# Programmatic Buoy Application

**Form Must Be Completed in Ink, Preferably Blue. Pencil Will Not Be Accepted.**

**Date Stamp**

*For City Use Only*

**To Be Filled Out By Applicant**

**Project Name:**

**Tax Assessor’s Number:**

*(If Upland Property Owner)*

**Project Street Address**

**or Access Street:**

**Latitude/Longitude Coordinates:**

**FOR CITY USE ONLY**

**File Number:**

**Project Number:**

**Date Received:**

**Application Fee:**

**Treasurer’s Receipt Number:**

---

## Submittal Requirements

<table>
<thead>
<tr>
<th>Application</th>
<th><strong>One original (which must contain an original signature) and one copy</strong> must be provided. Whenever possible, originals must be signed in blue. Please identify the original document.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting Documents</td>
<td><strong>One original (which must contain an original signature), where applicable, and one copy.</strong></td>
</tr>
<tr>
<td>Drawings</td>
<td><strong>Two copies</strong> of the drawings, 11” x 17” or smaller must be provided.</td>
</tr>
<tr>
<td>Submitting Applications</td>
<td>Applications are to be submitted in person by appointment either by the owner or the owner’s designated agent. Should an agent submit the application, a notarized Owner/Agent Agreement must accompany the application.</td>
</tr>
<tr>
<td>Fees</td>
<td>Please call the Department of Planning &amp; Community Development for submittal fee information.</td>
</tr>
<tr>
<td>Attached Submittal Checklist</td>
<td>Please refer to attached Submittal Checklist for further information. <strong>NOTE:</strong> when submitting this application, please do not copy or include the Submittal Checklist sheets attached to the back of this application.</td>
</tr>
</tbody>
</table>

**Applications Will Not Be Accepted**

unless these basic requirements are met and the submittal packet is deemed counter complete.

---

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

December 2011          Page 1 will be generated by the city at time of submittal          Page 2 of 5
A. General Information

1. Name of buoy owner:

   Address: ____________________________
   Phone: ____________________________  Fax: ____________________________
   E-mail: ____________________________

2. Name of bedland/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.

3. Authorized agent:

   Address: ____________________________
   Phone: ____________________________  Fax: ____________________________
   E-mail: ____________________________

4. Driving directions to site and or description of site location:

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

5. Common water area name:

   (Circle one)
   Agate Passage -- Blakely Harbor -- Eagle Harbor -- Fetcher Bay
   Madison Bay (includes Hidden Cove) -- Manzanita Bay -- Murden Cove -- Port Madison -- Port Orchard or Puget Sound -- Rich Passage -- Rolling Bay

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
December 2011
6. Legal description (or attach) if applicable: 

7. Is the proposed buoy location within a mapped Aquatic Conservancy Shoreline Designation? (If yes, you may not apply for a buoy under this programmatic permit)  
   - yes  
   - no  
   - unknown

8. Is the proposed buoy location off shore from uplands mapped as Natural Shoreline Environment (If yes, you may not apply for a buoy under this programmatic permit)  
   - yes  
   - no  
   - unknown

9. Is the proposed buoy location landward of the construction limit line in Eagle Harbor or elsewhere no more than 200 feet from the line of extreme low water?  
   - yes  
   - no

10. What is the proposed length of line between the anchor and the buoy ft. (See Cross-Sectional Worksheet)  
    (Note: not to exceed the water depth measured at extreme high tide, 14.5 MLLW plus a maximum of 20% addition line for scope)  
    (Note: subsurface floats keep the anchor line off bottom during low tide cycles and should be placed 1/3 the distance from the anchor to the buoy)

11. Buoys are not to be closer than 20 yards to any legally pre-existing buoys, floats, or docks. Please identify any structures within 300 feet of the proposed buoy location and give the approximate distance and direction from buoy:

<table>
<thead>
<tr>
<th>Type of Structure (ie: buoy, float or dock)</th>
<th>Distance in feet from proposed buoy location</th>
<th>General direction from proposed buoy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Are you the upland property owner?  
   - yes  
   - no

13. If you are the upland property owner, are you proposing to have more than one buoy?  
   - yes  
   - no

14. Have you applied for or obtained a license from the Washington Department of Natural Resources?  
    If so please provide your license 
    - yes  
    - no  
    - N/A
CITY OF BAINBRIDGE ISLAND

PROGRAMMATIC BUOY APPLICATION
FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE.
PENCIL WILL NOT BE ACCEPTED.

15. Have you submitted a JARPA (Joint Aquatic Resources Permit Application) to the Washington Department of Fish and Wildlife and the Army Corps of Engineers? □ yes □ no

16. Have you provided the Suquamish Tribe a copy of your proposed plan view with Latitude/Longitude coordinates? □ yes □ no
   (This is required prior to permit submittal)

17. Does the buoy swing circle encroach on neighboring tidelands? □ yes □ no

18. If you answered yes to question #17 you must provide an agreement from the neighboring or upland property owner allowing the buoy to swing over the property lines □ Attached □ N/A

19. What type of anchor will be used to secure the mooring buoy? □ Embedment (helical screw, duck bill, etc) □ Surface (Concrete Block, Danforth, etc) □ Existing Anchor

20. If you are proposing a new surface style anchor, have you attached an aquatic vegetation dive survey? □ yes □ no □ N/A

21. A qualified diver/biologist is required to install a new embedment style anchor. Please provide the following information about the diver/biologist:

   ________________________________
   Name: __________________________
   Phone number: ___________________

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

______________________________  __________________________
*Signature of owner or authorized agent  Date

______________________________
Printed

*If signatory is not the owner of record, the attached “Owner/Agent Agreement” must be signed and notarized
SUBMITTAL REQUIREMENTS FOR PROGRAMMATIC BUOY

General Information:
Three types of illustrations are needed to properly depict the proposed activity: vicinity map, plan view, and cross-sectional view. Drawings to scale should be prepared using clear printing, black ink, and the fewest number of sheets possible. Include the scale. The importance of clear, accurate drawings cannot be overstated. At a minimum, drawings must contain the following information. If you have questions completing the drawings, please call our office.

1. **Vicinity Map**
   A copy of a county or city road map, or an U.S. Geological Survey topographic map may be used. Include:
   - a. north arrow;
   - b. name of water body;
   - c. location of the proposed buoy location (indicate with a circle, arrow, X, or similar symbol);
   - d. provide latitude and longitude of the site to the nearest second; and
   - e. provide directions to the site.

2. **Plan View**
   This drawing illustrates the proposed project area as if you were looking down at the site from overhead (See attached sample site plan). Include:
   - a. north arrow, scale;
   - b. name of water body and direction of water flow;
   - c. location of existing shoreline;
   - d. dimensions of the buoy distance from property lines and other structures, such as buoys, floats and docks within 300 feet
   - e. indicate adjoining property ownership;
   - f. indicate types and location of aquatic vegetation

3. **Cross-sectional View**
   Please fill out the Programmatic Buoys SSDP Cross-Sectional View Worksheet. (Attached)
Owner/Agent Agreement

The undersigned is (are) the owner(s) of record of the property identified by the Kitsap County Assessor’s account number ________________________________, located at ________________________________, Bainbridge Island, Washington. The undersigned hereby gives (give) consent and approval to

to act on his/her (their) behalf as his/her (their) agent to proceed with an application for (please check all items that apply):

☐ preapplication conference
☐ planning permits
☐ construction permits (i.e. building, water/sewer availability, right-of-way, etc)

on the property referenced herein. This agreement authorizes the agent to act on the owner’s behalf for the above checked applications through (date or specific phase) ____________________.

Owner of record

Date

Owner of record

Date

STATE OF WASHINGTON )
) ss.
COUNTY OF KITSAP )

On this ______ day of __________, 20____, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared:

to me known as the individual(s) described in and who executed the foregoing instrument, and acknowledged to me that he/she/they signed and sealed the said instrument, as his/her/their free and voluntary act and deed for the uses and purposes therein mentioned, and on oath stated that he/she/they was (were) authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL, hereto affixed the day and year in this certificate above written.

Notary Public in and for the State of Washington

Residing at ________________________________

My appointment expires: ____________________
Programmatic Buoy Permit Conditions:

1. Recreational use buoys may only be allowed under this programmatic buoy SSDP if the applicants complete the programmatic buoy application, cross-sectional view worksheet, prepare a site plan that is consistent with the sample programmatic site plan and install the buoy consistent with the programmatic design.

2. No buoys shall be issued under this programmatic permit if they are to be located off shore from uplands mapped as Natural Shoreline Environment.

3. No buoys shall be issued under this programmatic permit if they are to be located in locations that are mapped or meet the definition of being an Aquatic Conservancy Shoreline Designation.

4. All programmatic buoys shall be located off shore no farther than the construction limit line in Eagle Harbor, and elsewhere no more than 200 feet from the line of extreme low tide, the -3 fathom depth contour (-18 feet at mean lower low water), or the line of navigation, whichever is closest to shore.

5. No programmatic buoy shall be a substantial obstruction to navigation.

6. No programmatic buoy shall be placed within 20 yards of a legally pre-existing buoy, float or dock.

7. In order to minimize adverse impacts on marine vegetation, no surface style anchor shall be deployed without a dive survey by a qualified diver/biologist.

8. In order to protect shellfish beds, new buoys shall not be permitted where the buoy density would exceed one buoy per 100 linear feet.

9. Prior to buoy placement applicant shall obtain a lease or license from the Department of Natural Resources and a Hydraulic Project Approval (HPA) from the Washington Department of Fish and Wildlife. A copy of the lease/license and HPA shall be provided to the City once obtained. (If the buoy being permitted is existing, documentation of a lease or license from the Department of Natural Resources shall be provided to the City once obtained.)

10. If the buoy being permitted is existing and modifications to the materials are necessary to bring it into compliance with the programmatic criteria then the modifications to the buoy system must be made and confirmed by site inspection by the City within 6 months of issuance of the individual buoy permit.

11. A qualified aquatic biologist is a person recognized by the Washington Department of Fish and Wildlife, and should be able to identify Washington State aquatic vegetation.

12. At the time of submittal for a programmatic buoy application for a new buoy or to authorize a buoy that has been placed since 1996, the applicant must provide evidence that the Suquamish Tribe has been notified regarding the proposed location of the buoy. Notification shall include at a minimum a plan view of the buoy location with GPS Location.

Attn: Alison O’Sullivan
Suquamish Tribe
P.O. Box 498
Suquamish, WA 98392
Ph (360) 394-8447 Fax: 360 598-4666
e-mail aosullivan@suquamish.nsn.us

(Note: If you e-mail information to the tribe it should also be sent by fax or regular mail)
Tideland Agreement

The undersigned is (are) the owner(s) of record of the property identified by the Kitsap County Assessor’s account number ____________________________, located at ____________________________, Bainbridge Island, Washington. The undersigned hereby gives (give) consent and approval to

__________________________
to allow his/her (their) buoy/boat swing over my/our tidelands.

<table>
<thead>
<tr>
<th>Owner of record</th>
<th>Date</th>
<th>Owner of record</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STATE OF WASHINGTON )
) SS.
COUNTY OF KITSAP )

On this ______ day of ___________, 20____, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared:

to me known as the individual(s) described in and who executed the foregoing instrument, and acknowledged to me that he/she/they signed and sealed the said instrument, as his/her/their free and voluntary act and deed for the uses and purposes therein mentioned, and on oath stated that he/she/they was (were) authorized to execute said instrument.

WITNESS MY HAND AND OFFICIAL SEAL, hereto affixed the day and year in this certificate above written.

________________________________________
Notary Public in and for the State of Washington

Residing at ____________________________

My appointment expires: ____________________