



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

SITE-SPECIFIC REZONE or OVERLAY DISTRICT BOUNDARY MODIFICATION

Use the Comprehensive Plan Amendment application form instead of this one if you are applying for a Comprehensive Plan Map Amendment with a Rezone.

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

1. APPLICATION TYPE. This application is for <i>(check the appropriate box)</i> :
<input type="checkbox"/> A site specific rezone to amend the City's Zoning Map.
<input type="checkbox"/> A site-specific boundary modification to an Overlay District. <i>Select the Overlay District:</i>
<input type="checkbox"/> Downtown Height <input type="checkbox"/> Self Storage <input type="checkbox"/> View Protection
2. SUBMITTAL REQUIREMENTS.
<i>Electronic submittals are required. Contact the Permit Center for formatting and resolution requirements. This application shall include the following items, unless specifically waived by DCD. Other documentation may be required in addition to what is listed.</i>
Check the box for each item included with this application:
<input type="checkbox"/> The Master Permit Application Form , completed.
<input type="checkbox"/> Site-Specific Rezone Application form (<i>this form</i>), completed. Include the original signed and notarized Owner Statement (<i>page 2 of this application form</i>).
<input type="checkbox"/> SEPA Checklist Submittal. Use the SEPA Application form for complete submittal requirements.
<input type="checkbox"/> A Narrative , which includes the following:
<input type="checkbox"/> The legal description of the subject property.
<input type="checkbox"/> Identify the current Comprehensive Plan Map designation and all sections of the Comprehensive Plan policies and map addressing the subject property.
<input type="checkbox"/> Describe the proposed development of the property under the proposed zoning designation and overlay district (<i>as applicable</i>).
<input type="checkbox"/> Include plans, information, and/or studies that accurately depict existing and proposed use(s) and improvements.
<input type="checkbox"/> Explain the rationale for the proposed amendment.
<input type="checkbox"/> Explain of how the proposed amendment and associated proposal(s) conform to, conflict with, or relate to the criteria and general rules set forth in POMC 20.42.030(2), as applicable.
<input type="checkbox"/> Submit a Word version of the section addressing the criteria in POMC 20.42.030(2).
<input type="checkbox"/> For Overlay District Boundary Modification, explain how the proposed change will meet the overlay district intent in POMC 20.38.
<input type="checkbox"/> Submit a Word version of the section addressing how the intent in POMC 20.38.
<input type="checkbox"/> A Summary Table of proposed project statistics, including site area, , coverage by impervious surface, required and proposed parking, and similar data as required to evaluate conformance of the proposed project with City regulations.
<input type="checkbox"/> Site area.
<input type="checkbox"/> Building coverage
<input type="checkbox"/> Impervious surface coverage.
<input type="checkbox"/> Required and proposed parking.
<input type="checkbox"/> Similar data as required to evaluate conformance of the proposed project with City regulations.

2. SUBMITTAL REQUIREMENTS, *continued.*

- A Vicinity Map**, approximately 800 feet to the inch. *Show:*
 - North arrow and scale.
 - Site clearly marked in relation to the nearest major streets and waterways in the area.
 - Identify the zoning in the surrounding area.
- Plan Sets.** *Show:*
 - North arrow and map scale.
 - Legible and to scale when printed at 11" x 17".
 - Existing natural features, including critical areas and buffers.
 - Existing and proposed grades.
 - Existing and proposed improvements including utilities, easements, structures, access and parking.

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:
