

CITY OF BAINBRIDGE ISLAND MASTER LAND USE APPLICATION P100

FOR OFFICIAL USE ONL'	FOR	ROFFICIA	AL USE	ONLY
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PROJECT #_____PLANNER _____

Project Name: ASSISTANCE DOGS NO	
Parcel Number(s): 092502-1-05	4-2009
Property Address: 12107 MILLER ROAD	NE. BAINBRIDUE IS WA
Type of Application (check all that apply) Adjustments to an Approved Land Use: Major Minor Administrative Code Interpretation Agricultural Conditional Use Agricultural Retail Plan Boundary Line Adjustment Buoy Application Clearing Permit Conditional Use Permit: Major Minor Habitat Buffer Averaging Habitat Management Plan Housing Design Demonstration Project Pre-Application Conference Reasonable Use Exception Revision: Type	Shoreline Conditional Use Shoreline Exemption Shoreline Substantial Development Shoreline Variance Sign Permit Site Plan and Design Review: O Major Major Special Use Review State Environmental Policy Act (SEPA) Subdivision – Large Subdivision – Long Subdivision – Short Variance: O Major Minor Vegetation Management Wireless:
Rezone: O Site Specific Area-Wide	Other
Project Description:	

C.U.P. FOR CHANGE OF USE TO EPUCATIONAL IN A
RESIDENTIAL ZONE. THE SLOPE OF WORK IS MINOR.
COSMETIC IMPROVEMENTS TO EXISTING STRUCTURES, (3)
NEW PARKING SPACES AND BARRIER TREE ALLESS TO ALL
BUILDINGS AND PARKING AREAS IS SHOWN.

Parcel #	Address	Property Owner
		

Project Contacts (owner, surveyor, engineer, etc)			
Property Owner: WILL AND MAUREEN	MAYER		
Address: PO . BOX 10484			
City: BAINBRIDGE 15.	State: WA	zip: 98110	
Email: Assistance Togs North	uest. org	Phone(206)-311-0592	
Name: STACY WOOTFLIW			
Address: P.O. BOX 10484	Function:		
City: BAINBRITGE 15.	State: WA	zip: 98110	
Email: Stacy g a rssistancedogs nw. 019		Phone:	
Name:	Agency:		
ddress: Function:			
City:	State:	Zîp:	
Email:		Phone:	
Name:	Agency:		
Address:	Function:		
City:	State:	Zip:	
Email:		Phone:	

Authorized Agent (Please attach notarized Owner/Applicant Agreement Form)						
Name: TDM	KUNIHOLM	AlA	Agency: 🖊	YRCH	ITECT	
Address: 122	SOUTH JA	KSON 4T.	SUITE	250	7	
City: SEAT	TLE		State: WA	Zip:	98104	
Email: Toma-	tomkunihol	marchited	s. wm	Phone	(202)-605	
			۵	211:	(206) 851	-7532

If additional parcels or contacts are required, please attach additional sheets

Submittal requirements for each application are described in the Administrative Manual for Planning Permits: http://www.bainbridgewa.gov/DocumentCenter/View/100.

Supporting information and/or documents may be required to review your application. If you have questions about specific requirements for your project, please consult with planning staff prior to submitting your application.

ELECTRONIC FILES AND FOUR (4) PAPER COPIES ARE REQUIRED FOR ALL SUBMITTED DOCUMENTS

Applications must be submitted in person, and by appointment only by either the owner or the owner's designated agent. Should an agent submit an application, a notarized Owner/Applicant Agreement must accompany the application. To schedule an appointment, please contact pcd@bainbridgewa.gov or call (206) 780-3750.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR WILL DELAY PROCESSING.

I affirm, under penalty of perjury, that all answers, statements, and information submitted with this application are correct and accurate to the best of my knowledge. I also affirm that I am the owner or designated agent of the subject site. Further, I grant permission to any and all employees and representatives of the City of Bainbridge Island and other governmental agencies to enter upon and inspect said property as reasonably necessary to process this application.

MAUREEN MANRER		
Print Name (Owner)	Signature (Owner)	Date
WILLIAM MAURER.		
Print Name (Owner)	Signature (Owner)	Date
Print Name (Owner)	Signature (Owner)	Date
Print Name (Owner)	Signature (Owner)	Date
THOMAS G. KUNIHOLM	The City:	2.15.18
Print Name (Agent)	Signature (Agent)	Date

January 2017