**DATE STAMP**
*FOR CITY USE ONLY*

<table>
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<tr>
<th>TO BE FILLED OUT BY APPLICANT</th>
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<tbody>
<tr>
<td><strong>PROJECT NAME:</strong></td>
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<tr>
<td><strong>TAX ASSessor’S NUMBER:</strong></td>
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<tr>
<th><strong>PROJECT STREET ADDRESS</strong></th>
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<td>OR ACCESS STREET:</td>
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<tr>
<td><strong>FILE NUMBER:</strong></td>
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<td><strong>PROJECT NUMBER:</strong></td>
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<td><strong>DATE RECEIVED:</strong></td>
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<td><strong>APPLICATION FEE:</strong></td>
</tr>
<tr>
<td><strong>TREASURER’S RECEIPT NUMBER:</strong></td>
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<tr>
<th><strong>SUBMITTAL REQUIREMENTS</strong></th>
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<tr>
<td><strong>APPLICATION</strong></td>
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<tr>
<td><em>One original (which must contain an original signature) and three copies</em> must be provided. Whenever possible, originals must be <em>signed in blue</em>. Please identify the original document.</td>
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<tr>
<th><strong>SUPPORTING DOCUMENTS</strong></th>
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<tr>
<td><em>One original (which must contain an original signature)</em>, where applicable, and <em>three copies</em> (if an original is not applicable, <em>four copies</em> must be provided).</td>
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<th><strong>MAPS</strong></th>
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<td>Site-specific applications must include vicinity maps.</td>
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<tr>
<th><strong>SUBMITTING APPLICATIONS</strong></th>
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<tr>
<td>Applications <em>must be submitted in person</em> by either the owner or the owner’s designated agent. Should an agent submit the application, a <em>notarized Owner/Agent Agreement</em> must accompany the application (owner/app agreement attached). Please call (206) 780-3762 to make an appointment to submit your application.</td>
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<tr>
<th><strong>FEES</strong></th>
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<tr>
<td>Please call the Department of Planning &amp; Community Development for submittal fee information. Review by the Kitsap County Health Department may require additional fees and processing time.</td>
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<tr>
<th><strong>SEPA</strong></th>
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<tr>
<td>State Environmental Policy Act Checklist (SEPA) is required (only for site-specific applications).</td>
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<tr>
<th><strong>ATTACHED SUBMITTAL CHECKLIST</strong></th>
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<tr>
<td>Please refer to attached Submittal Fact Sheet for further information.</td>
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**NOTE:** When submitting this application, please do not copy or include the Submittal Fact Sheet attached to the back of this application.
A. GENERAL INFORMATION

1. Name of property owner: ____________________________________________
   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: ______________________________________
   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
7. Provide a reference to the element(s) of the Comprehensive Plan that is proposed for amendment and pages of the plan, if applicable.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

8. Provide proposed amendatory language.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

9. Explain the reasons behind this amendment proposal.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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:


5. The cumulative effects of all requests for plan amendments:


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 ________________

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
FACT SHEET FOR SUBMITTING
AN AMENDMENT TO THE COMPREHENSIVE PLAN

1. **Who may propose an amendment?**
   Anyone may propose an amendment to the Comprehensive Plan using a Comprehensive Plan Amendment Request form obtained from the Department of Planning and Community Development.

2. **Are there different types of amendment requests?**
   Requests may be made to amend the land use map, or the text of the Comprehensive Plan. As defined in BIMC 2.16.190, amendments are designated as either “policy” or “map” amendments. Pre-application conferences are required as part of the process for submitting amendment requests.

3. **When must a proposed amendment be submitted to the City?**
   Comprehensive Plan Amendments are accepted between January 1st and the last day in February, starting in 2013 and subsequently every third year.

4. **How is an amendment submitted?**
   A proposed amendment is submitted in writing to the Department of Planning and Community Development. A pre-application conference is required prior to submitting an amendment request.

   The proposed amendment must consist of at least:
   a. A reference to the element(s) of the Plan that is proposed for amendment, or a description of the proposed amendment to the Land Use Map.
   b. Proposed amendatory language.
   c. An explanation of why the amendment is being proposed.
   d. Consistency with the criteria contained in BIMC 2.16.190.H.

   For more information on submittal requirements, please refer to the Bainbridge Island Administrative Manual.

5. **What will happen once the amendment is proposed?**
   For each amendment, the lead department will prepare a written analysis for the Planning Commission. Environmental review must also be completed prior to Planning Commission review. The Planning Commission will then review all of the proposed amendments based on adopted decision criteria, conduct a public hearing, and make a recommendation to the City Council.

   The City Council will review the recommendation of the Planning Commission and staff and may hold a public hearing to receive public comments. The Council will then either adopt, modify, or deny the proposed amendment.
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) ________________.

<table>
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<tr>
<th>Owner of record</th>
<th>Date</th>
<th>Owner of record</th>
<th>Date</th>
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STATE OF WASHINGTON )
COUNTY OF KITSAP ) ss.

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: ____________________________