

## **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

## **CONDITIONAL USE PERMIT APPLICATION**

or Stall C	ise Only	File #:			Receipt #:			
		Incomplete S	Submittal	Will Not Be Accepted	1.			
1. PROPERTY INFORMATION.								
General Location or Property Address:								
Nearest intersection:								
Zoning	District:		Comp. Plan Designation:					
Current	Use of P	roperty (include any existing	g structure	s):				
2. PRO	JECT INF	ORMATION.						
Propose	ed Use of	Property:						
Buildin	g Type:	☐ DETATCHED HOUSE		ACHED HOUSE	☐ BACKYARD COTTAGE			
POMC 20		☐ COTTAGE COURT	□ DUP	LEX: BACK TO BACK	☐ DUPLEX: SIDE BY SIDE			
		☐ FOUR-PLEX	□ tow	NHOUSE	☐ APARTMENTS			
		☐ LIVE-WORK	□ SHO	PFRONT HOUSE	☐ SINGLE-STORY SHOPFRONT			
		☐ GENERAL	□ міхі	D USE SHOPFRONT				
Number	of units I	by building type:						
3. SUBI	MITTAL F	REQUIREMENTS.						
		•			ing and resolution requirements.			
		or each item included w		• •				
		Permit Application form,						
		Use Permit Application t	•	· · · · · · · · · · · · · · · · · · ·				
☐ Statement addressing each of the decision criteria in POMC 20.50.050(1)(a − f). <i>Include:</i>								
		ent in PDF format.						
		ersion of statement.						
		klist Submittal. Use SEPA		·	uirements, if applicable.			
		e Plan and Engineered [	Drawings	s. Include:				
		rrow and map scale						
	Vicinity	·						
	Name, address and phone number of property owner.							
	Adjacent public streets.							
_	<ul><li>Location and size of all existing and proposed utilities.</li><li>Location of building(s), including setbacks.</li></ul>							
	Location	i or building(s), including s	seidacks.					
1								

File #		
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3. SUBMITTAL REQUIREMENTS, continued.							
	Plan	n Set requirements, continued.					
		Building/structure heights.					
		Location and layout of off-street parking.					
		Location and height of fences.					
		Location and size of signs.					
		A general lighting plan showing proposed lighting types, locations, and shielding methods.					
		Landscape plan, including but not limited to, type and location of vegetation, initial and mature planting sizes, and methods of irrigation.					
Other documentation may be required in addition to what is listed above							

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.						
<b>IF AN AGENT IS SUBMITTING THIS APPLICATION ON YOUR BEHALF,</b> 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)						
Print Name of Owner	Date					
STATE OF WASHINGTON )						
) SS COUNTY OF KITSAP )						
COUNTY OF KITSAF )						
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					
	\$ <i>'</i>					
	My appointment expires:					