

# MINOR SITE PLAN REVIEW APPLICATION

FOR OFFICIAL USE ONLY

**FEES:**

**DCD:** \$500.00

**Public Works:** See attached fee schedule

**Health District:** See attached fee schedule

Received by: \_\_\_\_\_

Receipt #: \_\_\_\_\_

*All fees must accompany this application.  
These fees are non-refundable and subject to change.  
Make check(s) payable to Kitsap County Department of  
Community Development (DCD).*

The following items shall be submitted to Kitsap County DCD in order for the application to be accepted and for review of the application to commence:

One (1) original application and fifteen (15) copies of the application form; sixteen (16) folded copies of the site plans; a copy of the Pre-application Meeting Checklist (PMC) and information indicated in the PMC and/or Section 410 (Site Plan Review) of the Zoning Ordinance; six (6) copies of the Environmental (SEPA) Checklist; and three (3) copies each of availability letters from the appropriate sewer and water provider.

Project Name: \_\_\_\_\_

Pre-application Project Name: \_\_\_\_\_ No. \_\_\_\_\_

Assessor's Tax Account No: \_\_\_\_\_

Location: Section(s) \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Specific Location of Property: \_\_\_\_\_

Legal Description of Property (No abbreviations; may be attached): \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Phone No. Work: \_\_\_\_\_ Home: \_\_\_\_\_

Owner(s) of Record: \_\_\_\_\_

Owner(s) of Record's Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner(s) of Record's Phone No. Work: \_\_\_\_\_ Home: \_\_\_\_\_

Project Representative (if applicable): \_\_\_\_\_

Representative's Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Representative's Phone No. Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Engineer (if applicable): \_\_\_\_\_

Engineer's Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Engineer's Phone No. Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Description of Proposed Use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parcel Size: \_\_\_\_\_ Total Project Area: \_\_\_\_\_

Existing Zone Classification: \_\_\_\_\_

Comprehensive Plan Designation: \_\_\_\_\_

Sewage Disposal Method: \_\_\_\_\_  
state name of sewer provider if applicable

Water Source: \_\_\_\_\_  
state name of water provider if applicable

Are there any critical areas (shorelines, creeks, lakes, wetlands, slopes over 30%) on-site? Yes No

Has the property been logged in the past six (6) years? Yes No

If yes, Forest Practice Application Number: \_\_\_\_\_

If your project site will be logged, a Forest Practice Application must be obtained from Kitsap County and issued by the Department of Natural Resources prior to logging. Kitsap County Forest Practices Administrator may be reached at (360) 876-7181, extension 4993.

Single Family Project (SF)

Multi-Family Project (MF)

Commercial Project (C)

Residential & Commercial Project (R&C)

Building Area:

Number of buildings: MF \_\_\_\_\_ C \_\_\_\_\_ R&C \_\_\_\_\_

Number of dwelling units: SF \_\_\_\_\_ MF \_\_\_\_\_ R&C \_\_\_\_\_

Number of dwelling units per acre: \_\_\_\_\_

Number of dwelling units per net developable area (excluding critical areas & infrastructure): \_\_\_\_\_

Minimum lot area: \_\_\_\_\_

Square footage of each building: MF \_\_\_\_\_ C \_\_\_\_\_ R&C \_\_\_\_\_

Square footage devoted to various uses: \_\_\_\_\_

Lot coverage by buildings and structures: \_\_\_\_\_ % of site, \_\_\_\_\_ square feet

Building Description (height, number of stories, construction materials to be used, style, if known):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Disturbed Area: \_\_\_\_\_

Earthwork Grading Quantity: \_\_\_\_\_

Total New Impervious Area: \_\_\_\_\_

Area Landscaped: \_\_\_\_\_ % of site, \_\_\_\_\_ square feet

Common Open Space: \_\_\_\_\_ % of site, \_\_\_\_\_ square feet

Recreational Open Space: \_\_\_\_\_ % of site, \_\_\_\_\_ square feet

Number of Recreational Facilities: \_\_\_\_\_

Number of Off-street Parking Spaces: MF \_\_\_\_\_ C \_\_\_\_\_ R&C \_\_\_\_\_

Days/Hours of Operation (if applicable): \_\_\_\_\_

Signatures of Owner(s) of Record and Applicant are both required. Original notarized signature page must be submitted to Kitsap County Department of Community Development.

Signature of Owner of Record

Signature of Owner of Record

STATE OF WASHINGTON )
)ss
COUNTY OF KITSAP )

On this \_\_\_ day of \_\_\_, 19\_\_\_, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared \_\_\_, to me known to be the individual described herein and who executed the within and foregoing instrument, and acknowledged that \_\_\_ signed the same as \_\_\_ free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he was authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL THIS \_\_\_ day of \_\_\_, 19\_\_\_.

NOTARY PUBLIC, in and for the State of Washington, residing at:\_\_\_\_\_

My Commission expires:\_\_\_\_\_

Signature of Applicant

STATE OF WASHINGTON )
)ss
COUNTY OF KITSAP )

On this \_\_\_ day of \_\_\_, 19\_\_\_, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared \_\_\_, to me known to be the individual described herein and who executed the within and foregoing instrument, and acknowledged that \_\_\_ signed the same as \_\_\_ free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he was authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL THIS \_\_\_ day of \_\_\_, 19\_\_\_.

NOTARY PUBLIC, in and for the State of Washington, residing at:\_\_\_\_\_

My Commission expires:\_\_\_\_\_