



APPLICATION
Page 1

Original

Project Name: HISTORIC PRESERVATION CPA

Date Received: 2/21/2013

Project Number: PRJ-0018503

Case Number: CPA18503

Primary Parcel Number: NOTAXLOT

Site address: Comp Plan Text Amendment

Case Description: 2/21/2013, Heather Beckmann. Amendment to the Comprehensive Plan, Land Use Element Introductions (Page 4) and Historic Preservation Goals 1, 2 and 3 (Pages 34-36) to be updated to reflect the existence of the Historic Preservation Commission, its statutory role and the city's historic preservation ordinance.

CITY OF
BAINBRIDGE ISLAND

FEB 21 2013

DEPT OF PLANNING &
COMMUNITY DEVELOPMENT

People associated with case:

01. File Name
HISTORIC PRESERVATION
COMMISSION
COMP PLAN TEXT AMENDMENT
BAINBRIDGE ISLAND WA 98110

04. Applicant
HISTORIC PRESERVATION
COMMISSION
10715 ARROW POINT DRIVE
BAINBRIDGE ISLAND WA 98110
PHONE: 206-842-4879

05. Contact
DAVID WILLIAMS, CHAIRMAN
10715 ARROW POINT DRIVE NE
BAINBRIDGE ISLAND WA 98110
PHONE: 206-842-4879

07. City Planner
HEATHER BECKMANN

Parcel Numbers:
NOTAXLOT

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

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



<p>DATE STAMP FOR CITY USE ONLY</p> <p style="font-size: 2em; color: blue;">C.O.B.I.</p> <p style="color: blue;">FEB 21 2013</p> <p style="color: blue; font-weight: bold;">RECEIVED PCD</p>	<p style="text-align: center;"><u>TO BE FILLED OUT BY APPLICANT</u></p> <p>PROJECT NAME: HISTORIC PRESERVATION COMP PLAN REVISION</p> <p>TAX ASSESSOR'S NUMBER: _____</p> <p>_____</p> <p>_____</p> <p>PROJECT STREET ADDRESS OR ACCESS STREET: _____</p> <p>_____</p> <p style="text-align: center;"><u>FOR CITY USE ONLY</u></p> <p>FILE NUMBER: CPA18503</p> <p>PROJECT NUMBER: PRJ-0018503</p> <p>DATE RECEIVED: 2.21.2013</p> <p>APPLICATION FEE: n/a</p> <p>TREASURER'S RECEIPT NUMBER: n/a</p>
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: Historic Preservation Commission (David C. Williams-Chair)
Address: 10715 Arrowpoint Drive NE
Phone: 206-842-4879 Fax: _____
E-mail: Dwilli1179@aol.com
Name of property owner: n/a
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. 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.

Land Use Element Introduction (Page 4)

Historic Preservation: Goals 1, 2 and 3 are updated (Pgs 34-36)

8. Provide proposed amendatory language. See attached

9. Explain the reasons behind this amendment proposal. The current plan, which was last revised in 2004, needs to be updated to reflect the existence of the Historic Preservation Commission, its statutory role and the city's historic preservation ordinance.

Likewise, now that the City of Bainbridge Island is a Certified Local Government (CLG) the Comprehensive Plan needs to reflect the duties and responsibilities of a CLG.

Not only do the roles of the community and city government in meeting the historic preservation goals of the Comprehensive Plan need clarification but, as historic resources are coming under increased pressure, a stronger commitment to reasonable preservation measures is needed to assure those goals are met. The recommended changes are in total alignment with the original vision of the Comprehensive Plan and our community's values.

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

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previous comprehensive plan review:

N/A

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

The first overriding principle of the Comprehensive Plan is to “preserve the special character of the island”. A clearer statement of goals, policies and responsibilities, with respect to historic preservation, will increase the likelihood of achieving that goal. Goals 1, 2 and 3 of the current Historic Preservation section of the Plan (pgs. 34-36) are clarified and strengthened.

Also, the History and Heritage section of the Plan, CUL 6.1-6.5 (pgs 9-10) will have much greater prospects of being fully realized if the proposed changes are adopted.

Additionally, to the extent that historic preservation advances sustainability, another overriding principle of the Plan will be advanced.

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

Yes

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

The proposed amendment does not immediately change codes and regulations but possible code and regulation revisions could ensue if preservation goals are to be achieved. The current historic preservation ordinance could be most subject to change.

5. The cumulative effects of all requests for plan amendments: Stronger community and City support for historic preservation which will lead to maintaining the unique character of historic neighborhoods and a greater likelihood of preserving our island’s “special character”.

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

David C. Williams
*Signature of owner or authorized agent

2-19-13
Date

David C. Williams
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*