



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

PRELIMINARY SHORT PLAT or ALTERATION TO PRELIMINARY SHORT PLAT

<i>For Staff Use Only</i>	File #:	Receipt #:
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Incomplete application will not be accepted.

<u>1. PROPERTY INFORMATION.</u>			
General Location of Property:			
Nearest Intersection:			
Tax Parcel Number(s):			
Section:	Township:	Range:	
Zoning District:	Comp. Plan Designation:		
Current Use of Property (<i>include any existing structures</i>):			
<u>2. PROJECT INFORMATION.</u>			
APPLICATION IS FOR: (<i>Check one</i>) <input type="checkbox"/> New Short Plat <input type="checkbox"/> Alteration to a Preliminary Short Plat			
Proposed Short Plat Name:			
Proposed Use of Property:			
Is the proposed short plat adjacent to the right-of-way of a state highway? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the proposed short plat located in a flood control zone? (<i>RCW 86.16</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total property area:	sq.ft.	Proposed number of lots:	
Average Lot size:	sq.ft.	Smallest proposed lot area:	sq.ft.
Proposed Access:			
Building Type: <input type="checkbox"/> DETACHED HOUSE <input type="checkbox"/> ATTACHED HOUSE <input type="checkbox"/> BACKYARD COTTAGE <i>POMC 20.32</i> <input type="checkbox"/> COTTAGE COURT <input type="checkbox"/> DUPLEX: BACK TO BACK <input type="checkbox"/> DUPLEX: SIDE BY SIDE <input type="checkbox"/> FOUR-PLEX <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> APARTMENTS			
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"/> Preliminary Short Plat or Alteration to Preliminary Short Plat (<i>this form</i>), completed. Must include the original signed and notarized Owner Statement (<i>page 3 of this form</i>).			
<input type="checkbox"/> SEPA Checklist Application , completed. <i>Use SEPA form for submittal requirements.</i> A SEPA Checklist submittal is required if any of the statements below apply: <ul style="list-style-type: none"> <input type="checkbox"/> It falls within the provision of POMC 20.162, Critical Areas. <input type="checkbox"/> It falls within the provision of POMC 20.164, Shoreline Master Program. <input type="checkbox"/> It is for more than four (4) lots. 			
<input type="checkbox"/> A Title Report , dated by the title company within thirty (30) days of the date of this application submission, confirming that the title of the lands as described and shown in the plat is in the name of the owner.			

3. SUBMITTAL REQUIREMENTS, *continued.* **Map Set** prepared by a registered land surveyor. *Include:*

- North arrow and map scale.
- Ability to print to scale at 18" x 24" from PDF.
- Scaled to not less than one inch equal to 100 feet.
- Legal descriptions.
- Show existing property configuration and proposed property configuration.

Drawings shall be reviewed for appropriate provisions for the public health, safety and general welfare and for such open spaces, drainage ways, streets or roads, alleys, other public ways, transit stops, potable water supplies, sanitary wastes, parks and recreation, playgrounds, schools and school grounds and all other relevant facts, including sidewalks and other planning features that assure safe walking conditions for students who only walk to and from school. (RCW 58.17.110; POMC 20.88.030(4).

 Addressing and Road Names. *If addressing has not been completed, provide:*

- Address and Road Name Request application**, completed.
- Plot Plan** used specifically by the Addressing Technician. Must be free from excess information such as contours, drainage, utility lines and setbacks.
 - Include north arrow and scale.
 - Show tracts, numbered lots, and tax parcel numbers.
 - Show streets and roadways adjacent to the property, clearly labeled by name.
 - Show access to the site from the adjacent street or roadway.
 - Show surrounding existing and/or planned development for context.

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.

IF AN AGENT IS SUBMITTING THIS APPLICATION ON YOUR BEHALF, 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)

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

My appointment expires:
