



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@portorchardwa.gov

MODEL HOME SUPPLEMENTAL FORM

Include this form with New Residence Building Permit Application

1. PROPERTY INFORMATION.

Preliminary Plat Name:

Preliminary Plat Approval Date:

Preliminary Plat Expiration Date:

Final Plat Name *(if different from preliminary plat):*

Site address/Location of Model Home:

Property Owner Name:

Will a sales office be located in this Model Home? Yes No

2. SUBMITTAL REQUIREMENTS.

NOTE: *Electronic submittals are required. Contact the Permit Center for formatting and resolution requirements. The documents listed here are required unless waived by the Building Official. The items are in addition to those listed on the New Residence Building Permit Application.*

Check the box for each item included with this application:

- Model Home Supplemental** *(this form)*, completed.
- Written Authorization** from the property owner permitting the model home(s)
Required if the applicant is not the owner of the approved preliminary plat.
- ORIGINAL notarized Hold Harmless Agreement** *(use the attached form on page 2).*
- A Title Report**, current within the last thirty (30) days.
Required if the plat has not been recorded.
- An Overall Site Plan of the Preliminary Plat.** *Clearly identify:*
 - All development phases *(if applicable).*
 - The location of all lots proposed for model homes.
 - The lot location specific to this application.

Other documentation may be required other than what is listed above.

Indemnification/Hold Harmless Agreement

In consideration of the issuance of a Residential Building Permit for Model Home Use to be located at _____, the undersigned applicant acknowledges that the construction of any model home is at the applicant's own risk, and that the applicant hereby agrees to indemnify and hold harmless the City of Port Orchard, its elected and appointed officials, employees, agents and representatives from any and all claims related to the model home, including, but not limited to, any costs of removal of such buildings and portions not in compliance with the final plat.

Permit #: _____ (to be assigned by Permit Center staff after application is submitted)

Name: _____

Phone #: _____ Email: _____

Applicant Signature

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:
