



CONDITIONAL USE PERMIT

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

A conditional use permit is a mechanism by which the city may require special conditions on development or on the use of land in order to ensure that designated uses or activities are compatible with other uses in the same land use district and in the vicinity of the subject property. For additional information on conditional use permit, refer to [Chapter 18.230](#) of the Poulsbo Municipal Code (PMC).

There are two types of conditional use permits. An administrative conditional use permit (AC) application shall be processed as a [Type II](#) permit application; a conditional use permit (C) shall be processed as a Type III (quasi-judicial) permit application. Both Type II and Type III permits shall be processed according to the provisions of Title [19](#).

<input type="checkbox"/> Administrative Conditional Use Permit	<input type="checkbox"/> Conditional Use Permit	Proposed Use:
PROJECT:		
Project Name:	Tax Assessor's ID:	
Project Address:	Size of Property (Sq. Ft.):	
Comp Plan Designation:	Zoning Designation:	
Legal Description (attach sheet if necessary):		
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:		
AGENT (IF DIFFERENT THEN APPLICANT):		
Name:	Phone:	
Address:		
Email:		
OWNER:		
Name:	Phone:	
Address:		
Email:		
APPLICATION SUBMITTAL REQUIREMENTS:		
The PED Department is now accepting all applications electronically. Please submit your application online here or email the materials to plan&econ@cityofpoulsbo.com .		
<input type="checkbox"/> Application Fees and Deposits		

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 _____