



FOR CITY USE (PROJECT NO):

CITY OF POULSBO PLANNING DEPARTMENT
 200 NE Moe Street
 Poulsbo, WA 98370-7347
 (360) 394-9882
www.cityofpoulsbo.com/planning

COMPREHENSIVE PLAN AMENDMENT DOCKET & PRE-APPLICATION REVIEW STAGE

The City of Poulsbo considers amendment to its Comprehensive Plan each year. The deadline for the 2011-2012 Comprehensive Plan amendment cycle is **November 15, 2011**. As a first step of this process, the City accepts applications, holds pre-application conferences for site specific re-designation requests, and then prepares a docket for City Council consideration ([PMC 19.01.008](#)). If the City Council includes your request in the docket, you will be required to submit a formal application and fees in the amount of \$1,000.00 for the Comprehensive Plan amendment, \$300.00 for the SEPA Environmental review, and a consultant/notice deposit of \$500.00. Docketing is not a guarantee of your amendment request being approved.

Please select the amendment option that is applicable to your request below:

1. Site Specific Re-Designation Requests to the Comprehensive Land Use Map. Please fill out the information required below and submit the form by the November 15th deadline. A non-refundable pre-application fee shall be required.
2. Text or Map Amendments (Except for Re-Designation Requests). You do not need to fill out this form. Please submit a letter to the Planning Director explaining how the proposed amendment is consistent with the criteria found in PMC 18.92.030 by the November 15th deadline. If you propose changes to existing language or maps in the Comprehensive Plan, please note which page number/policy number you propose to edit.

Required	Submitted	
<input type="checkbox"/>	<input type="checkbox"/>	Pre-application fee for site specific re-designation requests (\$150 for Planning, an Engineering fee of \$190 may be required if the City determines Engineering review is necessary.)
Applicant Name & Contact Information: _____ _____		
Owner Name & Contact Information (if different): _____ _____		
Agent Name & Contact Information: _____ _____		
Parcel Number(s): _____		
Property Address/Location: _____		
Current Land Use Designation/Zoning: _____		
Requested Land Use Designation/Zoning: _____		

- Is the amendment based on new information or facts which were not available at the time of the initial adoption of the City's Comprehensive Plan? If so, what are they?

SIGNATURES:

I, the undersigned, state that, to the best of my knowledge, all the information provided in this application is true and complete. It is understood that the City of Poulsbo may nullify any decision made in reliance upon information given on this application form should there be any willful misrepresentation or willful lack of full disclosure on my part.

I hereby authorize City of Poulsbo representative(s) to inspect the subject property Monday-Friday between the hours of 8:00 am and 4:00 pm during this permit application process.

Signature of Applicant/Agent

Print Name of Applicant/Agent

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 to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same 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 this _____ day of _____, 20_____.

NOTARY PUBLIC in and for the
State of Washington Residing at

Commission Expires _____

PROPERTY OWNER'S SIGNATURE (if other than applicant/agent):

I, the undersigned, state that, to the best of my knowledge, all the information provided for this application is true and complete. It is understood that the City of Poulsbo may nullify any decision made in reliance upon information given on this application form should there be any willful misrepresentation or willful lack of full disclosure on my part.

Signature of Property Owner

Print Name of Owner

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 to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same 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 this _____ day of _____, 20_____.

NOTARY PUBLIC in and for the
State of Washington Residing at

Commission Expires _____