



# 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

### SIGN VARIANCE APPLICATION

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

<b>1. PROJECT INFORMATION.</b>
<b>This application is for:</b> <i>(Check all that apply)</i>
<input type="checkbox"/> Sign placement on a parcel or building frontage. <input type="checkbox"/> Sign area. <input type="checkbox"/> Sign height.
Business Name:
<b>2. SUBMITTAL REQUIREMENTS.</b>
<i>NOTE: Electronic submittals are required. Contact the Permit Center for formatting and resolution requirements.</i>
<b>Check the box for each item included with this application:</b>
<input type="checkbox"/> <b>The Master Permit Application Form</b> , completed.
<input type="checkbox"/> <b>Sign Variance Application</b> <i>(this form)</i> , completed. <input type="checkbox"/> Must include the <b>original</b> signed and notarized Owner Statement <i>(page 2 of this form)</i> .
<input type="checkbox"/> <b>A Narrative providing details of the requested variance:</b> <input type="checkbox"/> Describe the nature and extent of the variance. <input type="checkbox"/> Identify the sections of Port Orchard Municipal Code (POMC) from which the variance is being requested. <input type="checkbox"/> Describe the manner in which the variance satisfies all of the variance criteria in POMC 22.132.070(E)(1 – 10).
<input type="checkbox"/> <b>A Site Plan</b> showing: <input type="checkbox"/> North arrow and map scale <input type="checkbox"/> Ability to print to scale at 11" x 17" from PDF. <input type="checkbox"/> Property lines <input type="checkbox"/> Any improvements on the site and in the adjacent right-of-way <input type="checkbox"/> Contour lines. <input type="checkbox"/> Required setbacks for the site
<input type="checkbox"/> <b>Dimensioned Elevation Drawings</b> , if applicable. <input type="checkbox"/> <b>Other Supporting Documentation</b> , as applicable.

*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.

**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*)

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:  
\_\_\_\_\_