

## CITY OF BAINBRIDGE ISLAND MASTER LAND USE APPLICATION P100

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PROJECT #	
PLANNER	

Project Name: Liauw Stairs						
1131 000 02						
Property Address: 16356 Reitan	Rd. NE., Bainbridge Is., WA. 98110					
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Adjustments to an Approved Land Use:  ☐ Major ☐ Minor ☐ Administrative Code Interpretation ☐ Agricultural Conditional Use ☐ Agricultural Retail Plan ☐ Boundary Line Adjustment ☐ Buffer Enhancement Plan ☐ Buoy Application ☐ Conditional Use Permit: ☐ Major ☐ Minor ☐ Critical Area Permit: ☐ Major ☐ Minor ☐ Housing Design Demonstration Project ☐ Legislative Review of Development ☐ Regulations ☐ Pre-Application Conference ☐ Reasonable Use Exception ☐ Revision: Type ☐ Rezone: ☐ Site Specific ☐ Area-Wide	□ Shoreline Clearing Permit □ Shoreline Conditional Use □ Shoreline Exemption □ Shoreline Substantial Development □ Shoreline Variance □ Sign Permit □ Site Plan and Design Review: □ Major □ Minor □ State Environmental Policy Act (SEPA) □ Subdivision – Large □ Preliminary □ Subdivision – Long □ Preliminary □ Subdivision – Short □ ALT/ADJ/AMEND □ Tree Removal & Vegetation Management □ Variance: □ Major □ Minor □ Zoning Verification Letter □ Wireless: □ EFM □ WCF					
- Simo Tipo Town To The						
Project Description: Stairs from top of bank to the toe of bank approx. 230 sq.ft.						

Parcel #	Address		Property Owner	
4131-000-028-0309	16356 Reitan Rd. NE.		Josephine Liauw	
Proj	ect Contacts (owner,	surveyor, e	engineer, etc)	
	ohine Liauu			
	som Hill Ro			
city: LOS Gatos		State: CA	. Zip: 95032	
mail: josephine.	liauw@gmail	l. com	Phone: 949-310-9931	
Name:	J	Agency:		
Address:		Function:		
City:		State:	Zip:	
Email:			Phone:	
lame:		Agency:		
ddress:		Function:		
ity:		State:	Zip:	
mail:			Phone:	
ame:		Agency:		
ddress:		Function:		
ity:		State:	Zip:	
mail:			Phone:	
Authorized Agent (	Please attach notarize	ed Owner/A	pplicant Agreement Form)	
ame: Peter Brockn			rockman Builders Inc.	
ddress: P.O. Box 186		0	THE THE	
ty: Kingston		State: WA.	Zip: 98346	
mail: pbrockman 2@	parthlink not		Phone: 360-628-1125	

Applicat	ions <i>mu</i> s	st b	e subm	itted by	ар	pointment or	ηlν	by either t	the owner or the o	wner's desig	natad
agent.	Should	an	agent	submit	an	application,	a	notarized	Owner/Applicant	Agreement	must
accompa	any the a	ppli	cation.						, in production	rigicement	must

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. Submittal requirements for each application are described in the Administrative Manual for Planning Permits.

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)	Ci	
······································	Signature (Owner)	Date
Print Name (Owner)	Signature (Owner)	Date
Print Name (Owner)	Signature (Owner)	Date
Peter Brockman Print Name (Agent)	Signature (Agent)	11/10/20
Print Name (Agent) Brockman Builders Inc	C.	Date

<sup>\*\*</sup> INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR WILL DELAY PROCESSING. \*\*