CPA 2015-05

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PLANNING

CITY OF POULSBO
COMPREHENSIVE PLAN AMENDMENT

Text/Map Amendment Form

Instructions: Please complete a separate request form for each proposed text/map amendment. If you are applying for a site specific re-designation/rezone request, please use the Site Specific Amendment Form.

Name of Applicant/Department: Engineering Department

Contact Person: Andrzej Kasiniak

Address: 200 NE Moe Street, Poulsbo, WA 98370

Phone Number: 360-779-4078

E-mail: akasiniak@cityofpoulsbo.com

Summary of plan/text amendment request:

Replace Appendix B-1 2007 Water System Plan with updated 2014 Water System Plan

Chapter, page number and location (goal/policy #, section, map figure) of plan/text amendment:

Appendix B-1

Proposed text amendment in strikeout/underline format or, for map amendments, you may attach a map identifying proposed changes:

Replace the 2007 Water System Plan in Appendix B-1 in its entirety with the 2014 Water System Plan

Please answer the following questions, use separate sheets if necessary:

1. Briefly describe why you are applying for a Comprehensive Plan amendment.

Poulsbo's Water System functional plan was updated in 2014. This amendment replaces the 2007 Water System Plan in the Comprehensive Plan with the updated functional plan.

2. Is the amendment warranted due to an error in the initial adoption of the City's Comprehensive Plan? Please explain.

No.

3. Is the amendment based on a change of conditions or circumstances from the initial adoption of the City's Comprehensive Plan? Please explain.

Water system functional plan updated in 2014.

4. 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?

Water system functional plan updated in 2014.

I hereby authorize City of Poulsbo representative(s) to inspect my property Monday – Friday between the hours of 8:00 a.m. and 4:00 p.m. during this application process.

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.

Applicant: _____

Signature

ANDRZEJ KASINIAK

Printed Name

Date: 11/13/2014

STATE OF WASHINGTON)

COUNTY OF KITSAP) SS

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On this day 13th of Nov, 2014, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Andrzej Kasiniak 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 hand 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 13th day of Nov, 2014.

CHERLYN J. HALEY
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
MARCH 13, 2015

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NOTARY PUBLIC in and for the State of Washington

Residing at Poulsbo

Commission Expires 3-13-15