



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

VARIANCE APPLICATION (FULL)

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

<u>1. PROJECT INFORMATION:</u>			
General Location or Property Address:			
Reason for Variance: <i>(short summary)</i>			
Associated permit(s): <i>(type and file #)</i>			
Building Type: <i>POMC 20.32</i>	<input type="checkbox"/> DETACHED HOUSE	<input type="checkbox"/> ATTACHED HOUSE	<input type="checkbox"/> BACKYARD COTTAGE
	<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
	<input type="checkbox"/> LIVE-WORK	<input type="checkbox"/> SHOPFRONT HOUSE	<input type="checkbox"/> SINGLE-STORY SHOPFRONT
	<input type="checkbox"/> GENERAL	<input type="checkbox"/> MIXED USE SHOPFRONT	
Number of Units by building type:			
<u>2. SUBMITTAL REQUIREMENTS.</u>			
<i>Electronic submittals are required. Contact the Permit Center for formatting and resolution requirements.</i>			
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 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.
 - Identify the sections of the Port Orchard Municipal Code (POMC) from which the variance is being requested.
 - Describe the manner in which the variance satisfies all of the variance criteria in POMC 20.28.180(2)(a - d).
- A Vicinity Map.**
 - Ability to print to scale at 8 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.**
 - North arrow map scale.
 - Ability to print to scale at 11" x 17" or larger from PDF.
- Dimensioned Elevation Drawings or Photographs.**
- A SEPA Checklist Submittal**, if required. *Use 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)*

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:
