

Land Use Application

Supporting documents are required for project review.
See the [Administrative Manual for Planning Permits](#) and [Fee Schedule](#) for
permit submittal requirements and fees.

Property Owner(s)

Site Address

Parcel Numbers

Select Application Type:

Select Application Type:

Consolidated Review Requested ([BIMC2.16.070](#)) Yes No

Project Name and Description



Project Contacts

Applications must be submitted by the property owner or the owner's designated agent.
Name of Authorized Agent section must be completed if application is submitted by a designated agent.

Property Owner _____
Mailing Address: _____ _____
Email: _____
Phone: _____
Name of Authorized Agent _____

Mailing Address: _____ _____
Email: _____
Phone: _____

Statement of Affirmation **REQUIRED**

I affirm, under penalty of perjury, that all answers, statements, and information submitted with this application are correct and accurate to the best of my knowledge. I also affirm that I am the owner or designated agent of the subject site. Further, I grant permission to any and all employees and representatives of the City of Bainbridge Island and other governmental agencies to enter upon and inspect said property as reasonably necessary to process this application.

Owner Name - Print

Owner Name - Signature

Date

Owner Name - Print

Owner Name - Signature

Date

Agent Name and Business Name - Print

Agent Name - Signature

Date

City of Bainbridge Island
Department of Planning & Community Development
280 Madison Ave N
Bainbridge Island, WA 98110
PermittingSubmittal@bainbridgewa.gov