



PRELIMINARY PLAT

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

For additional information on the Preliminary Subdivision (Plat) process, refer to [Chapter 17.60](#) of the Poulsbo Municipal Code (PMC) or see the [Land Subdivision Handout](#).

PROJECT:	
Project Name:	
Project Address:	
Tax Assessor's ID:	
Number of Lots:	Total Area:
Minimum Lot Size:	Average Lot Size:
Zoning:	Comp Plan Designation:
Has the property been subdivided before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any critical areas on the property? (wetlands, steep slopes, streams, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
APPLICANT:	
Name:	Phone:
Address:	
Email:	
OWNER (IF DIFFERENT):	
Name:	Phone:
Address:	
Email:	
PROJECT ENGINEER OR SURVEYOR:	
Name:	Phone:
Address:	
Email:	
LAND USES AND SQUARE FOOTAGE:	
Residential: _____ Sq. Ft	Open Space/Recreation: _____ Sq. Ft
Stormwater Detention (tracts): _____ Sq. Ft	Landscaping: _____ Sq. Ft
Other Utilities (tracts): _____ Sq. Ft	Right-Of-Way: _____ Sq. Ft
Critical Areas (PMC 16.20): _____ Sq. Ft	Other: _____ Sq. Ft

Gross Density: Number of units/lots _____ / _____ gross acres = _____ units per gross acre

Number of units/lots _____ / _____ net acres [gross acres-deductions]

Net Density: (roads, utilities, critical areas and buffers)] = _____ units per net acre.

APPLICATION SUBMITTAL REQUIREMENTS:

Please refer to your **pre-application conference summary letter** for submittal requirements that are specific to your project and ensure that all requirements listed below are completely addressed.

Req'd	Copies	Item
<input type="checkbox"/>		Electronic version of all submitted materials in PDF format (CD, thumb drive, via e-mail).
<input type="checkbox"/>		Application Fees . Additional hourly fees may apply.
<input type="checkbox"/>	1	Completed Preliminary Plat Application Form with <i>Consent to Exceed Review Period</i> (attached) and notarized property owner and/or applicant signature pages (attached).
<input type="checkbox"/>	4	Preliminary Plat Drawing(s) and its supporting documents shall contain ALL the information listed in PMC 17.70.060 B .
<input type="checkbox"/>	2	Vicinity Map showing the location of the property and surrounding properties.
<input type="checkbox"/>	2	Title Insurance Report, prepared within last 30 days (available from a Title Company)
<input type="checkbox"/>	2	Copies of all offsite access or utility easements.
<input type="checkbox"/>	2	Tree Retention Plan per PMC 18.180 .
<input type="checkbox"/>	2	Completed SEPA Environmental Checklist .
<input type="checkbox"/>	2	Preliminary Landscape Plan per PMC 18.130
<input type="checkbox"/>	2	Any Required Critical Area Reports per PMC Chapter 16.20 (If applicable).
<input type="checkbox"/>	2	Preliminary Storm Report.
<input type="checkbox"/>	2	Proposed Covenants, Conditions and Restrictions (CCRs).
<input type="checkbox"/>	2	Traffic Impact Analysis (if required).
<input type="checkbox"/>	2	Lot Closure Calculations.
<input type="checkbox"/>	2	Preliminary Clearing and Grading Plan.
<input type="checkbox"/>	2	Preliminary Utility Plan.
<input type="checkbox"/>	2	Phasing Plan (if applicable).
<input type="checkbox"/>	2	Other documents as required by the pre-application summary letter:





CONSENT TO EXCEED REVIEW PERIOD

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TYPE OF REVIEW PERIOD:

- ☐ 30-Day for Short Plat (RCW 58.17.140)
- ☐ 90-Day for Preliminary Plat (RCW 58.17.140)
- ☐ 30-Day for Final Plat (RCW 58.17.140)
- ☐ 120-Day for Type III Land Use Permit Applications (RCW 36.70B)

PROJECT INFORMATION:

Project Name:

Planning File No. (if known):

Project Location (address, intersection, or parcel no.):

APPLICANT:

Name:

Address:

Email:

Phone:

SIGNATURE:

Washington State Law requires the city approve, approve with conditions, return to the applicant for modifications, or deny the application within a specified time frame of receipt of a complete application.

However, I understand that it will not be possible for the City of Poulsbo to process the above identified project within the timeframe required by RCW 58.17.140 and/or 36.70B.

I, _____, consent to an extension of the time-frame selected above..

Signature: _____

Date: _____

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 _____