



**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 (check all that apply)

- Adjustments to an Approved Land Use:
 - Major Minor
- Administrative Code Interpretation
- Agricultural Conditional Use
- Agricultural Retail Plan
- Boundary Line Adjustment
- Buoy Application
- Clearing Permit
- Conditional Use Permit:
 - Major Minor
- Habitat Buffer Averaging
- Habitat Management Plan
- Housing Design Demonstration Project
- Pre-Application Conference
- Reasonable Use Exception
- Revision: Type _____
- Rezone:
 - Site Specific Area-Wide
- Shoreline Conditional Use
- Shoreline Exemption
- Shoreline Substantial Development
- Shoreline Variance
- Sign Permit
- Site Plan and Design Review:
 - Major Minor
- Special Use Review
- State Environmental Policy Act (SEPA)
- Subdivision – Large Preliminary
- Subdivision – Long Final
- Subdivision – Short ALT/ADJ/AMEND
- Variance:
 - Major Minor
- Vegetation Management
- Wireless:
 - EFM WCF
- Other _____

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

Submittal requirements for each application are described in the Administrative Manual for Planning Permits: <http://www.bainbridgewa.gov/DocumentCenter/View/100>.

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.

ELECTRONIC FILES AND FOUR (4) PAPER COPIES ARE REQUIRED FOR ALL SUBMITTED DOCUMENTS

Applications **must be submitted in person, and 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. To schedule an appointment, please contact pcd@bainbridgewa.gov or call (206) 780-3750.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR WILL DELAY PROCESSING.

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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