



CITY OF BAINBRIDGE ISLAND

Department of Planning & Community Development

280 Madison Avenue North, Bainbridge Island, WA 98110

Phone: 206-842-2552 Email: pcd@bainbridgewa.gov

Website: www.bainbridgewa.gov

Portal: <https://ci-bainbridgeisland-wa.smartgovcommunity.com/portal>

LETTER OF TRANSMITTAL

PROJECT NAME Davis Short Plat SPT		ORIGINAL SUBMITTAL DATE 12/20/2017	TRANSMITTAL DATE 12/28/2017
PROJECT NUMBER PLN50950 SPT	SUFFIX SPT	PROJECT TYPE Preliminary Short Plat	
PROJECT STREET ADDRESS OR ACCESS STREET 6474 NE BRIGHAM RD		TAX PARCEL NUMBER 09250230222004	
CITY PROJECT MANAGER ELLEN FAIRLEIGH			
PHONE 206-780-3767	EMAIL efairleigh@bainbridgewa.gov		
REVISION RECEIVED:			
PROJECT DESCRIPTION This project consists of subdividing one parcel into two parcels.			
REVIEW PACKET TO			
<input type="checkbox"/> SURVEY REVIEW - ROB GRANT		<input type="checkbox"/> OPERATIONS & MAINTENANCE REVIEW - AARON QUITSLUND	
<input type="checkbox"/> HEALTH DISTRICT REVIEW Please review electronic file – SEE CHECK ATTACHED <i>Steve Brown</i>		<input type="checkbox"/> NON-MOTORIZED TRANSPORTATION COMMISSION - DEVELOPMENT ENGINEERING REVIEW QUEUE	
<input type="checkbox"/> FIRE DEPT REVIEW - LUKE CARPENTER		<input type="checkbox"/> ROAD APPROACH REVIEW	
<input type="checkbox"/> DEVELOPMENT ENGINEER - DEVELOPMENT ENGINEERING REVIEW QUEUE			
Owner(s) JOHN E IV & FARRELL P DAVIS PH: 206-612-8458 E-MAIL: fpiper@gmail.com		Contact(s) AGO LAND SURVEYING LLC PH: 360-779-4299 E-MAIL: gavin@agols.com	
TRANSMITTED DOCUMENTS			
DOCUMENT 1 REPORT-ENGINEERED DRAINAGE	DOCUMENT 2 LOT CLOSURE	DOCUMENT 3 SURVEY	

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JAN 03 2018
KITSAP PUBLIC
HEALTH DISTRICT



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DOCUMENT 4 HEALTH DISTRICT CHECK	DOCUMENT 5 HEALTH DISTRICT DOCUMENTATION	DOCUMENT 6 REPORT-TITLE
DOCUMENT 7 OPEN SPACE-PRELIMINARY	DOCUMENT 8 WATER AVAILABILITY	DOCUMENT 9 PLANS-SWM
DOCUMENT 10 PLANS-UTILITY	DOCUMENT 11 PLANS-TREE RETENTION	DOCUMENT 12 VICINITY MAP
DOCUMENT 13 PREAPP LETTER	DOCUMENT 14 APP-PROJECT	DOCUMENT 15 SITE PLAN

COMMENTS DUE BY: 01/11/2018

COMMENTS

☒ No Comments

☐ See Attached Comments/Conditions

Signed: _____

Date: 1-9-18

Please Print Name: _____

Steven J. Brown

RECEIVED

JAN 03 2018

KITSAP PUBLIC
HEALTH DISTRICT