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

ADMINISTRATIVE VARIANCE APPLICATION

For Staff Use Only File #:

Receipt #:

Incomplete Application Will Not Be Accepted.

1. APPLICATION TYPE. (check all that apply)	
TYPE I VARIANCE:	TYPE II VARIANCE:
Front Yard Setback	Parking Standards
Interior Setbacks	Bicycle Parking Standards
Lot Coverage	Vehicle Stacking Area
□ Landscape Area	Loading Area
2. PROJECT INFORMATION.	

General Location or Property Address:

Reason for Variance: (Short Summary)

Associated permit(s): (type and file #)

3. SUBMITTAL REQUIREMENTS.

Electronic submittals are required. Contact the Permit Center for formatting and resolution requirements. **Check the box for each item included with this application:**

This application shall include the following unless specifically waived by DCD:

- □ The Master Permit Application Form, completed.
- □ The Administrative Variance Application (this form), completed.

□ Include the **original** signed and notarized Owner Statement (page 2 of this application).

- □ The Legal Description of the Property, including tax parcel number(s).
- □ A Narrative Providing Details of the Requested Variance:
 - Describe the nature and extent of the variance.
 - Describe existing conditions of the site.
 - □ Identify all sections of the Port Orchard Municipal Code (POMC) from which the variance is being requested, and describe the variance requested from the code sections.
 - Describe the proposed development, applying the proposed variance from the code sections.
 - Describe the rationale for the proposed variance.
 - Describe the manner in which the variance satisfies all of the variance criteria in POMC 20.28.150 or 23.28.180 (*depending on the type of variance*).

□ A Vicinity Map.

- \Box Ability to print to scale at 8 $\frac{1}{2}$ " x 11" from PDF.
- □ Include North arrow and map scale.
- □ Site must be clearly marked.
- □ Show site in relation to the nearest major streets, roads and waterways in the area.

□ A Site Plan.

- \Box North arrow and map scale.
- \Box Ability to print to scale at 11" x 17" or larger from PDF.
- □ Dimensioned Elevation Drawings or Photographs.
- □ A SEPA Checklist, if required. Use the SEPA Application for submittal requirements.

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)		
Print Name	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:	