



CITY OF POULSBO
COMPREHENSIVE PLAN AMENDMENT
Site Specific Amendment Form

Instructions: Please complete a separate request form for each proposed site specific amendment. If you are applying for a text/map amendment, please use the Text/Map Amendment Form.

The City of Poulsbo considers amendments to its Comprehensive Plan once each year. The deadline to submit applications to the City for the 2017 Comprehensive Plan Update is November 15, 2016 by 4 p.m. A pre-application fee shall be submitted with the application of \$487. After November 15th, the City will hold pre-application conferences for site-specific amendment requests. Then, the City will prepare a docket for City Council consideration (per PMC 19.01.008). If the City Council includes your request in the docket of annual amendments, the applicant will be required to submit a SEPA checklist and application fees according to the adopted Fee Schedule. Docketing is not a guarantee of your amendment request being approved.

Name of Applicant: _____

Contact Address: _____

Phone Number: _____

E-mail: _____

Address of property to be considered for amendment: _____

Assessor's Tax Parcel Number of property: _____

Property Owner (if not applicant): _____

Address and Phone Number of Property Owner: _____

E-mail: _____

Current Comprehensive Plan Land Use Designation: _____

Current Zoning: _____

Requested Land Use Designation/Zoning: _____

Current use of property/site: _____

Anticipated future use of site: _____

Please attach maps, photos, any existing environmental assessments, or other documents that describe the subject property.

4. Explain why the current land use designation/zoning no longer applies and why the proposed designation/zoning is more appropriate.

5. Is the proposed land use designation/zoning consistent with the adopted Comprehensive Plan? Please demonstrate how the amendment request is internally consistent with the adopted Comprehensive Plan.

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

Printed Name

Date: _____

STATE OF WASHINGTON)

COUNTY OF KITSAP) SS

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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 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 _____ day of _____, 20____.

NOTARY PUBLIC in and for the State of Washington

Residing at _____

Commission Expires _____

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.

Property Owner (if not applicant): _____

Signature

Printed Name

Date: _____

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 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 _____ day of _____, 20____.

NOTARY PUBLIC in and for the State of Washington

Residing at _____

Commission Expires _____