



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

<i>For Staff Use Only</i>	File #:	Receipt #:
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Incomplete Submittal Will Not Be Accepted.

<u>1. PROPERTY INFORMATION.</u>					
General Location or Property Address:					
Nearest intersection:					
Zoning District:	Comp. Plan Designation:				
Current Use of Property (<i>include any existing structures</i>):					
<u>2. PROJECT INFORMATION.</u>					
Proposed Use of Property:					
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> Building Type: <i>POMC 20.32</i> </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> DETACHED HOUSE <input type="checkbox"/> COTTAGE COURT <input type="checkbox"/> FOUR-PLEX <input type="checkbox"/> LIVE-WORK <input type="checkbox"/> GENERAL </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> ATTACHED HOUSE <input type="checkbox"/> DUPLEX: BACK TO BACK <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> SHOPFRONT HOUSE <input type="checkbox"/> MIXED USE SHOPFRONT </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> BACKYARD COTTAGE <input type="checkbox"/> DUPLEX: SIDE BY SIDE <input type="checkbox"/> APARTMENTS <input type="checkbox"/> SINGLE-STORY SHOPFRONT </td> </tr> </table>		Building Type: <i>POMC 20.32</i>	<input type="checkbox"/> DETACHED HOUSE <input type="checkbox"/> COTTAGE COURT <input type="checkbox"/> FOUR-PLEX <input type="checkbox"/> LIVE-WORK <input type="checkbox"/> GENERAL	<input type="checkbox"/> ATTACHED HOUSE <input type="checkbox"/> DUPLEX: BACK TO BACK <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> SHOPFRONT HOUSE <input type="checkbox"/> MIXED USE SHOPFRONT	<input type="checkbox"/> BACKYARD COTTAGE <input type="checkbox"/> DUPLEX: SIDE BY SIDE <input type="checkbox"/> APARTMENTS <input type="checkbox"/> SINGLE-STORY SHOPFRONT
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Number of units by building type:					
<u>3. SUBMITTAL REQUIREMENTS.</u>					
<i>NOTE: Electronic submittals are required. Contact the Permit Center for formatting and resolution requirements.</i>					
Check the box for each item included with this application:					
<input type="checkbox"/> The Master Permit Application form , completed.					
<input type="checkbox"/> Conditional Use Permit Application form (<i>this form</i>), completed.					
<input type="checkbox"/> Statement addressing each of the decision criteria in POMC 20.50.050(1)(a – f). <i>Include:</i> <ul style="list-style-type: none"> <input type="checkbox"/> Statement in PDF format. <input type="checkbox"/> Word version of statement. 					
<input type="checkbox"/> SEPA Checklist Submittal. <i>Use SEPA application for submittal requirements, if applicable.</i>					
<input type="checkbox"/> Plan Set: Site Plan and Engineered Drawings. <i>Include:</i> <ul style="list-style-type: none"> <input type="checkbox"/> North arrow and map scale <input type="checkbox"/> Vicinity map. <input type="checkbox"/> Name, address and phone number of property owner. <input type="checkbox"/> Boundaries and dimensions of the property. <input type="checkbox"/> Adjacent public streets. <input type="checkbox"/> Easements, existing and proposed. <input type="checkbox"/> Location and size of all existing and proposed utilities. <input type="checkbox"/> Location of building(s), including setbacks. 					

