# TO BE FILLED OUT BY APPLICANT

<table>
<thead>
<tr>
<th>Date Stamp for City Use Only</th>
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<tbody>
<tr>
<td><strong>Project Name:</strong></td>
</tr>
<tr>
<td><strong>Tax Assessor’s Number:</strong></td>
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<tr>
<td><strong>File Number:</strong></td>
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<tr>
<td><strong>Project Number:</strong></td>
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<tr>
<td><strong>Date Received:</strong></td>
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<tr>
<td><strong>Application Fee:</strong></td>
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<tr>
<td><strong>Treasurer’s Receipt Number:</strong></td>
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## SUBMITTAL REQUIREMENTS

<table>
<thead>
<tr>
<th>Application</th>
<th><strong>One original (which must contain an original signature) and two copies</strong> must be provided. Whenever possible, originals must be signed in blue. Please identify the original document.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting Documents</td>
<td><strong>One original (which must contain an original signature), where applicable, and two copies</strong> (if an original is not applicable, <strong>three copies</strong> must be provided).</td>
</tr>
<tr>
<td>Maps</td>
<td>Site-specific applications must include vicinity maps.</td>
</tr>
<tr>
<td>Submitting Applications</td>
<td>Applications <strong>must be submitted in person</strong> by either the owner or the owner’s designated agent. Should an agent submit the application, a <a href="#">notarized Owner/Agent Agreement</a> must accompany the application (owner/app agreement attached). Please call (206) 780-3750 to make an appointment to submit your application.</td>
</tr>
<tr>
<td>Attached Submittal Checklist</td>
<td>Please refer to attached Submittal Fact Sheet for further information. <strong>NOTE:</strong> When submitting this application, please do not copy or include the Submittal Fact Sheet attached to the back of this application.</td>
</tr>
</tbody>
</table>
A. General Information

1. Name of property owner: ________________________________
   Address: ____________________________________________
   Phone: __________________________ Fax: ________________
   E-mail: ______________________________

Name of property owner: ________________________________
Address: ____________________________________________
Phone: __________________________ Fax: ________________
E-mail: ______________________________

   If the owner(s) of record as shown by the county assessor's office is (are) not the agent, the owner's (owners') signed and notarized authorization(s) must accompany this application.

2. Authorized Agent/Project Contact: ________________________________
   Address: ____________________________________________
   Phone: __________________________ Fax: ________________
   E-mail: ______________________________

3. Does the amendment request concern a specific property (or properties)?  □ YES  □ NO

4. Does the request relate to a specific area of the island?  □ YES  □ NO (If yes, provide a description of the area or a map indicating the area.)

5. Does this proposal include an amendment to the Land Use Map of the Comprehensive Plan?
   □ YES  □ NO  If so, please describe: ________________________________

   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

6. If approved, would your Comprehensive Plan Amendment require a Rezone of your property?
   □ YES  □ NO
7. Provide a reference to the element(s) of the Comprehensive Plan that is proposed for amendment and pages of the plan, if applicable.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

8. Provide proposed amendatory language.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

9. Explain the reasons behind this amendment proposal.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

B. In order to assist the Planning Commission and the City Council in their selection of comprehensive plan amendments, please describe how your proposed amendment meets the following criteria.

1. The proposed amendment advances goals and policies of the Comprehensive Plan (please cite the goal or policy that supports the amendment):

________________________________________________________________________

________________________________________________________________________

2. The proposed amendment is consistent with the goals and regulations of the Growth Management Act:

________________________________________________________________________

________________________________________________________________________

3. The relationship of the proposed amendment to other City codes and regulations:

________________________________________________________________________

________________________________________________________________________
I hereby certify that I have read this application and know the same to be true and correct.

__________________________________________  
*Signature of owner or authorized agent  
Date

__________________________________________  
Please print name

__________________________________________  
*Signature of owner or authorized agent  
Date

__________________________________________  
Please print name

*If signatory is not the owner of record, the attached “Owner/Agent Agreement” must be signed and notarized
FACT SHEET FOR SUBMITTING
AN AMENDMENT TO THE COMPREHENSIVE PLAN

1. **Who may propose an amendment?**
   Anyone may propose an amendment to the Comprehensive Plan using a Comprehensive Plan Amendment Request form obtained from the Department of Planning and Community Development. The City is also taking comment throughout the Comprehensive Plan Update process and at all public meetings on the Update process.

2. **Are there different types of amendment requests?**
   Requests may be made to amend the land use map, or the text of the Comprehensive Plan. As defined in BIMC 2.16.190, amendments are designated as either “policy” or “map” amendments.

3. **When must a proposed amendment be submitted to the City?**
   During the Comprehensive Plan Update process, Amendments requests will be accepted between May 1st and June 30th, 2015.

4. **How is an amendment submitted?**
   A proposed amendment is submitted in writing to the Department of Planning and Community Development by submitting a Comprehensive Plan Amendment application. Please call 780-3750 to set up a submittal appointment.

5. **What will happen once the amendment is proposed?**
   The Planning Commission will then review all of the proposed amendments during the Element by Element Review during the Comprehensive Plan of 2015-2016, conduct a public hearing, and make a recommendation to the City Council.

   The City Council will review the recommendation of the Planning Commission and staff and may hold a public hearing to receive public comments. The Council will then either adopt, modify, or deny the proposed amendment.
Owner/Agent Agreement

The undersigned is (are) the owner(s) of record of the property identified by the Kitsap County Assessor’s account number ________________________________, located at ________________________________, Bainbridge Island, Washington. The undersigned hereby gives (give) consent and approval to

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) ________________.

Owner of record Date Owner of record Date

STATE OF WASHINGTON )
COUNTY OF KITSAP ) ss.

On this _______ day of _____________, 20____, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared:

______________

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.

______________________________
Notary Public in and for the State of Washington

Residing at ________________________________

My appointment expires: ____________________