



**CITY OF BAINBRIDGE ISLAND  
MASTER LAND USE APPLICATION  
P100**

**FOR OFFICIAL USE ONLY**

**PROJECT #** \_\_\_\_\_  
**PLANNER** \_\_\_\_\_

**Project Name:**

**Parcel Number(s):**

**Property Address:**

**Type of Application (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Adjustments to an Approved Land Use:<br><input type="checkbox"/> Major <input type="checkbox"/> Minor | <input type="checkbox"/> Shoreline Conditional Use   |
| <input type="checkbox"/> Administrative Code Interpretation  | <input type="checkbox"/> Shoreline Exemption   |
| <input type="checkbox"/> Agricultural Conditional Use  | <input type="checkbox"/> Shoreline Substantial Development   |
| <input type="checkbox"/> Agricultural Retail Plan  | <input type="checkbox"/> Shoreline Variance  |
| <input type="checkbox"/> Boundary Line Adjustment  | <input type="checkbox"/> Sign Permit   |
| <input type="checkbox"/> Buoy Application  | <input type="checkbox"/> Site Plan and Design Review:<br><input type="checkbox"/> Major <input type="checkbox"/> Minor |
| <input type="checkbox"/> Clearing Permit   | <input type="checkbox"/> Special Use Review  |
| <input type="checkbox"/> Conditional Use Permit:<br>Major <input type="checkbox"/> Minor                                       | <input type="checkbox"/> State Environmental Policy Act (SEPA)   |
| Habitat Buffer Averaging   | <input type="checkbox"/> Subdivision – Large <input type="checkbox"/> Preliminary                                      |
| Habitat Management Plan  | <input type="checkbox"/> Subdivision – Long <input type="checkbox"/> Final   |
| Housing Design Demonstration Project   | <input type="checkbox"/> Subdivision – Short <input type="checkbox"/> ALT/ADJ/AMEND                                    |
| Pre-Application Conference   | <input type="checkbox"/> Variance:<br><input type="checkbox"/> Major <input type="checkbox"/> Minor                    |
| Reasonable Use Exception   | <input type="checkbox"/> Vegetation Management   |
| Revision: Type _____   | <input type="checkbox"/> Wireless:<br><input type="checkbox"/> EFM <input type="checkbox"/> WCF                        |
| Rezone:<br><input type="checkbox"/> Site Specific <input type="checkbox"/> Area-Wide   | <input type="checkbox"/> Other _____   |

**Project Description:**

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Parcel #	Address	Property Owner

Project Contacts (owner, surveyor, engineer, etc)		
<b>Property Owner:</b>		
Address:		
City:	State:	Zip:
Email:		Phone:
<b>Name:</b>	Agency:	
Address:	Function:	
City:	State:	Zip:
Email:		Phone:
<b>Name:</b>	Agency:	
Address:	Function:	
City:	State:	Zip:
Email:		Phone:
<b>Name:</b>	Agency:	
Address:	Function:	
City:	State:	Zip:
Email:		Phone:

Authorized Agent (Please attach notarized Owner/Applicant Agreement Form)		
<b>Name:</b>	Agency:	
Address:		
City:	State:	Zip:
Email:		Phone:

*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](mailto: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.

Isaac Stone



May 5

Print Name (Owner)

Signature (Owner)

Date

Print Name (Owner)

Signature (Owner)

Date

Print Name (Owner)

Signature (Owner)


Date

Print Name (Owner)

Signature (Owner)

Date

Doug Fritts



5/5/17

Print Name (Agent)

Signature (Agent)

Date