



# POST DECISION MODIFICATION

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 complete information on post permit/decision modifications, refer to Section [19.90.040](#) of the Poulsbo Municipal Code (PMC). Please note that the Planning and Economic Development Director, with consultation with other development review departments, may determine that the proposed post decision modification to an approved permit will require review as a new application rather than as a modification if it exceeds the provisions of [PMC 19.90.040](#).

PROJECT	
Original Permit Number:	Tax Assessor's ID:
Project Name:	Site Address:
PROPERTY OWNER	
Name:	Phone:
Address:	
Email:	
APPLICANT/AGENT NAME (IF DIFFERENT):	
Name:	Phone:
Address:	
Email:	
MODIFICATION	
The modification includes the following changes ( <i>check all that apply</i> ):	
<input type="checkbox"/> Building footprint/square footage	<input type="checkbox"/> Street design
<input type="checkbox"/> Building height	<input type="checkbox"/> Parking areas
<input type="checkbox"/> Approved façade materials/color	<input type="checkbox"/> Property lines, lot lines, or easements
<input type="checkbox"/> Landscaping	<input type="checkbox"/> Technical engineering items or design
<input type="checkbox"/> Conditions of approval	<input type="checkbox"/> Open space or recreation areas
Description of Modification ( <i>include any supporting docs if applicable</i> ):	
SUBMITTAL REQUIREMENTS	
<b>The PED Department is now accepting all applications electronically.</b> Please submit your application online <a href="#">here</a> or email the materials to <a href="mailto:plan&amp;econ@cityofpoulsbo.com">plan&amp;econ@cityofpoulsbo.com</a> .	
<input type="checkbox"/> <a href="#">Application Fees and Deposits</a>	
<input type="checkbox"/> Site plan and/or elevations clearly showing requested modifications.	
<input type="checkbox"/> Notarized property owner and/or applicant signature page (attached).	
<input type="checkbox"/> Any other information/documents:	



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