



Master Land Use Application

Supporting documents are required for project review.

See the [Administrative Manual for Planning Permits](#) and [Fee Schedule](#) for permit submittal requirements and fees.

Please schedule an appointment at [Planning and Building Submittal Appointments](#).

Property Owner(s)

Site Address

Parcel Numbers

Select Application Type

Select Application Type

Consolidated Review Requested ([BIMC2.16.070](#))

Project Description

City of Bainbridge Island
Department of Planning & Community Development
280 Madison Ave N
Bainbridge Island, WA 98110
PermittingSubmittal@bainbridgewa.gov



Project Contacts

Applications must be submitted by the property owner or the owner's designated agent.
A notarized [Owner/Agent Agreement](#) must accompany this application if submitted by a designated agent.

Property Owner _____
Mailing Address: _____ _____
Email: _____
Phone: _____
Name of Authorized Agent (Notarized Owner/Agent Agreement form required) _____ _____
Mailing Address: _____ _____
Email: _____
Phone: _____

Statement of Affirmation REQUIRED

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.

_____ Owner Name - Print	_____ Owner Name - Signature	_____ Date
_____ Owner Name - Print	_____ Owner Name – Signature	_____ Date
_____ Agent Name and Business Name - Print	_____ Agent Name - Signature	_____ Date

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