



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

CRITICAL AREAS EXCEPTION APPLICATION (TYPE III)

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

APPLICATION IS FOR: *(Check one)*

- Public Agency Use
- Reasonable Use of Subject Property

1. PROPERTY INFORMATION.

Nearest Intersection:

Section:	Township:	Range:
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Current Use of Property: *(Summary statement. Include a complete description in a separate report)*

Identify Critical Area types: *(Check all that apply)*

- Wetlands
- Fish and Wildlife Conservation Areas
- Geologically Hazardous Areas
- Frequently Flooded Areas
- Critical Aquifer Recharge Areas

2. PROJECT INFORMATION.

Proposed Use of Property: *(Summary Statement. Include a complete description in a separate report)*

3. SUBMITTAL REQUIREMENTS.

NOTE: *Electronic submittals are required. Contact the Permit Center for formatting and resolution requirements.*

Check the box for each item included with this application:

- Master Permit Application form**, completed.
- Critical Areas Application** *(this form)*, completed. *Include original signed and notarized statement.*
- Site Plan.** *Minimum must show:*
 - Property lines and dimensions.
 - North arrow and site plan scale.
 - Contour lines: every 2' unless slopes exceed 15%; then show every 5'.
 - Arrows showing the direction of natural drainage.
 - Location of critical areas and any associated buffers.
 - Location of proposed structures and activities in relation to property lines, other structures and critical areas on site.
 - Any clearing and grading proposed.
- Critical Areas Report(s).** *Prepared by qualified professional.*
- Other Special Studies related to the project.**

(Submittal Requirements continued on next page)

3. SUBMITTAL REQUIREMENTS *continued*:**Project Description** (*select one*): **Project Description for Public Agencies:**

- Provide a detailed scope of work. Describe the construction of such items as new roads, utilities, infrastructure, and associated facilities.
- Explain why there is no other practical alternative to the proposed development with less impact on the critical areas.
- Explain how the application of POMC Critical Areas chapter would unreasonably restrict the ability to provide utility services to the public.

 Project Description for Reasonable Use of Subject Property:

- Provide a detailed scope of work.
- Explain how the application of POMC Critical Areas chapter would deny all reasonable use of the property.
- Explain why there is no other reasonable use of the property with less impact on the critical areas.
- Describe how the alteration is the minimum necessary to allow for reasonable use of the property.
- Statement that the inability to derive reasonable use of the property is not the result of actions by the applicant after the effective date of POMC 20.162 or its predecessor.

 Applicant Statement signed and notarized. (*Attached on next page*) **Fees due with submittal.** (*Contact the Permit Center for a fee summary*)

NOTE: *The fee for third-party consultant services to review the Critical Areas Report(s) will be calculated after your application has been submitted and the scope of work has been determined.*

APPLICANT

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.
- I affirm I am the lessee of the affected property.
- I affirm I am the contract purchaser of the affected property.
- I affirm that I am the Official representing the Public Agency for this exception application.

IF AN AGENT IS ACTING ON YOUR BEHALF, complete this statement:

I authorize _____, to act as the Authorized Agent on my behalf, or on behalf of the Public Agency, as the primary contact for related questions and correspondence for this application.

Signed by the affirmed applicant, as indicated above.

The application as completed is true and correct to the best of my knowledge.

Print Name

Title

Signature (*Must be notarized*)

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: