

SITE PLAN REVIEW APPLICATION

FEES:

DCD: \$1,000.00
Public Works: See attached fee schedule
Health District: See attached fee schedule

*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).*

FOR OFFICIAL USE ONLY

Received by: _____

Receipt #: _____

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; four (4) copies each of a Preliminary Drainage Report and Preliminary Drainage Plan; 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)
- Commercial Project (C)
- Multi-Family Project (MF)
- 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:_____