



FOR CITY USE:

MASTER LAND USE APPLICATION
CITY OF POULSBO PLANNING DEPARTMENT

200 NE Moe Street
Poulsbo, WA 98370-7437
(360) 394-9882
planninginfo@cityofpoulsbo.com
www.cityofpoulsbo.com/planning

Project Name _____

Property Address/Location _____

Parcel Number(s) _____

Project Description _____

Legal Description (attach additional sheet if necessary) _____

Type of Permit or Review Requested:
___ Accessory Dwelling Unit
___ Binding Site Plan
___ Boundary Line Adjustment
___ Comp Plan Amdt. - Rezone
___ Conditional Use Permit/ACUP
___ Critical Areas Permit
___ Final Plat
___ Home Occupation Permit
___ Master Plan
___ Planned Residential Development
___ Pre-Application Meeting
___ Preliminary Plat
___ Reasonable Use Permit
___ SEPA w/Project
___ SEPA Only
___ Shoreline Permit/Exemption
___ Short Plat
___ Site Plan/Minor Site Plan
___ Variance
___ Zoning Interpretation
Other: _____

Required Information:
_____ Zoning Designation
_____ Comprehensive Plan Designation
_____ Size of Property in Square Feet
Are there any critical areas on the property (wetlands, streams, steep slopes, etc)?
[] Yes [] No

Applicant
Name:
Address:
City/State:
Zip:
Phone:
Fax:
Email:
Signature:
Agent (if different than Applicant)
Name:
Address:
City/State:
Zip:
Phone:
Fax:
Email:
Signature:
Owner
Name:
Address:
City/State:
Zip:
Phone:
Fax:
Email:
Signature:

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 _____