



# PRELIMINARY SUBDIVISION MODIFICATION – MINOR

Planning and Economic Development Department  
 200 NE Moe Street | Poulsbo, Washington 98370  
 (360) 394-9748 | fax (360) 697-8269  
 www.cityofpoulsbo.com | plan&econ@cityofpoulsbo.com

Minor modifications to a preliminary subdivision/plat after City approval but prior to final plat recording with the Kitsap County Auditor, may be requested by a property owner and approved by the Review Authority and shall follow the procedures of a Type II permit process review, [PMC 19.40.030](#), which includes a [Preliminary Application Conference](#).

## PROJECT:

|                              |                    |
|------------------------------|--------------------|
| Preliminary Plat Permit No.: | Plat Name:         |
| Site Address:                | Tax Assessor's ID: |

## PROPERTY OWNER:

|          |        |
|----------|--------|
| Name:    | Phone: |
| Address: |        |
| Email:   |        |

## APPLICANT/AGENT NAME (IF DIFFERENT):

|          |        |
|----------|--------|
| Name:    | Phone: |
| Address: |        |
| Email:   |        |

## MODIFICATION:

The modification includes the following changes (*check all that apply*):

- |  |   |
|--|---|
| <input type="checkbox"/> Technical engineering items and details | <input type="checkbox"/> Reduction in number of lots approved               |
| <input type="checkbox"/> Minor changes in lot or tract lines     | <input type="checkbox"/> Change to a condition of approval                  |
| <input type="checkbox"/> Minor changes to street alignment       | <input type="checkbox"/> Reconfiguration of open spaces or recreation areas |
| <input type="checkbox"/> Minor changes to utility design         | <input type="checkbox"/> Minor changes to clarify notations on face of plat |
| <input type="checkbox"/> Other:                                  |   |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| The modification complies with all of the requirements of Title 17?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| There will not be substantial changes in the impacts on the neighborhood or the City as a result? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| There will be no increase in density, number of dwelling units or lots?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The modification does not reduce any required designated open space or recreational amenity?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The modification will not substantially alter any Findings of Fact or Conditions of Approval?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## SUBMITTAL REQUIREMENTS

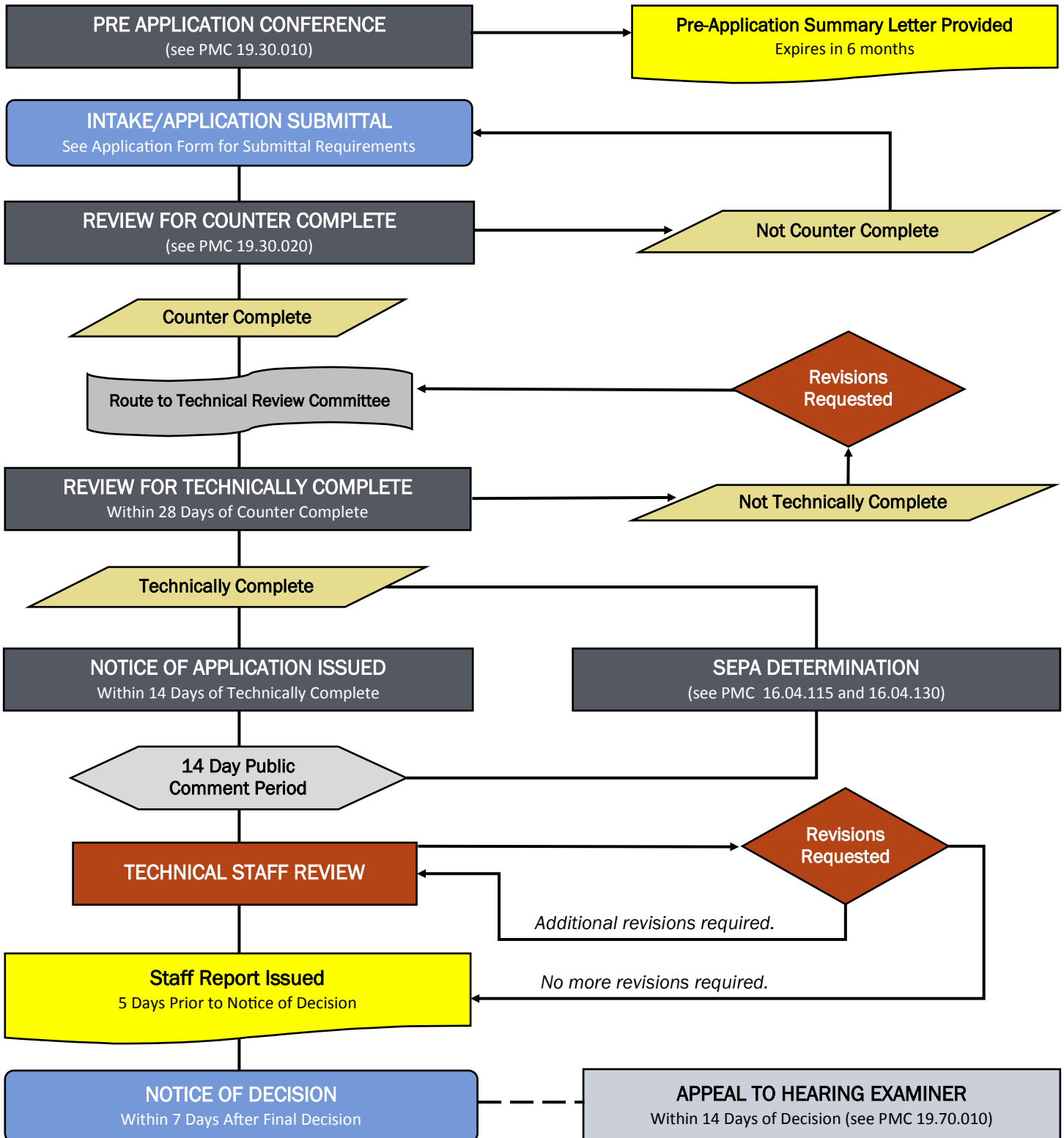
- Application Fee: \$750
- 3 Copies** of site plan clearly showing requested modifications.
- One electronic version of all submitted materials in PDF format (CD, thumb drive, or via e-mail).
- Notarized property owner and/or applicant signature page (attached).
- Any other information/documents:





# TYPE II LAND USE APPLICATION

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**Disclaimer:** This handout should not be used as a substitute for codes and regulations. The applicant/property owner is responsible for compliance with all code and rule requirements, whether or not described here. Please see the City of Poulsbo Municipal Code for complete text and requirements.

**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 \_\_\_\_\_