



APPLICATION

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Project Name: NON-MOTORIZED TRANSPORTATION

Date Received: 2/28/2013

Project Number: PRJ-0018420

Case Number: CPA18420

Primary Parcel Number: NOTAXLOT

Site address: Comp Plan Text & Map

Case Description: 2/28/2013, Jennifer Sutton. Three comprehensive plan amendments to include two text changes and update to Maps D and E of the NMTP:
 1) Add language to the Non-motorized Plan to comply with a proposed Complete Streets Ordinance; 2) update the facilities element adding "Sound to Olympic Trail"; and 3) update the facilities map to clarify definition of shoulder definition Design Standard C.

**CITY OF
BAINBRIDGE ISLAND**

FEB 28 2013

**DEPT OF PLANNING &
COMMUNITY DEVELOPMENT**

People associated with case:

01. File Name
NON-MOTORIZED
TRANSPORTATION
COMP PLAN TEXT & MAP
BAINBRIDGE ISLAND WA 98110

05. Contact
JOHN GRINTER, CHAIRMAN
6413 HALEY LOOP NE
BAINBRIDGE ISLAND WA 98110

07. City Planner
JENNIFER SUTTON

Parcel Numbers:

Tax Parcel Owner(s):

NOTAXLOT
CITY OF BAINBRIDGE ISLAND
280 MADISON AVENUE NORTH
BAINBRIDGE ISLAND, WA 98110

Fee History for Case:			
Description	Amount	Receipt No.	Due
Comp Plan Amd No Site	\$ 265.00		\$ 265.00
	\$265.00		\$265.00

**CITY OF BAINBRIDGE ISLAND
 COMPREHENSIVE PLAN AMENDMENT APPLICATION
 FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE.
 PENCIL WILL NOT BE ACCEPTED.**



<p><u>DATE STAMP FOR CITY USE ONLY</u></p> <p style="color: blue;">CITY OF BAINBRIDGE ISLAND</p> <p style="color: blue; font-size: 1.2em;">FEB 28 2013</p> <p style="color: blue; font-size: 0.8em;">DEPT OF PLANNING & COMMUNITY DEVELOPMENT</p>	<p style="text-align: center;"><u>TO BE FILLED OUT BY APPLICANT</u></p> <p>PROJECT NAME: COBI - NMTAC COMPREHENSIVE PLAN AMENDMENT RECOMMENDATIONS</p> <hr/> <p>TAX ASSESSOR'S NUMBER: _____</p> <hr/> <hr/> <p>PROJECT STREET ADDRESS OR ACCESS STREET: _____</p> <hr/> <p style="text-align: center;"><u>FOR CITY USE ONLY</u></p> <p>FILE NUMBER: <u>CPA18420</u></p> <p>PROJECT NUMBER: <u>PRJ-0018420</u></p> <p>DATE RECEIVED: <u>2.28.2013</u></p> <p>APPLICATION FEE: <u>\$265.00</u></p> <p>TREASURER'S RECEIPT NUMBER: _____</p>
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SUBMITTAL REQUIREMENTS	
APPLICATION	<i>One original (which must contain an original signature) and three copies</i> must be provided. Whenever possible, originals must be <i>signed in blue</i> . Please identify the original document.
SUPPORTING DOCUMENTS	<i>One original (which must contain an original signature)</i> , where applicable, and <i>three copies</i> (if an original is not applicable, <i>four copies</i> must be provided).
MAPS	Site-specific applications must include vicinity maps.
SUBMITTING APPLICATIONS	Applications <i>must be submitted in person</i> by either the owner or the owner's designated agent. Should an agent submit the application, a <i>notarized Owner/Agent Agreement</i> must accompany the application (owner/app agreement attached). Please call (206) 780-3762 to make an appointment to submit your application.
FEES	Please call the Department of Planning & Community Development for submittal fee information. Review by the Kitsap County Health Department may require additional fees and processing time.
SEPA	State Environmental Policy Act Checklist (SEPA) is required (only for site-specific applications).
ATTACHED SUBMITTAL CHECKLIST	Please refer to attached Submittal Fact Sheet for further information. NOTE: When submitting this application, please do not copy or include the Submittal Fact Sheet attached to the back of this application.

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
 280 MADISON AVENUE NORTH • BAINBRIDGE ISLAND, WA • 98110-1812
 PHONE: (206) 842-2552 • FAX: (206) 780-0955 • EMAIL: pcd@bainbridgewa.gov
www.ci.bainbridge-isl.wa.us

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A. GENERAL INFORMATION

1. Name of property owner: City of Bainbridge Island
 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: NMTAC
 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.)
affects entire island

5. Does this proposal include an amendment to the Land Use Map of the Comprehensive Plan?
 YES NO If so, please describe:
amendments to maps D + E
in NMTP

6. Is a Rezone Request associated with this Comprehensive Plan Amendment request?
 YES NO

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7. Provide a reference to the element(s) of the Comprehensive Plan that is proposed for amendment and pages of the plan, if applicable.
- Goals and Policies Section of the Non-motorized Transportation Plan (Chapter 2)
 - Chapter 5 of the NMTP, System Development
 - NMTP, Non-motorized System Plan, Map D: (minimum standards)

8. Provide proposed amendatory language. See attached documents. 3 elements including the addition of "Complete Streets" to the goals and policy section of the NMTP (and the Transportation Element of the Comp. Plan), updated language regarding the Sound to Olympics Trail, an update of the trails section of Map D of the Non-motorized System Plan.

9. Explain the reasons behind this amendment proposal. The addition of Complete Streets language brings our robust NMTP up to current standards being adopted statewide and nationally and is expected to be helpful for city staff as well as for grant eligibility.
Changing the existing Hwy 305 corridor separated pathway language to now reflect the Sound to Olympics (STO) Trail updates our NMTP language with similar language in County and Regional Planning where STO has already been included.
Updating the Non-motorized System Plan Map D Trail Section allows inclusion of newly built trails and connecting pathways as well as refinement of "Trail Connection Zones". There is an element of housekeeping here as well, the map shows existing facilities in places where there are none. Last, there is refinement in the actual locations of existing trails.

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 selection criteria.

1. Consideration of the previous record, if the amendment was reviewed and denied during previous comprehensive plan review:

2. The proposed amendment advances goals and policies of the Comprehensive Plan (please cite the goal or policy that supports the amendment):
This amendment is consistent with the opening "Transportation Vision" statement of the Transportation Element of the Comprehensive Plan and with the Overall Goal of the Non-Motorized Transportation Plan.

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

4. The relationship of the proposed amendment to other City codes and regulations:
This amendment is primarily a refinement of existing language in the Non-Motorized Transportation Plan, an element of the Comprehensive Plan and is not expected to change relationships to other city codes or regulations.

5. The cumulative effects of all requests for plan amendments:
While an effort has been made to make the amendment as simple as possible there will be an impact on staff to make the suggested changes. NMTAC members are willing to continue to assist staff in any way as this moves forward.

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

*Signature of owner or authorized agent

2/28/13

Date

John Grinter – Chairman NMTAC

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*