

## SHORELINE LETTER OF EXEMPTION REQUEST

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 exemption submittal and review requirements, refer to the Shoreline Letter of Exemption Handout and Chapter 16.09 of the Poulsbo Municipal Code (PMC).

PROJECT		
Application Date:	Tax Assessor's ID:	
Project Name:	Site Address:	
Shoreline Environment:  Shoreline Residential 1 (SR-1) Shoreline Residential 2 (SR-2) High Intensity (HI) Urban Conservancy (UC) Natural (N) Aquatic (A)	Does the property contain any of the following critical areas?  Wetlands Fish and Wildlife Habitat Areas Geologically Hazardous Areas Critical Aquifer Recharge Areas Frequently Flooded Areas	
Total cost or fair market value of the project (whichever is higher):		
Have you consulted with City staff regarding the project? If so, who?		
PROPERTY OWNER		
Name:	Phone:	
Address:		
Email:		
APPLICANT/AGENT (IF DIFFERENT)		
Name:	Phone:	
Address:		
Email:		
SUBMITT	AL REQUIREMENTS	
The PED Department is accepting all applications electronically. Please submit your application online here or email the materials to plan&econ@cityofpoulsbo.com.  Shoreline Exemption Fee: \$200		
☐ Vicinity map		
Site plan, including: property lines and lot dimensions, ordinary high water mark of water body located adjacent to or within boundary of the project (this may be an approximate location), location of existing and proposed structures and improvements, dimensions of all setbacks (distance from wall of existing and proposed structures to property lines or shoreline buffer), location of any proposed docks/ramps and bulkheads, all easements, and north arrow.		
☐ Detailed project narrative/description		
Notarized property owner and/or applicant signature page (attached)		
Any other information/documents:		



## **SIGNATURES:**

provided in this application is true and complete	the best of my knowledge, all the information e. It is understood that the City of Poulsbo may formation given on this application form should lack of full disclosure on my part.
I hereby authorize City of Poulsb property Monday-Friday between the hours of 8 application process.	oo representative(s) to inspect the subject 3:00 am and 4:00 pm during this permit
	Signature of Applicant/Agent
	Print Name of Applicant/Agent
STATE OF WASHINGTON) ) SS COUNTY OF KITSAP )	
and for the State of Washington, duly commission described in and who executed the within and he/she/they signed the same as his/her/their from the same as	before me, the undersigned, a Notary Public in oned and sworn, personally appeared to me known to be the individual(s) d foregoing instrument, and acknowledged that ee and voluntary act and deed, for the uses and that he/she/they was (were) authorized to execute
WITNESS my hand and official seal this 20	sday of,
	NOTARY PUBLIC in and for the State of Washington Residing at
	Commission Expires

## **PROPERTY OWNER'S SIGNATURE** (if other than applicant/agent):

nullify any decision made in reliance upon informathere be any willful misrepresentation or willful lac	
	Signature of Property Owner
	Print Name of Owner
STATE OF WASHINGTON) ) SS COUNTY OF KITSAP	
On this day of, 20 be and for the State of Washington, duly commissioned described in and who executed the within and for the/she/they signed the same as his/her/their free a purposes therein mentioned, and on oath stated that said instrument.  WITNESS my hand and official seal this	to me known to be the individual(s) oregoing instrument, and acknowledged that and voluntary act and deed, for the uses and the/she/they was (were) authorized to execute
	NOTARY PUBLIC in and for the State of Washington Residing at
	Commission Expires