



#B111 PETITION FOR ROAD NAME

NAME:		PHONE:		
EMAIL ADDRESS: If you do not have an email address MAILING ADDRESS:		o receive your approved paperworl	k.	
Road Name MUST be Limit name to 13 letter (Internal Use Only, Cl 1st Choice: 2nd Choice:	s on a public road and ENCOM Approved? Yes/No)	11 letters on a private r	CENCOM Approved? Yes/No)	
3 rd Choice:		6 th Choice:		
 Include a map sho The tax parcel num The existing address The attached form Provide all docume easement grants, ro 	wing the road to be named a ber of each property owner as of each property owner af notarized by each property ontation regarding planning of ad ownership that may have	•	ent on short plats,	
Internal Use Only:				
Sent to BIFD	By:	Date:		
KSAM Request Sent	By:	Date:		
KSAM Updated	By:	Date:		
☐ BIFD Notified	By:	Date:		
Tidemark Updated	By:	Date:		

The City will notify the following agencies of the change:

- 1. Applicant
- 2. Bainbridge Island Fire Department Addressing
- 3. CENCOM (911)
- 4. City of Bainbridge Island City of Bainbridge Island Finance
- 5. City of Bainbridge Island Utilities County Treasurer Dept
- 6. Kitsap County Auditor
- 7. Kitsap County Elections Division
- 8. Puget Sound Energy
- 9. USPS, Bainbridge Island Post Office
- 10.USPS, Seattle for Bainbridge Island

All other changes will be the property owner's responsibility. If you have any questions, please contact the Department of Planning & Community Development.

BIFD/COBI ROAD NAME CHECK OFF SHEET

NEW/CHANGE ROAD NAME Applicant Name, Mailing Address, Phone, Email Five Choices for Road Name **Required Information** Tax Parcel Number of each property owner affected by the application __ Address of each property owner affected by the application Notarized "Owner Agreement for Road Name" form for each property owner affected by the application Map showing road to be named and existing cross streets Documentation regarding applicable planning conditions, short plats, easement grants, and other agreements applicable to this application Fee Paid (No Charge at this time) SHORT PLAT Applicant Name, Mailing Address, Phone, Email Approved site plan Road name approval or application ___ Road access, including cross street __ Driveway access Individual lots to be addressed with assigned tax lot numbers Fee Paid (No Charge at this time)



OWNER/APPLICANT AGREEMENT FOR NEW ROAD NAME

PLANNING AND COMMUNITY DEVELOPMENT ● 280 Madison Ave. N ● Bainbridge Island, WA 98110 ● (206) 842-2552 ● Fax: (206)780-0955

Email: pcd@ bainbridgewa.gov

The undersigned is owner (s)	of record of property ide	ntified by:	
Kitsap County Assessor's Ac	count Number		<u>_</u>
Located at			<u>_</u>
	lopment Department to c	roval to petition the City of Bainbonsider for approval the following	
	lopment Department to c	proval to petition the City of Bainlonsider for approval the following	
1 st choice:			
Owner of Record	Date	Owner of Record	Date
STATE OF WASHINGTON			
County of Kitsap			
the State of Washington, duly	commissioned and swor	before me, the undersigned, a No n, personally appeared	
		as his/her/their free and voluntary	
WITNESS MY HAND AND written.	OFFICIAL SEAL, herete	o affixed the day and year in this o	certificate above
	The	day of, 20	
	Notary Pu	ablic in and for the State of Washi	ngton,
	Residing	at	