



CITY OF PORT ORCHARD

Planning Department

216 Prospect Street

Port Orchard, WA 98366

Ph.: (360) 876-4991 • FAX: (360) 876-4980

Date Received: _____ By: _____ Receipt #: _____ File #: _____

APPLICATION FOR SHORELINE EXEMPTION REQUEST

FEE: \$50

INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

This application must include the following, unless specifically waived by the Planning Department:

- ONE original notarized** Application, plus two copies **(3 total)**
- ONE original** Contact Information sheet (attached)
- ONE original** letter addressed to the Planning Director, requesting the exemption.
- ONE original** authorization letter, signed by the owner, which states the name and contact information for an authorized agent, if there is one.
- Complete legal description of the property, including tax parcel number(s) **(3 copies)**
- Project narrative: a complete and detailed description of the proposal **(3 copies)**
- Site plan and drawings showing parcel boundaries and proposed work:
 - 3 sets:** 11" x 17"
 - 1 set:** 8 1/2" x 11"

Other documentation may be required other than what is listed above.

Print clearly (use ink) or type:

General location of property and/or address: _____

Location: Section(s) _____ Township _____ Range _____

Assessor's Parcel Number(s): _____

Size of Parcel: _____ Existing Use: _____

Proposed Use: _____

Zoning Classification: _____

Comprehensive Plan Designation: _____

Did you meet with Planning Department staff in a Pre-Application meeting? NO YES: _____
date

What is the property's Shoreline Designation?

- Natural Conservancy Rural Urban Urban Maritime Downtown Upland Downtown Marine Aquatic

Are there Critical Areas on the Property? NO YES: _____
type

Is there water available? NO YES: _____
Water Purveyor

Is there sewer available? NO YES: _____
Sewer Purveyor

Is there septic on the property? NO YES Is there a well on the property? NO YES

File #: _____

Signature of Owner (Must be notarized)

Print Name of Owner

STATE OF WASHINGTON)
) SS
COUNTY OF KITSAP)

I certify that I know or have satisfactory evidence that _____
is the person who appeared before me, and said person acknowledged that (he/she) signed this
instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes
mentioned in the instrument.

WITNESS MY HAND AND OFFICIAL SEAL this _____ day of _____, 20____.

NOTARY PUBLIC in and for the
State of Washington, residing at

My appointment expires:



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CONTACT INFORMATION
This sheet must accompany your application

PROJECT NAME: _____

A. Applicant Information

Are you the owner of the property? YES NO **If not, Part C must be completed**

Name: _____

Company Name/DBA: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone No. _____ Fax No. _____

E-mail Address: _____

B. Primary Contact Person/Authorized Agent Information

Name: _____

Company Name/DBA: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone No. _____ Fax No. _____

E-mail Address: _____

C. Owner Information (if different than applicant)

Name: _____

Company Name/DBA: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone No. _____ Fax No. _____

E-mail Address: _____

Signature of Property Owner Authorizing Application **Date**

Signature of Applicant

Date