# Shoreline Management Master Program Amendment Application

**Form Must Be Completed in Ink, Preferably Blue. Pencil Will Not Be Accepted.**

**Date Stamp**

*For City Use Only*

**To Be Filled Out By Applicant**

- **Project Name:**
- **Tax Assessor’s Number:**
- **Project Street Address**
  - **Or Access Street:**
- **Environmental Checklist Submitted:**  □ Yes  □ No

**For City Use Only**

- **File Number:**
- **Project Number:**
- **Date Received:**
- **Application Fee:**
- **Treasurer’s Receipt Number:**

## Submittal Requirements

<table>
<thead>
<tr>
<th>Application</th>
<th>One original (which must contain an original signature) and five copies 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>One original (which must contain an original signature), where applicable, and five copies (if an original is not applicable, six copies must be provided).</td>
</tr>
<tr>
<td>Full-size Drawings</td>
<td>Six copies of the required drawings must be provided. Drawings must be folded and 18” x 24” in size. No construction drawings or other sized drawings will be accepted unless specifically requested.</td>
</tr>
<tr>
<td>Reduced Drawings</td>
<td>Two copies of the drawings reduced to 11” x 17” must be provided.</td>
</tr>
<tr>
<td>Submitting Applications</td>
<td>Applications must be submitted in person by either the owner or the owner’s designated agent. Should an agent submit the application, a notarized Owner/Agent Agreement must accompany the application. If a planner has been assigned to your project, an appointment for submittal must be made with that planner.</td>
</tr>
<tr>
<td>Fees</td>
<td>Please call the Department of Planning &amp; Community Development for submittal fee information.</td>
</tr>
</tbody>
</table>

## Attached Submittal Checklist

Please refer to attached Submittal Checklist for further information.

**Note:** When submitting this application, please do not copy or include the Submittal Checklist sheets attached to the back of this application.

**Applications Will Not Be Accepted**

Unless these basic requirements are met and the submittal packet is deemed counter complete.
A. GENERAL INFORMATION

1. Name of property owner: __________________________________________________________
   Address: ________________________________________________________________________
   Phone: ____________________________ Fax: ________________________________
   E-mail: __________________________________________________________________________
   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. Applicant/agent: ___________________________________________________________________
   Address: ________________________________________________________________________
   Phone: ____________________________ Fax: ________________________________
   E-mail: __________________________________________________________________________

3. Name of land surveyor: __________________________________________________________
   Address: ________________________________________________________________________
   Phone: ____________________________ Fax: ________________________________
   E-mail: __________________________________________________________________________

4. Planning department personnel familiar with site: ______________________________________

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

6. 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.*

   ________________________________________________________________________________
   ________________________________________________________________________________
7. Does the request include a shoreline environment designation change?  ☐ YES  ☐ NO
   If yes, provide a map detailing the area proposed for re-designation and its boundaries.
   Existing designation:  
   Proposed designation:  

8. Provide a reference to the section(s) and page(s) of the SMMP that is (are) proposed for amendment.

9. Provide proposed amendatory language, if applicable.

10. Explain the reasons behind this amendment proposal.

11. Was the proposed amendment reviewed during a previous SMMP review? What was the decision?
12. How does the proposed amendment advance the goals and policies of the SMMP, including how any shoreline environment designation changes are consistent with the shoreline environment designation criteria and policies?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

13. How is the proposed amendment consistent with the policies and regulations of the Shoreline Management Act:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

14. How is the proposed amendment consistent with the City’s Comprehensive Plan:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

15. What is 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, an “Owner/Agent Agreement” must be attached, signed, and notarized.
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: _______________________