## CITY OF BAINBRIDGE ISLAND

### VARIANCE APPLICATION

**Form must be completed in ink, preferably blue. Pencil will not be accepted.**

<table>
<thead>
<tr>
<th>DATE STAMP</th>
<th>TO BE FILLED OUT BY APPLICANT</th>
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</thead>
<tbody>
<tr>
<td>FOR CITY USE ONLY</td>
<td>PROJECT NAME:</td>
</tr>
<tr>
<td></td>
<td>TAX ASSessor’S NUMBER:</td>
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<td></td>
<td>PROJECT STREET ADDRESS OR ACCESS STREET:</td>
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<tr>
<td></td>
<td>ENVIRONMENTAL CHECKLIST SUBMITTED: □ YES □ NO</td>
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<td>FOR CITY USE ONLY</td>
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<td>FILE NUMBER:</td>
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<td>PROJECT NUMBER:</td>
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<td>DATE RECEIVED:</td>
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<td>APPLICATION FEE:</td>
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<td>TREASurer’S RECEIPT NUMBER:</td>
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</tbody>
</table>

### SUBMITTAL REQUIREMENTS

<table>
<thead>
<tr>
<th>APPLICATION</th>
<th><strong>One original (which must contain an original signature) and six copies</strong> must be provided. Whenever possible, originals must be <strong>signed in blue</strong>. 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 six copies</strong> (if an original is not applicable, <strong>seven copies</strong> must be provided).</td>
</tr>
<tr>
<td>FULL-SIZE DRAWINGS</td>
<td><strong>Seven copies</strong> of the required drawings must be provided. <strong>Drawings must be folded and 18” x 24” in size. No construction drawings or other sized drawings</strong> will be accepted unless specifically requested.</td>
</tr>
<tr>
<td>REDUCED DRAWINGS</td>
<td><strong>Two copies</strong> of the drawings reduced to 11” x 17” must be provided.</td>
</tr>
<tr>
<td>SUBMITTING APPLICATIONS</td>
<td>Applications <strong>must be submitted in person</strong> by either the owner or the owner’s designated agent. Should an agent submit the application, a <strong>notarized Owner/Agent Agreement</strong> must accompany the application (owner/app agreement attached). Please call (206) 780-3762 to make an appointment to submit your application.</td>
</tr>
<tr>
<td>FEES</td>
<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>
</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.**

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**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
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. Name of land surveyor: _____________________________________________
   Address: __________________________________________________________
   Phone: ___________________________ Fax: ____________________________
   E-mail: ____________________________________________________________

4. Planning department personnel familiar with site: ________________________

   DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
   280 MADISON AVENUE NORTH • BAINBRIDGE ISLAND, WA • 98110-1812
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   www.ci.bainbridge-isl.wa.us

   December 2011       PAGE 1 WILL BE GENERATED BY THE CITY AT TIME OF SUBMITTAL
5. Description of variance request: __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

6. Driving directions to site: ____________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Please give the following existing parcel information:

<table>
<thead>
<tr>
<th>Assessor’s Parcel Number</th>
<th>Parcel Owner</th>
<th>*Lot Area</th>
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<tbody>
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</tbody>
</table>

Use additional sheet if necessary

Total of all parcels: ____________________________

* As defined in Bainbridge Island Municipal Code 18.12.050

7. Legal description (or attach): __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
8. 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>

9. 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>
<td></td>
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<td>South</td>
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<tr>
<td>East</td>
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<tr>
<td>West</td>
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</tbody>
</table>

10. Does the site contain an environmentally sensitive area as defined in Critical Areas Ordinance (BIMC 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.
11. 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
- □ MPD  Master Planned Development
- □ PUD  Planned Unit Development
- □ REZ  Contract Rezone
- □ RUE  Reasonable Use Exception
- □ SPR  Site Plan Review
- □ SPT  Short Plat
- □ SSDP  Shoreline Permit
- □ VAR  Zoning Variance

Under which jurisdiction was the approval given?
- □ City of Bainbridge Island  □ Kitsap County

Approval date: ________________________________

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

B. TECHNICAL INFORMATION

1. Sidewalks are adjacent to the parcel:  □ yes  □ no
If yes, existing sidewalks are _______ feet wide.
Sidewalk installation is proposed as part of the development project:  □ yes  □ no
Proposed sidewalks:
□ adjacent to the parcel and are to be _______ feet wide.
□ internal to the proposal and are to be _______ feet wide.

2. Intended use of the land, as well as the sequence and timing of the proposed development:
________________________________________________________________________
________________________________________________________________________

3. Dimensions of proposed structures:
________________________________________________________________________
________________________________________________________________________
CITY OF BAINBRIDGE ISLAND

VARIANCE APPLICATION

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

4. Height of proposed buildings or structures: __________________________________________

5. Square footage of all spaces: __________________________________________
   retail: __________________________________________
   office: __________________________________________
   storage: __________________________________________
   residential: __________________________________________
   other: __________________________________________

6. Number of stories proposed: __________________________________________

7. Square feet per story: (1) __________________________________________ (2) __________________________________________ (3) __________________________________________

8. Setback requirements: __________________________________________
   north: __________________________________________
   east: __________________________________________
   south: __________________________________________
   west: __________________________________________

9. Number of parking stalls required: __________________________________________

10. Number of parking stalls proposed: __________________________________________

11. Amount of square footage of proposed paved areas: __________________________________________

12. Square footage of building area: __________________________________________

13. Percent of site to be covered by impervious surfaces: %
   (If the proposal results in more than 1,000 square feet of additional impervious surface, a drainage plan shall be required.)

14. Percentage of site to be covered by landscaping: %

15. Percentage of parking area to be covered by landscaping: %

16. Percentage of site to remain undeveloped: %

17. Is the applicant proposing any terms, conditions, covenants and agreements or other documents regarding the intended development: (If yes, attach copies) □ yes □ no □ unknown
18. Is the proposal part of a phased development plan? (If so, an outline of the future plans must be submitted.)

________________________________________________________________________

________________________________________________________________________

19. List any other permits for this project from state, federal or local governmental agencies for which you have applied or will apply, including the name of the issuing agency, whether the permit has been applied for, and if so, the date the application was approved or denied, and the application or permit number:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

20. Will the completed project result in 800 or more square feet of impervious surface (building footprint + driveways + parking)? □ yes □ no □ unknown

21. Will the project result in clearing more than six significant trees or 2,500 square feet of ground?

□ yes □ no □ unknown

22. Do storm water systems exist on the site?

□ yes □ no □ unknown

If yes, were they constructed after 1982?

□ yes □ no □ unknown

If yes, what type of storm water system exists on the site?

□ infiltration □ open ditching □ closed conveyance □ detention

23. Will the completed project result in excavating of or filling in:

□ less than 50 cubic yards. □ more than 50 cubic yards but less than 100 cubic yards. □ more than 100 cubic yards.
C. **VARIANCE DECISION CRITERIA**

In accordance with Bainbridge Island Municipal Code Section 2.16.060 (Minor Variance) and 2.16.120 (Major Variance), the application must meet the following criteria. Please explain how the criteria are met:

1. The variance is necessary for the preservation and enjoyment of a substantial property right possessed by other property in the same vicinity, but which is denied to the property in question because of special circumstances on the property in question. The variance will not constitute a grant of special privilege inconsistent with the limitations upon uses of other properties in the vicinity in which the property is located.

2. The granting of the variance will not be materially detrimental to the public welfare or injurious to the property or improvements in the vicinity in which the property is located.

3. The variance is requested because of special circumstances related to the size, shape, topography, trees, ground cover, location or surroundings of the subject property, or factors necessary for the successful installation of a solar energy system such as a particular orientation of a building for the purposes of providing solar access.

4. The need for a variance has not arisen from actions taken or proposed by the applicant.
5. The variance is consistent with all other provisions of this code and is in accord with the comprehensive plan.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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

*If signatory is not the owner of record, the attached “Owner/Agent Agreement” must be signed and notarized.
VARIANCE APPLICATION
FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE.
PENCIL WILL NOT BE ACCEPTED.

SUBMITTAL DOCUMENTS

Application for conditional use permit may be made after the completion of a pre-application conference. Applications must be submitted by the owner or others authorized by the owner in person at the City of Bainbridge Island, Department of Planning and Community Development. A complete application shall include the items listed below (unless waived in writing by the Director or Project Manager).

☐ A completed application form provided by the city containing the original signatures of all property owners;
☐ A notarized Owner/Applicant agreement signed by all owners in the event the owners designate an agent to act in their stead;
☐ Six copies of the composite site plan (overlays of the base map) as defined in Bainbridge Island Administrative Manual. Drawings must be folded, must be 18” x 24” in size with a minimum scale of 1” = 100’). No construction drawings will be accepted unless specifically requested by the planner;
☐ A complete and detailed written statement of the intended use of the land and the sequence and timing of the proposed development;
☐ The terms, conditions, covenants, and agreements under which the subject property is bound, if any;
☐ An environmental checklist when required by the State Environmental Policy Act and BIMC 16.04;
☐ Other plans and information deemed necessary by the director for evaluation of the merits of the proposal; and
☐ Two copies of reduced drawings, 11” x 17”;
☐ An application fee in the amount of specified by the fee schedule, check made payable to the City of Bainbridge Island;
☐ An application fee in the amount specified by the Kitsap County Health District, check made payable to the Kitsap County Health District.

Drawing Format

Required Size: 18” x 24”
Minimum scale: 1” = 100’
Border: 1” minimum all sides
CITY OF BAINBRIDGE ISLAND

VARIANCE APPLICATION
FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE.
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Identification Information (to be included on each page of each drawing)

___1. Project title.
___2. Name of property owner(s).
___3. Sheet title (road, drainage, grading, utility, temporary erosion and sedimentation control, site constraints, etc.)
___4. Revision block
___5. Quarter Section, Section, Township and Range in which property is located.
___6. Date drawings were prepared.
___7. Page numbers and total number of pages.
___8. North arrow with north at top or left side of sheet
___9. Graphic scale.

Drawing Content

___1. Vicinity map showing the proposed project site, easements and major city streets. Map shall, at a minimum, show adjacent streets and lots in sufficient manner to reasonably locate the site.
___2. Location, name, width, and ownerships of all existing and proposed boundaries, streets, roads, rights-of-way, or easements on or adjacent to the subject property.
___3. Location of all existing structures and improvements on the subject property.
___4. Location of proposed improvements.
___5. Location of all utilities within the area for which the variance is being requested, including but not limited to, wells (and their radii), septic drain fields, reserve drain fields, infiltration facilities, and detention basins.
___6. Location of all existing vegetation, including all trees over six inches in diameter, in area of variance.
___7. Contours at a maximum interval of five (5) feet.
___8. Location of all existing watercourses, slopes, wetlands, required buffers, critical areas regulated under BIMC 16.20, and other natural features on the subject property.
___9. Any other plans deemed necessary for evaluation.
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

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: ________________