



**CITY OF BAINBRIDGE ISLAND
MASTER LAND USE APPLICATION
P100**

FOR OFFICIAL USE ONLY	
PROJECT #	_____
PLANNER	_____

Project Name:
Parcel Number(s):
Property Address:

Type of Application:

Revision:

Type of Revision:

Project Description:

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:

Authorized Agent (Please attach notarized Owner/Applicant Agreement Form)

Name:	Agency:	
Address:		
City:	State:	Zip:
Email:		Phone:

If additional parcels or contacts are required, please attach additional sheets

Applications **must be submitted 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.

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
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Print Name (Owner)	Signature (Owner)	Date
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Print Name (Owner)	Signature (Owner)	Date
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Print Name (Owner)	Signature (Owner)	Date
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Print Name (Agent)	Signature (Agent)	Date
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**** INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR WILL DELAY PROCESSING. ****