



CITY OF BAINBRIDGE ISLAND
MASTER LAND USE APPLICATION
P100

PLN50589 SUB
WALLACE COTTAGES SUB
**NO SITUS ADDRESS **
27250210232005 04/27/2017

FOR OFFICIAL USE ONLY

City of Bainbridge Island

APR 27 2017

Planning and
Community Development

PROJECT # _____
PLANNER _____

Project Name:	Wallace Cottages	PLN50589
Parcel Number(s):	272502-1-023-2005, 272502-1-155-2005	
Property Address:	272502-1-154-2006, 272502-1-153-2007	

Type of Application (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Adjustments to an Approved Land Use:
<input type="radio"/> Major <input type="radio"/> 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:
<input type="radio"/> Major <input type="radio"/> Minor |
| <input type="checkbox"/> Clearing Permit | <input type="checkbox"/> Special Use Review |
| <input type="checkbox"/> Conditional Use Permit:
<input type="radio"/> Major <input type="radio"/> Minor | <input type="checkbox"/> State Environmental Policy Act (SEPA) |
| <input type="checkbox"/> Habitat Buffer Averaging | <input type="checkbox"/> Subdivision - Large <input checked="" type="radio"/> Preliminary |
| <input type="checkbox"/> Habitat Management Plan | <input checked="" type="checkbox"/> Subdivision - Long <input type="radio"/> Final |
| <input checked="" type="checkbox"/> Housing Design Demonstration Project | <input type="checkbox"/> Subdivision - Short <input type="radio"/> ALT/ADJ/AMEND |
| <input type="checkbox"/> Pre-Application Conference | <input type="checkbox"/> Variance:
<input type="radio"/> Major <input type="radio"/> Minor |
| <input type="checkbox"/> Reasonable Use Exception | <input type="checkbox"/> Vegetation Management |
| <input type="checkbox"/> Revision: Type _____ | <input type="checkbox"/> Wireless:
<input type="radio"/> EFM <input type="radio"/> WCF |
| <input type="checkbox"/> Rezone:
<input type="radio"/> Site Specific <input type="radio"/> Area-Wide | <input type="checkbox"/> Other _____ |

Project Description: 19 Lot subdivision utilizing the
Housing Design Demonstration Projects Tier 2.

Parcel #	Address	Property Owner

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

Authorized Agent (Please attach notarized Owner/Applicant Agreement Form)		
Name: Nick Smith	Agency: Central Highlands, Inc.	
Address: PO Box 2879		
City: Poulsbo	State: WA	Zip: 98370
Email: nick.centralhighlands@gmail.com	Phone: 425-877-7627	

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>.

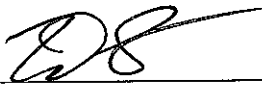
Supporting information and/or documents may be required to review your application. If you have questions about specific requirements for your project, please consult with planning staff prior to submitting your application.

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.

Print Name (Owner)	Signature (Owner)	Date
Print Name (Owner)	Signature (Owner)	Date
Print Name (Owner)	Signature (Owner)	Date
Print Name (Owner)	Signature (Owner)	Date
Nick Smith		4/17/17
Print Name (Agent)	Signature (Agent)	Date

Owner/Agent Agreement

The undersigned is (are) the owner(s) of record of the property identified by the Kitsap County Assessor's account number 272502-16023-2005, 155-2005, 154-2006, 153-2007 located at WALLACE WAY AND FIR ALBES, BAINBRIDGE ISLAND

Bainbridge Island, Washington. The undersigned hereby gives (give) consent and approval to

CENTRAL HIGHWAYS, INC.

to act on his/her (their) behalf as his/her (their) agent to proceed with an application for (please check all items that apply):

☒ preapplication conference

☒ planning permits

☐ construction permits (i.e. building, water/sewer availability, right-of-way, etc)

on the property referenced herein. This agreement authorizes the agent to act on the owner's behalf

for the above checked applications through (date or specific phase) FEASIBILITY PER. 100

[Signature] 12/5/16
OWNER OF RECORD DATE

OWNER OF RECORD

DATE

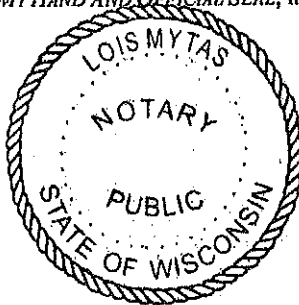
STATE OF ^{WISCONSIN} WASHINGTON)
COUNTY OF KITSAP ^{MILWAUKEE}) SS.

On this 5th day of December, 2016, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared:

Patrick McElroy

to me known as the individual(s) described in and who executed the foregoing instrument, and acknowledged to me that he/she/they signed and sealed the said instrument, as his/her/their free and voluntary act and deed for the uses and purposes therein mentioned, and on oath stated that he/she/they was (were) authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL, hereto affixed the day and year in this certificate above written.



[Signature]
Notary Public in and for the State of Washington ^{WISCONSIN}

Residing at 111 W Michigan St Milwaukee, WI 53205

My appointment expires: 10/1/2018