial here SK

**Authorized Agent Signature:** The Authorized Agent, either the Property Owner or the Applicant as listed above, 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 to the best of my knowledge.

OWNER or AGENT: Spencer Kelley S. Kelley DATE: 2/13/20

PRINT NAME: Spencer Kelley

**Property 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.

By signing this application and applying for approvals under Port Orchard Municipal Code Title 20, the property owner hereby permits free access to the land subject to the application to all agencies with jurisdiction considering the proposal for the period of time extending from the date of application to the time of final action.

OWNER: [Signature] DATE: 2/18/20

PRINT NAME: Scott Rank