DATE STAMP
FOR CITY USE ONLY

TO BE FILLED OUT BY APPLICANT

PROJECT NAME:

TAX ASSessor’S NUMBER:

PROJECT STREET ADDRESS
OR ACCESS STREET:

FOR CITY USE ONLY

FILE NUMBER:

PROJECT NUMBER:

DATE RECEIVED:

APPLICATION FEE:

TREASURER’S RECEIPT NUMBER:

SUBMITTAL REQUIREMENTS

APPLICATION

One original (which must contain an original signature) and six copies must be provided. Whenever possible, originals must be signed in blue. Please identify the original document.

SUPPORTING DOCUMENTS

One original (which must contain an original signature), where applicable, and six copies (if an original is not applicable, nine copies must be provided).

FULL-SIZE DRAWINGS

Seven copies of the required drawings must be provided. Drawings must not exceed 18” x 24” in size. No construction drawings will be accepted unless specifically requested.

REDUCED DRAWINGS

Two copies of the drawings reduced to 11” x 17” must be provided.

SUBMITTING APPLICATIONS

Applications must be submitted in person by either the owner or the owner’s designated agent. Should an agent submit the application, a notarized Owner/Applicant Agreement must accompany the application (owner/app agreement attached). Please call (206) 780-3762 to set up an appointment to submit the 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.

ATTACHED SUBMITTAL CHECKLIST

Please refer to attached Submittal Checklist for further information.

NOTE: when submitting this application, please do not copy or include the Submittal Checklist sheets attached to the back of this application.

APPLICATIONS WILL NOT BE ACCEPTED unless these basic requirements are met and the submittal packet is deemed counter complete.
A. GENERAL INFORMATION

1. Name of property owner: ____________________________________________________
   Address: ___________________________________________________________________
   Phone: __________________________ Fax: __________________________
   E-mail: ___________________________________________________________________

   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. Applicant/agent: ____________________________________________________________
   Address: ___________________________________________________________________
   Phone: __________________________ Fax: __________________________
   E-mail: ___________________________________________________________________

3. Project contact: _____________________________________________________________
   Address: ___________________________________________________________________
   Phone: __________________________ Fax: __________________________
   E-mail: ___________________________________________________________________

4. Planning department personnel familiar with site: ________________________________
5. Description of proposal:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

6. Driving directions to site:

____________________________________________________________________________________

____________________________________________________________________________________

7. Legal description(s) (or attach):

____________________________________________________________________________________

8. Proposed zone classification:

____________________________________________________________________________________

9. Proposed density:

____________________________________________________________________________________

10. Parcel information:

<table>
<thead>
<tr>
<th>Assessor’s parcel number</th>
<th>Parcel owner</th>
<th>Is property developed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Y / N</td>
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<tr>
<td></td>
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<td>Y / N</td>
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<td>Y / N</td>
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<td></td>
<td></td>
<td>Y / N</td>
</tr>
</tbody>
</table>

11. Current comprehensive plan, zoning and shoreline designations and use of subject parcel(s):

<table>
<thead>
<tr>
<th>Lot Number</th>
<th>Comp Plan Designation</th>
<th>Zoning Designation</th>
<th>Shoreline Designation</th>
<th>Current Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lot</td>
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</tbody>
</table>

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

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12. Current comprehensive plan, zoning and shoreline designations and use of adjacent properties:

<table>
<thead>
<tr>
<th>Property</th>
<th>Comp Plan Designation</th>
<th>Zoning Designation</th>
<th>Shoreline Designation</th>
<th>Current Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
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<td>South</td>
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<td>East</td>
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</tr>
<tr>
<td>West</td>
<td></td>
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</tr>
</tbody>
</table>

13. Does the site contain an environmentally sensitive area as defined in Critical Areas Ordinance (Bainbridge Island Municipal Code Chapter 16.20)?

- yes
- no
- unknown

If yes, check as appropriate:
- wetland*
- geologically hazardous area**
- wetland buffer*
- zone of influence**
- stream*
- slope buffer**
- stream buffer*
- fish and wildlife habitat area

* If your site includes a wetland or wetland buffer, a wetland report is required with your application.

** If your site includes a geologically hazardous area or is within the zone of influence as defined in Bainbridge Island Municipal Code 16.20, a geotechnical report may be required with your application.

14. Are there underlying/overlying agreements on the property?

- yes
- no
- unknown

If yes, check as appropriate and provide a copy of the decision document:

- CUP Conditional Use Permit
- SPR Site Plan Review
- MPD Master Planned Development
- SPT Short Plat
- PUD Planned Unit Development
- SSDP Shoreline Permit
- REZ Contract Rezone
- SUB Prior Subdivision
- RUE Reasonable Use Exception
- VAR Zoning Variance
- Other:

Under which jurisdiction was the approval given?

- City of Bainbridge Island
- Kitsap County

Approval date: __________________________
CITY OF BAINBRIDGE ISLAND

REZONE APPLICATION

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

B. Technical Information

1. Name of water purveyor: __________________________________________________________
   If a private well, what class? ______________________________________________________

2. Type of sewage disposal: □ on-site septic □ off-site septic □ sewer
   Sewer district: □ City of Bainbridge Island □ Sewer District 7

3. Flood plain designation: □ A □ AE

4. Any terms, conditions, covenants and agreements or other documents regarding the intended development, if applicable (or attach):
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

5. List other applications submitted in conjunction with this rezone request:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

6. Is there any other information which is pertinent to this project? □ yes □ no
   If yes, please explain: __________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

C. REZONE CRITERIA

In accordance with Bainbridge Island Municipal Code Chapter 2.16.140.H, the applicant must answer the following questions (attach additional sheets if there is not enough room provided for your answers):

1. Will the uses permitted in the proposed zone be materially detrimental to the public welfare or injurious to the property or improvements in the vicinity and zone in which the property is located? If not, why?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

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2. What changes have occurred in the character, conditions or surrounding neighborhood that would justify or otherwise substantiate the rezone?

____________________________________________________________________________________________________________________________________________________________________________________

3. How is the property more suitable for the development in general conformance with zoning standards under the proposed zoning designation? Explain how the relationship to arterials, surrounding use of land, topography, etc., justifies this rezone.

____________________________________________________________________________________________________________________________________________________________________________________

4. Will the rezone be materially detrimental to uses or property in the immediate vicinity of the subject property? If not, why?

____________________________________________________________________________________________________________________________________________________________________________________

5. How will the property be served by adequate public facilities, including roads, water, fire protection, sewage disposal and storm drainage for the intensity to which it is being rezoned?

____________________________________________________________________________________________________________________________________________________________________________________
6. Explain how the rezone is in accord with the Comprehensive Plan.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. How does the rezone comply with all other applicable criteria and standards of the city?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

8. Explain how the rezone would not devalue surrounding or nearby property.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

9. Explain how the rezone will not result in an adverse environmental consequence.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

10. How will a down-zone diminish the value of the subject or surrounding properties? By how much?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
11. The extent to which the diminished value promotes the public health, safety, morals or welfare:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

12. How will the proposed restrictions on the property to be down-zoned preclude its use for any purpose to which it is reasonably suited?

________________________________________________________________________

________________________________________________________________________

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

______________________________
*If signatory is not the owner of record, the attached “Owner/Agent Agreement” must be signed and notarized

Please Print
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>
<thead>
<tr>
<th>Owner of record</th>
<th>Date</th>
<th>Owner of record</th>
<th>Date</th>
</tr>
</thead>
</table>

STATE OF WASHINGTON )
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: ________________